

Program Workplans

2026-2027

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Program Governance Workplans

Bear River Head Start Program Governance Workplans

Executive Summary

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2026-2027

Attached are the Program Governance Workplans for review. ‘Coordinators’ was changed to ‘Program Area Directors’ throughout the workplans aside from section 1302.91 Staff Qualifications and Competency requirements-Education management. ‘Coordinators’ was left in the Activity section as the wording is pulled directly from the Head Start Program Performance Standards.

Bear River headSTART Work Plan

1301 Program Governance

§1301.1 Purpose

- **Agencies must establish and maintain program governance that includes a governing body, policy council, and parent committee.**
- **Governing bodies have a legal and fiscal responsibility to administer and oversee the Head Start and Early Head Start programs.**
- **Policy Councils are responsible for the direction of the Head Start and Early Head Start program.**

OBJECTIVE	ACTIVITY	WHO	WHEN	DOCUMENTATION
1301.2 Governing Body				
Composition must be in accordance with 642 (c) (1) (D) of the Head Start Act.	• Responsible for 642 (c) (1) (E) of the Act. • Members must not have a conflict of interest	Board members, Executive Director, HHS officials.	Updated and approved annually	Bylaws, Board documentation, agenda, minutes, Board Report. PC/ Board training.
Duties and Responsibilities	• Use ongoing monitoring results, data, and school readiness goals to conduct responsibilities.	Same	Annually, ongoing, as needed.	Community Assessment, Strategic Plan, Annual Goals, PIR, Self-Assessment, Program Improvement Report, CLASS, School Readiness Reports, Grants, Board Report. Board training.
Advisory Committees	• Advisory committees may be established if necessary, if body maintains legal and fiscal responsibility. • HHS must be notified if advisory committees are established.	Same	As needed	Board minutes, Board Report, Agenda, Advisory minutes, and agenda's. Board training.

1301.3 Policy Council				
Establishing Policy Council	In accordance with 642 (c) (2) & (3) (B) of the Act.	Board Chair, Board members, Policy Council Chair, PC members.	Approve annually, update as needed.	Board/ PC minutes, agenda, program documents, Program reports. PC training.
Composition	As early in the year as possible. Parents of children currently enrolled in each program option must be proportionately represented on PC. The program must ensure members of the PC, do not have a conflict of interest. Staff may not serve on PC, except parents who occasionally substitute as staff.	Board Chair, Board members, Policy Council Chair, PC members.	Approve annually, update as needed.	Board/ PC minutes, agenda, program documents, Program reports. PC training.
Duties and Responsibilities	PC must use results of ongoing monitoring results, school readiness data, and other program information to conduct responsibilities.	Policy Council Chair, PC members. PC staff advisor.	Annually, ongoing as needed. Prior to seating.	PC minutes, agenda, program documents, Program reports. PC training.
Term	PC members may serve for one year. If members intend to serve for another year, s/he must stand for re-election. PC bylaws must include how many one year terms a person may serve. Terms must not exceed five terms.	PC Chair, members, staff advisor.	Update Bylaws annually and as needed.	PC Bylaws.
Reimbursement	Programs must enable low-income members to fully participate in PC. Reimbursements must be provided for reasonable expenses incurred by low-income members.	Program staff.	Ongoing.	Program/ fiscal records.
1301.4 Parent Committees				
Establishing Parent Committees	Programs must establish parent committees comprised exclusively of parents of currently enrolled children, as early in the program year as possible. Committees must be established at the center level for center-based programs. Committees must be established at the local program level for other program options. Programs that operate more than one option may allow parents to choose to have a separate committee for each	Program staff.	Beginning each school year, ongoing as needed.	Program records.

	option or combine membership. Parents of currently enrolled children must understand the process for elections to PC, and other leadership opportunities.			
Requirements of Parent Committees	Programs may determine the best method to engage families using strategies that are most effective in communities served, if minimum responsibilities are met. Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families. Ensure a process for communication with PC. Parent committee members may participate in the recruitment and screening of Head Start and Early Head Start employees, within guidelines established by PC and the governing body.	Program staff, PC members/ Chair. ERSEA staff.	Beginning each school year, ongoing as needed. Monthly PC meetings. ERSEA documentation.	Program records. PC agenda, reports, minutes. ERSEA.
1301.5 **Training**	Training includes Performance Standards, and training in 1302.12 (m), to ensure members can effectively oversee and participate in the agency.	Program staff, PC members/ Chair.	Beginning each school year, ongoing as needed. Monthly PC meetings.	Program records. PC agenda, reports, minutes.
1301.6 **Impasse Procedures**	Demonstrate that the governing body considers proposed decisions from PC, and that PC considers proposed decisions from the governing body. If there is a disagreement, the governing body and PC is required to notify the other in writing why it does not accept a decision. BRHS Impasse Policy describes a decision making process and timeline requirements to resolve disputes and reach decisions that are not arbitrary, capricious, or illegal. If the BRHS Impasse Policy does not result in resolution, the policy outlines use of a third party mediator to enter the formal process of mediation that leads to a resolution of the dispute. The decision of the mutually agreed upon arbitrator, is final.	Program staff, PC members/ Chair. Board members. Grantee legal counsel.	Beginning each school year, ongoing as needed. Monthly PC/ Board meetings. PC training plans ongoing annually.	Program records. PC / Board agenda, reports, minutes. Bylaws. Training plans. Mediation meeting minutes. Legal counsel documentation.

1302 Program Operations

§1301.1 Purpose

Program operations cover all statutory requirements of the Head Start Act and program performance standards required to operate Head Start and Early Head Start. The program must ensure full range of operations from enrolling eligible children and providing program services, to managing programs, to ensuring staff are qualified and supported, and effectively providing program services. Focus on using data through ongoing program improvement ensures high-quality services.

Subpart B
Program Structure

1302.20 Determining Program Structure				
Program Options	Programs must choose to operate one or more of the following program options: center-based, home-based, family child care or locally-designed variations. Program options must meet the needs of children and families based on the community assessment. The program may assess whether it would better meet child and family needs through conversion of existing slots to full school day or full working day slots, extending the program year, converting existing Head Start slots to EHS slots, and ways to promote continuity of care. The program must work to identify alternate sources to support full working day services. If no additional funding is available, program resources may be used.	Board/PC members, staff, Exec. Director, HHS representatives, staff, community partners.	Minimum annually, update as needed.	Community Assessment, grants, Strategic Plan, PIR, Program Improvement Plan, PIR, School Readiness, CLASS reports, Outcome Reports.
Conversion	Proposed conversion of Head Start services to EHS services must obtain PC and governing body approval, and submit the request to the Regional Office. Applications must include a budget and budget narrative including the funding amount for the programs before and after the proposed conversion. Applications must also include the results of the community assessment showing how the use of funds would best meet the needs of the community, including a	Board/PC members, staff, Exec. Director, HHS representatives, staff, community partners.	Minimum annually, update as needed.	Community Assessment, grants, Strategic Plan, PIR, Program Improvement Plan, PIR, School Readiness, CLASS reports, Outcome Reports.

	description of how the needs of eligible Head Start children will be met in the community when the conversion takes place. Application includes: revised program schedule with the program option and number of funded enrollment slots before and after the conversion, description of how pregnant women, infants/toddlers will be addressed, agency's capacity to carry out an effective EHS program, T/TA plans, qualifications of the EHS child development staff, facility description, program infrastructure, one time only money needed, time table for implementation, new school readiness goals,			
Comprehensive Services	All program options must deliver the full range of services, as described in program performance standards.	Board/PC members, staff, Exec. Director, HHS representatives, staff, community partners.	Minimum annually, update as needed.	Community Assessment, grants, Strategic Plan, PIR, Program Improvement Plan, PIR, School Readiness, CLASS reports, Outcome Reports.
Source of Funding	The program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class operations for the purpose of meeting Head Start and Early Head Start service duration.	Board/PC members, staff, Exec. Director, HHS representatives, staff, community partners.	Minimum annually, update as needed.	Community Assessment, grants, Strategic Plan, PIR, Program Improvement Plan, PIR, School Readiness, CLASS reports, Outcome Reports.
1302.21 Center-based Option	The center-based option delivers the full range of services. Education and child development services are delivered primarily in classroom settings.			
Calendar Planning	The program must plan its year using a reasonable estimate of the number of days during a year that classes may be closed due to problems such as inclement weather. The program must make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.	Child Development management, Exec. Director, Board/PC, HHS.	Developed annually, update as needed.	Annual service calendar, parent/staff communication documentation. Board/PC documentation.
Licensing and Square Footage Requirements	Facilities used by the program must meet state, and local licensing requirements, even if exempted by the licensing entity. When state, or local requirements vary from Head Start requirements, the most stringent provision takes precedence. Center-based program options must have at least 35 square feet of usable indoor space per child (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per	Management staff. PC/ Board members, HHS, city licensing personnel.	Minimum annually, ongoing as needed.	Licensing documentation, program files/ documentation.

	child. Programs operating more than one group within an area must ensure clearly defined, safe divisions to separate groups. The program must ensure such spaces are learning environments that facilitate best practices. Classroom divisions must limit noise transfer from one group to another to prevent disruption of an effective learning environment.			
1302.22 Home-based Option	The home-based option delivers full range of services through visits with the child's parents, primarily in the child's home and through group socialization opportunities. Socializations may occur in a Head Start/ EHS classroom, community facility, home, or on a field trip. EHS may use the home-based option for some or all of the program's enrollment. Head Start may only use the home-based option to deliver services to a portion of a program's enrolled children.	Board/PC members, home based staff, management/ fiscal staff. Exec. Director, HHS representatives. ERSEA staff.	Ensure compliance ongoing, update as needed.	Community Assessment, grants, Strategic Plan, PIR, Program Improvement Plan, PIR, School Readiness, CLASS reports, Outcome Reports. Program performance standards. Attendance/ERSEA reports.
Safety Requirements	The areas for learning, playing, sleeping, toileting, food preparation, and eating in facilities used for group socializations must meet the safety standards outlined in performance standards.	Board/PC members, home based staff, health and safety staff, management/ fiscal staff. Exec. Director, HHS representatives.	Ensure compliance ongoing, update as needed.	PIR, Program Improvement Plan, Program performance standards. Licensing documentation/ files.
Subpart I Human Resources Management				
1302.90 Personnel policies				
Establishing Personnel Policies and Procedures	Programs must establish personnel policies and procedures. Personnel policies and procedures are written and approved by the governing body and PC. Policies and procedures are available to all staff.	Executive Director, Board/PC members, HHS. All staff.	Ensure compliance. Ongoing, update as needed.	Personnel policies/ procedures, program documents, board/pc reports & minutes. Staff training plans.

Background Checks and Selection Procedures	Background checks must be conducted before a person is hired, directly or through contract, including transportation staff and contractors. Subsequent background checks must be conducted for all staff, consultants and contractors at least once every five years. All of the four checks listed must be included. Program staff conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following: state criminal records, including fingerprint checks, or FBI criminal history records including fingerprint checks. Within 90 days of hire, employees must complete the background check process by obtaining: whichever check of this section was not obtained prior to the date of hire, and, child abuse and neglect state registry check, if available. Staff must assess the relevancy of any issue uncovered including any arrest, pending criminal charge, or conviction and whether the candidate can be hired or must be terminated. Newly hired staff, consultants, or contractors must not have unsupervised access to children until the complete background check process is complete.	Executive Director, fiscal staff, all staff. Board/PC members. HHS representatives.	Upon hire. Ensure compliance. Ongoing, update as needed.	Personnel policies/ procedures. Employee files. Staff training plans.
Parents and Employment	BRHS employment policy outlines the hiring process and consideration provided to qualified parents. The program must consider current and former program parents for employment vacancies for which such parents apply and are qualified.	Executive Director, fiscal staff, all staff. Board/PC members. HHS representatives.	Application/ hiring policy and process.	Personnel policies/ procedures. Hiring policy. Employee files. Staff training plans.
Standards of Conduct	The program must establish and ensure standards of conduct for all staff, consultants, and volunteers. Standards of conduct include: implementation of positive strategies to support children's wellbeing and prevent and address challenging behavior. Ensure staff, volunteers, contractors do not maltreat or endanger the health and safety of children, including, at a minimum, that staff must not: use corporal punishment, use isolation to discipline a child, bind or tie a child to restrict	Executive Director, all staff. Board/PC members. HHS representatives.	New employee training, updated annually, ongoing staff training as needed.	Personnel policies/ procedures. Hiring policy. Employee files. Staff training plans.

	movement or tape a child's mouth, use or withhold food as a punishment or reward, use toilet learning/training methods that punish, demean, or humiliate a child, use any form of emotional abuse including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child, physical abuse a child, use any form of verbal abuse, use of profanity, sarcastic language, threats, or derogatory remarks about the child or the child's family, use physical activity or outdoor time as a punishment or reward. Ensure staff, volunteers, and consultants promote the unique identity of each child and family.			
	Require staff, volunteers, contractors, consultants to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff. In accordance with subpart C of part 1303 of Performance Standards and applicable federal, state, local laws. Ensure no child is left alone or unsupervised by staff, consultants, and volunteers while under their care. Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.			
1302.91 Staff Qualifications and Competency requirements	Programs must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high quality service delivery in accordance with Performance Standards The program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Application/ hiring process, staff training plans, PIR.
Early Head Start/ Head Start Director	Head Start or Early Head Start Director hired after November 7, 2016, has at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.	Board of Trustees, HHS.	Upon hire, ongoing.	Employee files.
Fiscal Officer	The program must assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer.	Exec. Director, Board/PC members, HHS.	Upon hire, ongoing.	Employee files.

	The Fiscal Officer must have sufficient education and experience to meet the needs of the grantee. The program must ensure the Fiscal Officer hired after November 7, 2016, is a CPA or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or related field.			
	Child and Family Services Management Staff Qualifications			
Family health, and disability management	Ensure staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016 have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
Education management	The program must follow directions in 648 (a) (2) (B) (i) of the Act. The program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialists, have a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
	Child and Family Services Staff			
EHS center-based Teacher	Must follow 645 (h) of the Act. Ensure center-based Teachers that provide direct services to infants and toddlers in EHS centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
Head Start center-based Teacher	No less than fifty percent (50%) of all Head Start Teachers, nationwide, have a baccalaureate degree in child development, early childhood education, or equivalent coursework. Ensure 648 A (a) (3) (B) of the Act is followed- programs must ensure all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648 (a) (3) (B) of the Act.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
Head Start Assistant Teacher	648 A (a) (2) (B) (ii) of the Act- programs must ensure Head Start assistant teachers, at a minimum, have a CDA	Exec. Director, management staff, Board/PC members,	Upon hire, ongoing.	Employment files, PIR, program documentation.

	credential or a state awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years of hire.	HHS.		
Center-based Teacher/ Teacher Assistant **Competencies**	Ensure center-based teachers and teacher assistants demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early Learning, and development standards, including for children with disabilities and dual language learners, as appropriate.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
Home Visitors/ Family Educators	Ensure staff providing home based education services: have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree and, demonstrate competency to plan and implement home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children's progress across the standards described in the Head Start Early Learning Framework: Ages Birth to Five, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
Family services staff	Ensure staff who work directly with families on the family partnership process hired after November 7, 2016, have within eighteen (18) months of hire, at a minimum, a credential or certification in social work, human services, Family services, counseling or a related field.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
Health professional	Ensure health procedures are performed only by a licensed or certified health professional. Ensure all mental health consultants are licensed or certified mental health professionals. Use mental health consultants with knowledge of and experience in serving young children and their families, if available in the community. Use staff or consultants to support nutrition services who are registered dieticians or nutritionists with appropriate qualifications.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.

Coaches/ Mentor Coaches	Ensure coaches provide the services described in 1302.92 (c) have a minimum of a baccalaureate degree in early childhood education or a related field.	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation.
1302.92 Training and professional development	Programs must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented. Program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include: staff completing a minimum of 15 clock hours of professional development per year. Teaching staff must have professional development that meets the requirements described in 648 (a) (5) of the Act. Training on methods to handle suspected or known child abuse and neglect cases that comply with applicable federal, state, or local laws. Training for child and family services staff on best practices for implementing family engagement strategies in a systematic way. Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes. Researched based approaches to professional development for education staff, that are focused on effective curricula and implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (described in	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation. Training and technical assistance plans. T/TA Plans grant applications, PIR, program improvement plan, self-assessment, short-term goals, and strategic plan.

	subpart G Performance Standards), and use of data to individualize learning experiences to improve child outcomes.			
Implement a research-based, coordinated coaching strategy for education staff	Assess all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching. At a minimum provide opportunities for intensive coaching to identify education staff, for observation and feedback, modeling of effective teaching practices directly related to program performance goals. At a minimum, offer to education staff not identified for intensive coaching, opportunities for research based professional development aligned with program performance goals. Ensure intensive coaching opportunities for staff align with the program's school readiness goals, curricula, and other approaches to professional development. Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies, aligned with program performance goals. Provide ongoing communication between the coach, program director, education director, and any other relevant staff. Include clearly articulated goals driven by the program goals, and a process for achieving those goals. Establish policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve. If the program needs to develop or significantly adapt approaches to research based professional development to better meet the training needs of education staff, the program must partner with external early childhood education professional development experts. The program must assess whether the adaptation adequately supports	Exec. Director, management staff, Board/PC members, HHS.	Upon hire, ongoing.	Employment files, PIR, program documentation. Training and technical assistance plans. T/TA Plans grant applications, PIR, program improvement plan, self-assessment, short-term goals, and strategic plan.

	staff professional development.			
1302.93 Staff health and wellness	The program must ensure that each staff member has an initial health exam and a periodic re-examination as recommended by their healthcare provider in accordance with state or local requirements. Health exams must include: screeners or tests for communicable diseases, as appropriate. The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program than cannot be eliminated or reduced by reasonable accommodations in accordance with the American Disability Act and section 505 of the Rehabilitation Act. The program must make mental health and wellness information available to staff regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.	Exec. Director, health and wellness staff, fiscal staff, management staff, HHS.	Upon hire, ongoing as needed.	Employee files, staff training plans.
1302.94 Volunteers	The program must ensure regular volunteers have been screened for appropriate communicable diseases in accordance with state, or local laws. In the absence of state or local laws, the Health Services Advisory Committee must be consulted regarding the need for such screenings. The program must ensure children are never left alone with volunteers.	Exec. Director, health and wellness staff, fiscal staff, management staff, volunteers, HHS.	Upon initial volunteer as needed and, ongoing as needed.	Volunteer files, staff training plans.
Subpart J Program Management and Quality Improvement				
1302.101 Management Systems	The program must implement a management system that: ensures the program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services. Provide regular and ongoing supervision to support individual staff professional development and continuous program quality improvements.	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, ongoing as needed.	Community Assessment, work plans, self-assessment, program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS, outcome reports, PIR, grant applications. Training Plans.

	Ensure budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development. Maintain an automated accounting and record keeping system adequate for effective oversight.			
Coordinate Approaches Management Systems	At the beginning of each program year, and on an ongoing basis throughout the year, a program must design and implement program-wide coordinated approaches that ensure: training and professional development, full and efficient participation of children who are dual language learners and their families, ensure the community assessment about the languages spoken through program services anticipates child and family needs, identify community resources, establish collaborative relationships and partnerships with community organizations. Systematically and comprehensively address child and family needs by facilitating access to program services including: at a minimum curriculum, instruction, staffing, supervision, and family partnerships with bilingual staff, oral language assistance and interpretation or translation of essential program materials, as appropriate. Full and effective participation of all children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act: and IDEA.	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, ongoing as needed.	Community Assessment, work plans, self-assessment, program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS, outcome reports, PIR, grant applications. Training Plans. Disability Plans.
Management of program data	The program must establish procedures on data management, and have them approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with Performance Standards, and applicable state, and local laws. The program must manage, and support the availability, usability, integrity, and security of data.	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, ongoing as needed.	Grantee data plan.
1302.102 Achieving	In collaboration with the governing body and policy council, the grantee must establish goals and measurable	Exec. Director, management staff, fiscal staff, Board/PC	Updated and approved at least annually, ongoing as	Community Assessment, work plans, self-assessment,

Program Goals	objectives that include: strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in the community assessment. Program goals include: provision of educational, health, nutritional, and family and community engagement program services as described in Performance Standards to further promote the school readiness of enrolled children. School Readiness goals that are aligned with Head Start Early Learning Outcomes Framework: Ages Birth to Five, state early Learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend. Effective health and safety practices to ensure children are safe at all times, per the requirements in Performance Standards.	members, HHS.	needed.	program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS, outcome reports, PIR, grant applications. Training Plans. Disability Plans. Performance Standards.
Monitoring Program Performance **Ongoing Compliance/ Oversight/ Compliance**	Establish and implement a system of ongoing oversight and correction. Ensure effective implementation of program performance standards, ensure child safety, and other applicable federal regulations. Collect and use data to inform the process of program monitoring and oversight. Correct quality and compliance issues immediately, or as quickly as possible. Work with the governing body and policy council to address issues during the oversight and correction process and during federal oversight. Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, ongoing as needed.	Community Assessment, work plans, self-assessment, program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS, outcome reports, PIR, grant applications. Training Plans. Disability Plans. Performance Standards.
Ongoing Assessment of Program Goals	The program must effectively oversee progress towards program goals in an ongoing basis and annually must: conduct a self-assessment that uses program data including aggregated child assessment data, professional development, parent and family engagement data as appropriate, to evaluate the program's progress towards	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, ongoing as needed.	Community Assessment, work plans, self-assessment, program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS,

	meeting goals, compliance with program performance standards throughout the program year, the effectiveness of professional development and family engagement systems in promoting school readiness. Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment. Submit findings of the self-assessment to all applicable entities including: HHS, community.			outcome reports, PIR, grant applications. Training Plans. Disability Plans. Performance Standards.
Using Data for Continuous Improvement	Implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals. Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous program improvement in all program service areas. Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, except in programs operating less than 90 days. Use program data to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing scope of services. Operating program services less than 90 days, ensure child assessment data is aggregated and analyzed at least twice during the program operating period. This includes dual language learners, and children with disabilities. Use data for continuous program improvement, curriculum choice and implementation, teaching practices, professional development, and program design, changing or targeting scope of services. Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice,	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, continuous and ongoing.	Community Assessment, work plans, self-assessment, program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS, outcome reports, PIR, grant applications. Training Plans. Disability Plans. Performance Standards. Board/PC/HHS Reports.

	staffing and professional development, child-level assessments, family needs assessments, and comprehensive services to identify program needs, and develop and implement plans for program improvement. Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.			
Reporting	The program must submit status reports, determined by oversight data, to the governing body and policy council, at least semi-annually. Reports, as appropriate, to the responsible HHS official immediately or as soon as practical, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, of any matter for which notification or report to state, or local authorities is required by applicable law. Report to HHS: reports regarding agency staff or volunteer compliance with federal, state, or local laws addressing child abuse and neglect or laws governing sex offenders. Report: Incidents that require classrooms or centers to be closed for any reason. Legal proceedings by any party that are directly related to program operations. All conditions required to be reported under 1304.21, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation The program must publish and disseminate a community report that complies with section 644 (a) (2) of the Act and includes a summary of a program's most recent community assessment. If a program has had a deficiency identified, the program must submit a quality improvement plan to the responsible HHS officials.	Exec. Director, management staff, fiscal staff, Board/PC members, HHS.	Updated and approved at least annually, ongoing as needed.	Community Assessment, work plans, self-assessment, program improvement plan, Strategic Plan, short-term goals, PIR, School Readiness, CLASS, outcome reports, PIR, grant applications. Training Plans. Disability Plans. Performance Standards. Board/PC/ HHS Reports.

Financial & Administrative Workplans

Bear River Head Start Financial & Administrative Workplans

Executive Summary

Prepared by: Sarah Thurgood, BRHS Executive Director
& Terrah Smith, BRHS Administrative Assistant

2026-2027

Attached are the Financial & Administrative Workplans for review. ‘Coordinators’ was changed to ‘Program Area Directors’ throughout the workplans aside from sections 1303.71 Vehicles-New vehicle inspection and 1303.75 Children with disabilities. ‘Coordinator’ was left as one of the staff to oversee this requirement until more information is received regarding proposed updates to the Head Start Program Performance Standards.

Bear River headSTART Work Plan

1303 Financial and Administrative Requirements

1303.1 Overview

Administrative and financial management standards were modified by the Secretary through new program performance standards. This part specifies financial and administrative requirements for Bear River Head Start.

1303.3 Other Requirements

45 CFR part 16- Grant appeal process

45 CFR part 30- Procedures for claim collections

45 CFR part 46- Protection of human subjects

45 CFR part 75- Cost principles, and audit requirements for Federal Awards

45 CFR part 80- Nondiscrimination. Civil Rights Act title vi and vii

45 CFR part 81- Practice and procedure for hearing

45 CFR part 84- Nondiscrimination on the basis of handicap

45 CFR part 87- Equal treatment for faith based organizations

2 CFR part 170- FFATA sub-award and executive compensation

2 CFR 25.110- CCR/DUNS requirement

OBJECTIVE	ACTIVITY	WHO	WHEN	DOCUMENTATION
1303.4 **Federal financial assistance, non-federal match, and waiver requirements**	Federal financial assistance must not exceed 80 percent of the approved total program costs. The grantee must contribute 20 percent as non-federal match each budget period. HHS may approve a waiver of all or a portion of the non-federal match requirement on the basis of the grantee's written application submitted for the budget period. Waivers may consider the circumstances and whether the grantee has made reasonable efforts to comply with requirements.	Fiscal Staff, Program Staff, parents	Ongoing throughout Fiscal Year	Financial statements, audit, SF425, Fiscal Policies & Procedures
1303.5 **Limitations on development and administrative costs**	Costs to develop and administer a program cannot be excessive or exceed 15 percent of the total approved program costs. Allowable costs to develop and administer a program cannot exceed 15 percent of the total approved program costs, which includes both federal costs and non-federal match. Waivers may be obtained.	Fiscal Staff	Ongoing throughout Fiscal Year	Audit, SF425, Fiscal Policies and Procedures
Assessing total program costs and whether a grantee meets requirements	The grantee must: • Determine the costs to develop and administer its program, including local costs of necessary resources. • Categorization of total costs as developmental and administrative or program costs. • Identify and allocate the portion of indirect costs that are for development and administration versus program costs. – N/A • Delineate all development and administrative costs in the grant application and calculate the percentage of total approved costs allocated to development and administration.	Fiscal Staff	During grant application process and ongoing throughout year	Budgets, Grant Application, Audit, SF425, Fiscal Policies and Procedures
Waivers	HHS may grant a waiver for each budget period if a delay or disruption to program services is caused by circumstances beyond the agency's control, or if the	Fiscal Staff	During grant application process and ongoing	Grant application, Board / PC

	agency is unable to administer the program within the 15 percent limitations, and if the agency can demonstrate efforts to reduce its development and administrative costs. If at any time within the funding cycle, the grantee estimates development and administration costs will exceed 15 percent of total approved costs, the grantee must submit a waiver request to HHS that explains why costs exceed the limit. Waivers must indicate the proposed time period to be covered, and what the grantee will do to reduce its development and administrative costs to comply with the 15 percent limit after the waiver period.		throughout year	reports, SF425, Fiscal Policies and Procedures
Subpart B **Administrative Requirements**				
1303.10 **Purpose**	The grantee must observe standards of organization, management, and administration that will ensure that all program activities are conducted in a consistent manner with the Head Start Act. Assure requirements are met in an efficient, effective manner, free of any taint of partisan political bias or personal or family favoritism.			
1303.11 **Limitations and prohibitions**	Grantees must adhere to federal requirements regarding union organizing, the Davis Bacon Act, limitations on compensation, non-discrimination, unlawful activities, political activities, and obtaining parental consent.	Fiscal Staff, Executive Director, Program Area Directors	Ongoing	Fiscal Policies and Procedures, Employee Policies, Conflict of interest forms
1303.12 **Insurance and bonding**	The agency must have an ongoing process to identify risks and have cost-efficient insurance for identified risks. The agency must specifically consider the risk of accidental injury to children while participating in the program. The grantee must have proof of appropriate coverage in funding applications.	Fiscal Staff	Annually and ongoing as needed	Fiscal Policies and Procedures, Insurance Policies

	Risk assessment must also include losses from fraudulent acts by individuals authorized to disburse Head Start funds. If the agency lacks sufficient coverage to protect the federal government's interest, the agency must maintain adequate fidelity bond coverage.			
Subpart C **Protections for the Privacy of Child Records**				
1303.20 **Establishing procedures**	The program must establish procedures to protect the confidentiality of any Personally Identifiable Information (PII) in child records.	Program Area Directors, Program Staff, Fiscal Staff, Executive Director	Ongoing	Workplans, Program policies, Board / PC Minutes
1303.21 **Program procedures-applicable confidentiality provisions**	If the program serves a child eligible for services under IDEA, then the program must comply with confidentiality provisions in Part B or Part C of IDEA, to protect the PII in records of those children, and therefore, the provisions in this subpart do not apply to those children.	Program Area Directors, Program Staff	Ongoing as needed	Child Files
1303.22 **Disclosures with parental consent**	The program must require parental written consent before the program may disclose PII from child records. PII written consent must specify what child records may be disclosed, explain why the records will be disclosed, and identify the party to whom the records may be disclosed. The written consent must be signed and dated. Signed and dated written consent may include electronic form record and signature. Electronic form must include: identification and authentication of the particular person that is the source of the electronic consent. The program must explain to the parent that the granting of consent is voluntary on the part of the parent and may be revoked at any time. If a parent revokes consent, that revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.	Program Area Directors, Program Staff	Ongoing as needed	Child Files

Disclosures without parental consent but with parental notice and opportunity to refuse	The program is allowed to disclose PII from a child's records without parental consent. The program must notify the parent about the disclosure, provide the parent upon request, a copy of the PII from the child's record to be disclosed in advance. The program must allow parents the opportunity to challenge and refuse the disclosure of the information in the records, before the program forwards the records to officials at a program, school, or school district in which the child seeks or intends to enroll, or where a child is already enrolled. This disclosure must be related to the child's enrollment or transfer.	Program Area Directors, Program Staff	Ongoing as needed	Child Files
Disclosure without parental consent	Procedures to protect PII must allow the program to disclose such PII from child records without parental consent to: • Officials within the program or acting for the program. This may include contractors, sub recipients that provide services the program would otherwise use employees. • Necessary for program services, and the program maintains oversight with respect to the use, further disclosure, and maintenance of child records. • Through written agreements. Officials within the program working for the program, federal or state entities, may disclose PII, if: connected to an audit, evaluation of education or the child development program. Disclosure allowed during enforcement of or compliance with federal legal requirements of the program, provided that; the program maintains oversight with the use, further disclosure, and maintenance of the child's records. Destruction of the PII when no longer needed, does not require disclosure. This includes any other specific authorization under federal law, or by HHS officials. Officials within the program, acting for the program, or from federal or state entity, to conduct a study to improve child and family outcomes, including improving the quality of programs, does not require disclosure. Programs must continue to maintain oversight with respect to the use, further disclosure, and maintenance of child records. Destruction of records after the use must follow PII destruction requirements.	Program Area Directors, Program Staff	Ongoing as needed	Child Files

	PII may not require disclosure in order to address a disaster, health or safety emergency, during the emergency, or a serious health and safety risk. This includes serious food allergic reactions, if the program determines disclosing PII for a child is necessary to protect the health or safety of children or other persons. PII may be disclosed to comply with a judicial order, or lawfully issued subpoena, providing the program makes a reasonable effort to notify the parents about all subpoenas and court orders in advance. Parental permission is not required if a court has ordered that neither the subpoena, its contents, nor the information provided in the response be disclosed. No disclosure is required if the request for disclosure is in compliance with an ex parte court order obtained by the US Attorney General or this office. Any issue investigated by the AG office, prosecution of an offense, investigation of an act of domestic or international terrorism. Permission is not required if a parent is a party to a court proceeding directly involving child abuse and neglect or dependency matters, and the order is issued in the context of that proceeding. Additional notice to the parent by the program is not required. Permission is not required if the program initiates legal action against a parent, or a parent initiates legal action against a program. The program may disclose PII in court, or without a court order or subpoena, the child records relevant for the program to act as plaintiff or defendant.			
CACFP Monitoring	Authorized representatives from the Child and Adult Care Food Program may conduct monitoring, evaluations and performance measures and access child records. The results of the audit will be reported in aggregate form that does not identify and individual data PII. Any data collected must be protected in a manner that does not personally identify students and their parents. PII must be destroyed when the data is no longer needed for program monitoring, evaluations and performance measures.	Program Area Directors, Program Staff	As needed	Child Files, CACFP records

Child Welfare Agencies	Caseworkers or other representatives from a state, local or other child welfare agencies, that have the right to access a case plan for a child who is in foster care placement, need not obtain parental permission. If welfare agencies have legal responsibility for the child's care and protection, under the state law, agencies have written processes to protect PII. The written processes use PII from the child's case plan for specific purposes intended to address the needs of the child. Information must be destroyed that is no longer needed for those purposed. Appropriate parties may have access to PII, in order to address suspected or known child maltreatment and is consistent with applicable federal, state, and local laws on reporting child abuse and neglect.	Program Area Directors, Program Staff	As needed	Child Files, Family Files
1303.23 Parental Rights				
Inspect Record	Parents have the right to inspect their child's record. If a parent makes a request for record inspection, the program must make the child records available within a reasonable time, but no more than 45 days after receipt of request. If the program maintains child records that contain information on more than one child, the program must ensure the parent only inspect information that pertains to the parent's child. The program shall not destroy a child record with an outstanding request to inspect and review the record.	Program Area Directors, Program Staff	As needed	Program, Policies, Child Files
Amend Record	A parent has the right to ask the program to amend information in the child record that the parent believes is inaccurate, misleading, or violates the child's privacy. The program must consider the parent's request and, if the request is denied, render a written decision to the parent within a reasonable time that informs the parent of the right to a hearing.	Program Area Directors, Program Staff	As needed	Program, Policies, Child Files

Hearing	If the parent requests a hearing to challenge information in the child record, the program must schedule a hearing within a reasonable amount of time. The parent must be notified in advance, about the hearing, and ensure the person who conducts the hearing does not have a direct interest in its outcome. The program must ensure the hearing affords the parent a full and fair opportunity to present relevant evidence to the issues. The program must ensure the hearing affords the parent a full and fair opportunity to present evidence relevant to the issues. If the program determines from the hearing that the information in the child record is accurate, does not mislead, or otherwise does not violate the child's privacy, the program must inform the parent of the outcome of the hearing. The parent does have the right to place a statement in the child's record that comments on the contested information. This statement may also document why the parent disagrees with the programs decision.	Program Area Directors, Program Staff	As needed	Program, Policies, Child Files
Right to a copy of record	The program must provide a parent, free of charge, an initial copy of child record's disclosed to third parties with parental consent and, upon parent request, an initial copy of child records disclosed to third parties, unless the disclosure was for a court that ordered neither the subpoenas, its contents, nor the information furnished in response.	Program Area Directors, Program Staff	As needed	Program, Policies, Child Files
Right to inspect written agreements	A parent has the right to review any written agreement with third parties.	Program Area Directors, Program Staff	As needed	Program, Policies, Child Files
1303.24 Maintaining records	The program must maintain child records in a manner that ensures only parents, and officials within the program, or working on behalf of the program have access. Records must be destroyed within a reasonable timeframe after such records are no longer needed or required to be maintained. The program must maintain with the child records, information on all individuals, agencies or organizations to whom a disclosure of PII from the child record was made. This does not apply to the program or the child's parents.	Program Area Directors, Program Staff	Ongoing and as needed	Program, Policies, Child Files

	Documentation must be included on why the disclosure was made. If the program uses web based data systems to maintain child records, the program must ensure such child records are adequately protected and maintained according to current industry security standards. If a parent places a statement in the child record, the program must maintain the statement with the contested part of the child record for as long as the program maintains the record. The program must disclose the statement whenever it discloses the portion of the child record to which the statement relates.			
Subpart E- Facilities				
§1303.40 Purpose				
1303.41 **Approval of previously purchased facilities**	If the grantee seeks to use grant funds to continue to pay purchase costs for a facility that was purchased after December 31, 1986, or refinance current indebtedness and use grant funds to service the resulting debt, the grantee may apply for funds to meet those costs. The grantee must submit an application to HHS that conforms to requirements. If approved, Head Start funds may be used to pay ongoing purchase costs, which include principal and interest on approved loans.	Executive Director, Fiscal Staff, Program Area Directors, Board, Policy Council	As needed	Grant Applications, Budget Committee reports, Board / PC reports and minutes
1303.42 **Eligibility to purchase, construct, and renovate facilities**	Before the grantee can apply for funds to purchase, construct, or renovate a facility, it must establish that: the facility will be available to rural or other low-income communities, the proposed facility is within the grantee's designated service area, the facility is necessary because the lack of suitable facilities in the grantee's service area will inhibit the operation of the program. If the program applies to construct a facility, the facility must be more cost-effective than the purchase of available facilities or renovation.	Executive Director, Fiscal Staff, Program Area Directors, Board, Policy Council	As needed	Grant Applications, Budget Committee reports, Board / PC reports and minutes, Community Assessment

	To satisfy requirements, the grantee must have a written statement from an independent real estate professional familiar with commercial real estate in the grantee's service area. This includes factors considered and supports how the real estate professional determined there are no other suitable facilities in the area.			
1303.43 **Use of grant funds to pay fees**	The grantee must submit a written statement to HHS, for reasonable fees and costs necessary to determine eligibility, before it submits the facility application. If HHS approves the grantee's application, the grantee may use federal funds to pay fees and costs.	Executive Director, Fiscal Staff, Program Area Directors, Board, Policy Council	As needed	Grant Applications, Budget Committee reports, Board / PC reports and minutes
1303.44 **Applications to purchase, construct, and renovate facilities**	Requirements If the grantee is eligible to apply for funds to purchase, construct, or renovate a facility, it must submit to HHS: a statement that explains the anticipated effect will have on program enrollment, activities and services, and the anticipated effect. A deed or other document showing legal ownership of the property where the facility is proposed, legal description of the facility site, and an explanation why the location is appropriate for the grantee's service area. Plans and specifications for the facility, including square footage, structure type, the number of rooms, how the rooms will be used, where the structure will be located on the building site, and whether there is space for outdoor play and parking. Certification by a licensed engineer or architect that the facility will be structurally sound and safe for use, and that the facility complies with local building codes, licensing requirements, accessible under Americans with Disabilities Act, the Rehabilitation Act, Flood Disaster Protection Act, and the National Historic Preservation Act. A description of proposed renovations or repairs, and plans and specifications that describe the facility after renovation or repair. A proposed schedule that details when the grantee will acquire, renovate, repair and occupy the facility.	Executive Director, Fiscal Staff, Program Area Directors, Board, Policy Council	As needed	Grant Applications, Budget Committee reports, Board / PC reports and minutes

	An estimation by a licensed independent certified appraiser of the facility's fair market value after proposed purchase and associated repairs and renovations, or major renovation is completed for all facilities activities except for major renovations to leased property. Cost comparisons. A statement that shows what share of the purchase, construction, or major renovation will be paid with grant funds and what the grantee proposes to contribute as nonfederal match to the purchase, renovation, or construction. A statement from a lender, if the grantee applies to use Head Start funds to continue purchase on a facility or refinance existing debt on a facility that indicates the lender is willing to comply with HHS requirements. The terms of any proposed or existing loans related to the purchase, construction or major renovation of the facility, including copies of funding commitment letters, mortgages, promissory notes, potential security agreements, information on all sources of funding, construction or major renovation, any restrictions or conditions imposed by other funding sources. A Phase I environmental site assessment that describes environmental condition of the proposed facility site and any structures on the site. A description of the efforts by the grantee to coordinate or collaborate with other providers in the community to seek assistance, including financial assistance, prior to the use of the funds. Any additional information HHS may require.			
Requirements for leased properties	If the grantee applies to renovate leased property, it must submit to HHS, a copy of existing or proposed lease agreements, and the landlord or lessor's consent. If the grantee applies to purchase a modular unit it intends to site on leased property, the grantee must submit to HHS, a copy of the proposed lease or occupancy agreement that will allow the grantee access to the modular unit for at least 15	Executive Director, Fiscal Staff, Program Area Directors, Board, Policy Council	As needed	Grant Applications, Budget Committee reports, Board / PC reports and minutes, lease

	years. Any non-federal match associated with the facilities activities becomes part of the federal share of the facility.			agreements
1303.45 **Cost-comparison to purchase, construct, and renovate facilities**	If the grantee proposes to purchase, construct, or renovate a facility, it must submit a details cost estimate of the proposed activity, compare the costs associated with the proposed activity to other available alternatives in the service area. The grantee must demonstrate that the proposed activity will result in savings when compared to the costs that would be incurred to acquire the use of an alternative facility. The grantee must identify who owns the property, list all costs related to the purchase, construction, or renovation. Identify costs over the structure's useful life, which is at least 20 years for a facility that the grantee purchases or constructs. Useful life is at least 15 years for a modular unit the grantee renovates, and deferred costs, including balloon payments, and costs associated with due dates. Demonstrate how the proposed purchase, construction, or renovation is consistent with program management and fiscal goals, community needs, enrollment and program options and how the facility will support the grantee in providing services. To use funds to continue purchase or to refinance an existing in-debtness, the grantee must compare the costs of continued purchase against the cost of purchasing a comparable facility in the service area over the remaining years of the facility's useful life. The grantee must demonstrate that the proposed activity will result in savings when compared to the cost that would be incurred to acquire the use of an alternative facility to carry out program activity. If the grantee intends to use the facility to operate a Head Start program and for another purpose, it must describe what percentage of the facility will be used for non-Head Start activities, along with costs associated with those activities.	Executive Director, Fiscal Staff, Program Area Directors, Board, Policy Council	As needed	Grant Applications, Budget Committee reports, Board / PC reports and minutes, Community Assessment

1303.46 **Recording and posting notices of federal interest**	If the grantee receives funds under this subpart, it must file notice of federal interest as required. Federal interest cannot be defeated by the grantee's failure to file a notice of federal interest. If the grantee uses federal funds to purchase real property or a facility, excluding modular units, it must record a notice of federal interest in the official real property records for the jurisdiction where the facility is or will be located. The grantee must file the notice of federal interest as soon as it uses Head Start funds to either fully or partially purchase a facility or real property where a facility will be constructed or as soon as it receives permission from HHS to use Head Start funds to continue to purchase on a facility. If the grantee uses federal funds in whole or in part to construct a facility, it must record the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to construct the facility. If the grantee uses federal funds to renovate a facility, or a third party owns the facility, the grantee must record the notice of federal interest in the official real property record for the jurisdiction in which the facility is located as soon as it receives the notice of award to renovate the facility. If the grantee uses federal funds in whole or in part to purchase a modular unit or renovate a modular unit, the grantee must post notice of federal interest, in clearly visible locations, on the exterior of the modular unit and inside the modular unit.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies of Notice of Federal Interest
1303.47 **Contents of notices of federal interest**				
Facilities and real property a grantee owns.	A notice of federal interest for a facility, other than a modular unit, and real property the grantee will own, must include: The grantee's correct legal name and current mailing address. A legal description of the real property. Grant award number, amount and date of initial facilities funding award or initial use of base grant funds for ongoing purchase or mortgage payments. A statement that the notice of federal interest includes funds awarded in the grant award and any Head Start funds used to purchase, construct or make renovations to the real property.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies of Notice of Federal Interest, Board / PC reports and minutes

	A statement that the facility and real property will only be used for purposes consistent with applicable Head Start regulations. A statement that the facility or real property will not be mortgaged or used as collateral, sold or otherwise transferred to another party, without HHS written permission. A statement that the federal interest cannot be subordinated, diminished, nullified or released through encumbrance of the property, transfer of the property to another party or any other action the grantee takes without HHS written permission. A statement that confirms that the agency's governing body received a copy of the notice of federal interest prior to filing and the date the governing body was provided a copy. The name, title, and signature of the person who drafted the notice.			
Facility leased by a grantee	A notice of federal interest for a leased facility, excluding a modular unit, on land the grantee does not own, must be recorded in the official real property records for the jurisdiction where the facility is located. This must include: The grantee's correct legal name and current mailing address. A legal description of the real property. The grant award number, amount and date of initial funding award or initial base grant funds for major renovation. Acknowledgement that the notice of federal interest includes any Head Start funds used to make major renovations on the affected real property. A statement the facility and real property will only be used for purposes consistent with HHS regulations. A lease or occupancy agreement that includes the required HHS information, and must be recorded in the official real property records for the jurisdiction where the facility is located to serve as notice of federal interest. If the grantee cannot file the lease or occupancy agreement, it may file an abstract. The abstract must include the names and addresses of parties to the lease or occupancy agreement, terms of the lease or occupancy agreement.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies of Notice of Federal Interest, Board & PC reports and minutes

Modular units	A notice of federal interest on the modular unit must be clearly visible and posted on the exterior and inside the modular unit. The posting must include: The grantee's correct legal name and mailing address. Posted grant award number, amount and date of initial funding award or initial use of base grant funds to purchase or renovate. A statement that the facility and real property will only be used for purposes consistent with applicable Head Start regulations. A statement that the modular unit will not be mortgaged or used as collateral, sold to others, transferred to another party, without HHS written permission. A statement that the unit cannot be moved to another location without HHS written permission. A statement that confirms that the agency's governing body has received a copy of the filed notice of federal interest and the date the governing body was provided with a copy. The name, title, and signature of the person who completed the notice for the grantee/agency.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies of Notice of Federal Interest, Board & PC reports and minutes
1303.48 **Grantee limitations on federal interest**	The grantee cannot mortgage, use as collateral for a credit line or for other loan obligations, or, sell or transfer to another party, a facility, real property, or a modular unit it has purchased, constructed or renovated with Head Start funds, without HHS written permission. The grantee must have written permission from HHS before it can use real property, a facility, or a modular unit for a purpose other than that which the grantee's application was approved.	Fiscal Staff	As Needed – Bear River Head Start has no mortgages	Fiscal Policies & Procedures, Copies of Notice of Federal Interest, Board and PC reports and minutes, approval from HHS
1303.49 **Protection of federal interest in mortgage agreements**	Any mortgage agreement or security instrument that is secured by real property or a modular unit constructed or purchased in whole or part with federal funds or subject renovation with federal funds must: Specify HHS can intervene in case the grantee defaults on, terminates or withdraws from the agreement. Designate HHS to receive a copy of any notice of default given to the grantee under terms of the agreement and include the regional grants management officer's current address. Include a clause that requires any action to foreclose the mortgage agreement or security agreement be suspended for 60 days after HHS receives the default notice to allow HHS reasonable time to respond.	Fiscal Staff	As Needed – Bear River Head Start has no mortgages	Fiscal Policies & Procedures, Copies of Notice of Federal Interest, Board and PC reports and minutes, approval from HHS

	Include a clause that preserves the notice of federal interest and the grantee's obligation for its federal share if HHS fails to respond to any notice of default. Include a statement that HHS is paid the federal interest before foreclosure proceeds are paid to the lender, unless the HHS official's rights under the notice of federal interest have been subordinated by a written agreement in conformance with HHS regulations. Include a clause that gives HHS the right to cure any default under the agreement within the designated period to cure the default. Include a clause that gives HHS the right to assign or transfer the agreement to another interim or permanent grantee. The grantee must immediately notify HHS of any default.			
1303.50 **Third party leases and occupancy arrangements**	After November 7, 2016, if the grantee receives federal funds to purchase, construct or renovate a facility on real property the grantee does not own or to purchase or renovate a modular unit on real property the grantee does not own, the grantee must have a lease or other occupancy agreement of at least 30 years for purchase or construction of a facility and at least 15 years for a major renovation or placement of a modular unit. The lease or occupancy agreement must: Provide for the grantee's right of continued use and occupancy of the leased or occupied premises during the entire term of the lease. Designate the regional grants management officer to receive a copy of any notice of default given to the grantee under the terms of the agreement and include the regional grants management officer's current address. Specify HHS has the right to cure any default under the lease or occupancy agreement within the designated period to cure default. Specify HHS has the right to transfer the lease to another interim or replacement grantee.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Lease Agreements, Board and PC reports and minutes, grant applications, approval from HHS
1303.51 **Subordination of the federal interest**	Only HHS can subordinate federal interest to the rights of a lender or other third party. Subordination agreements must be in writing and the mortgage agreement or security agreement for which the subordination is requested must comply with HHS regulations. When the amount of federal funds already contributed to the facility exceeds the amount to be provided by the lender seeking subordination, the federal interest may only be subordinated if the grantee can show that funding is not available without subordination of the federal interest.	Fiscal Staff	As Needed – Bear River Head Start has no mortgages	Fiscal Policies & Procedures, Copies of Notice of Federal Interest, Board and PC reports and minutes, approval from

				HHS
1303.52 **Insurance, bonding, and maintenance**	If the grantee uses federal funds to purchase or continue purchase on a facility, excluding modular units, the grantee must obtain a title insurance policy for the purchase price that names HHS as an additional loss payee.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies of title insurance, Board and PC reports and minutes
Insurance coverage	Insurance coverage: Must maintain physical damage or destruction insurance at the full replacement value of the facility, for as long as the grantee owns or occupies the facility. If a facility is located in an area the National Flood Insurance Program defines as high risk, the grantee must maintain flood insurance for as long as the grantee owns or occupies the facility. The grantee must submit to HHS within 10 days after coverage begins, proof of insurance coverage.	Fiscal Staff	Annual, and updated as needed	Fiscal Policies & Procedures, Copies of insurance policies, Board and PC reports , Grant Application, Budgets
Maintenance	The grantee must keep all facilities purchased or constructed in whole or in part with Head Start funds in good repair in accordance with all applicable federal, state, and local laws, rules and regulations including Head start requirements, zoning requirements, building codes, health and safety regulations, and licensing standards.	Maintenance staff, Program Area Directors, Fiscal Staff	Ongoing	Health & fire inspections, licensing reports, health & safety checklists, budget reports
1303.53 **Copies of documents**	The grantee must submit to HHS within 10 days after filing or execution, copies of deeds, leases, loan instruments, mortgage agreements, notice of federal interest, and other legal documents related to the use of Head Start funds for purchase, construction, renovation or the discharge of any debt secured by the facility.	Fiscal Staff	As Needed – Bear River Head Start has no mortgages	Fiscal Policies & Procedures, Copies of documents, Board and PC reports and minutes, approval from HHS
1303.54 **Record retention**	The grantee must retain records pertinent to the lease, purchase, construction or renovation of a facility funded in whole or part with Head Start funds, for as long as the grantee owns or occupies the facility, plus three years.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies documents

1303.55 **Procurement procedures**	The grantee must comply with all grants management regulations, including specific regulations applicable to transactions in excess of the current simplified acquisition threshold, cost principles, and its own procurement procedures. The grantee must provide to the maximum extent possible, open and full competition. The grantee must obtain from HHS, written approval before using Head Start funds, in whole or in part, to contract construction or renovation services. The grantee must ensure these contracts are paid on a lump sum fixed-price basis. The grant must obtain prior written approval from HHS, contract modifications that would change the scope or objective of a project or would materially alter the costs, by increasing the amount of grant funds needed to complete the project. The grantee must ensure all construction and renovation contracts paid, in whole or in part with Head Start funds contain a clause that gives HHS or their designee access to the facility, at all reasonable times, during construction and inspection.	Fiscal Staff, Executive Director, Program Area Directors	As Needed	Fiscal Policies & Procedures, Grant Applications, purchasing documents
1303.56 **Inspection of work**	The grantee must submit to HHS, a final inspection report by a licensed engineer or architect within 30 calendar days after the project is completed. The inspection report must certify that the facility complies with local building codes, applicable licensing requirements, is structurally sound and safe for use as a Head Start facility, complies with American Disability Act, the Rehabilitation Act, and the Flood Disaster Protection Act, and complies with the National Historic Preservation Act.	Fiscal Staff	As Needed	Fiscal Policies & Procedures, Copies of Inspections, Board and PC reports and minutes, approval from HHS

Subpart F- Transportation

1303.70 Purpose

Providing transportation services	If the program does not provide transportation services, either for all or a portion of the children, it must provide reasonable assistance, such as information about public transit availability, to the families of children to arrange transportation to and from its activities, and provide information about these transportation options in recruitment announcements.	Bear River Head Start does not provide transportation. Buses are used for field trips only		

Waiver	Programs that provide transportation services must comply with all HHS regulations. Programs may request to waive a specific requirement in writing to HHS, as part of the grantees annual funding application. Waivers may also be submitted to HHS as an amendment to the grant application. Request may be made when adherence to a requirement would create a safety hazard, or for preschool children related to child restraint systems. Bus monitors may request waivers if regulations would result in significant disruption to the program and the agency demonstrates a waiver is in the best interest of the children involved. HHS may not authorize waivers to any requirement of the Federal Motor vehicle Safety Standards made applicable to any class of vehicle in 49 CFR part 571.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	
1303.71 **Vehicles**				
Required use of school buses or allowable alternative vehicles	The program, with the exception of transportation services to children served under a home-based option, must ensure all vehicles used or purchased with grant funds to provide transportation services to enrolled children are school buses or allowable alternative vehicles that are equipped for use of height and weight appropriate child restraint systems, and that have reverse beepers.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	
Emergency Equipment	The program must ensure each vehicle is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguishers, and first aid kit.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor, Health staff	
Auxiliary seating	The program must ensure any auxiliary seating, such as temporary or folding jump seat, used in vehicles of any type providing such services are built into the vehicles by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	
Child restraint systems	The program must ensure each vehicle used to transport children is equipped for use of age, height, and weight appropriate child safety restraint systems.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor, Health Staff	

Vehicle maintenance	The program must ensure vehicles used to provide transportation services are in safe operating condition at all times. The program must at a minimum, conduct an annual thorough safety inspection of each vehicle through an inspection program licensed or operated by the state. The program must carry out systematic preventive maintenance on vehicles and ensure each driver implements daily pre-trip vehicle inspections.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor, Maintenance Staff	Maintenance records, Vehicle Logs
New vehicle inspection	The program must ensure bid announcements for school buses and allowable alternate vehicles to transport children in its program. Bids must include correct specifications and a clear statement of the vehicle's intended use. The program must ensure vehicles are examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with the applicable FMVSS is included with the vehicles.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor, Coordinator, Fiscal Staff	Purchasing documents, grant application.
1303.72 **Vehicle operation**				
Safety	The program must ensure each child is seated in a child restraint system appropriate to the child's age, height and weight. Baggage and other items transported in the passenger compartment must be properly stored and secured, and the aisles remain clear. Doors and emergency exits must remain unobstructed at all times. Up to date child rosters and lists of the adults each child is authorized to be released to, must be on the bus. Alternate individuals in case of emergency, must be maintained. No child shall be left behind, either at the classroom or on the vehicle at the end of the route. At least one bus monitor must be on board at all times, with additional monitors provided as necessary.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor, Teaching staff	
Driver qualifications	The program, with exception of transportation services to children served under a home-based option, must ensure drivers, at a minimum: Drivers have a valid Commercial Driver's License (CDL) for vehicles in the same class as the vehicle driver will be operating. Drivers must meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	Employee tracking sheets

Driver application review	With the exception of transportation services to children served under a home-based option, the program must: Disclose by the applicant all moving traffic violations, regardless of penalty. A check of the applicant's driving record through the appropriate state agency, including a check of the applicant's record through the National Driver Register. A check that driver's qualify under the applicable driver training requirements in the state. After conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor or medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	Employee tracking sheets
Driver training	The program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year. Training must include, classroom instruction and behind wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner. Safety training for running a fixed route, administration of basic first aid, handling emergency situations, evacuations, operating special equipment, wheelchair lifts, assistance devices, special occupant restraints. Training on how to conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary. Training on transporting children with disabilities. Annual evaluation of each driver includes an on-board observation of road performance.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	Employee tracking sheets
Bus monitoring training	The program must train each bus monitor before the monitor begins work. Training includes: child boarding, exiting procedures, child restraint systems, paperwork completion, emergency response, emergency evacuation, use of special equipment, child pick-up and release procedures, pre- and post-trip vehicle checks. Bus monitors are subject to staff safety training requirements.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	Employee tracking sheets

103.73 **Trip routing**	Planning of fixed routes must consider the safety of the children being transported. Consideration to the time a child is in transit to and from the program must not exceed one hour, unless there is no shorter route available or any alternative route is either unsafe or impractical. Vehicles may not be loaded beyond maximum passenger capacity at any time. Drivers may not back up or make u-turns, except when necessary for safety reasons or because of physical barriers. When possible, stops must be located to eliminate the need for children to cross the street or highway to board or leave the vehicle. Stops must minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle. Either a bus monitor or another adult must escort children across the street to board or leave the vehicle of curbside pick-up or drop off is impossible. Drivers must use alternate routes in the case of hazardous conditions that could affect the safety of the children transported. This includes, ice or water build up, natural gas line breaks, or emergency road closing.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	
1303.74 **Safety procedures**	Children who receive transportation services must be taught safe riding practices. This includes: boarding and leaving the bus, crossing the street to and from the vehicle at stops, recognition of danger zones around the vehicle, emergency evacuation, participating in emergency evacuation drills. Programs providing transportation must ensure at least two bus evaluation drills in addition to the one required in paragraph A of this section. These drills must be conducted during the program year.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor	Bus Logs
1303.75 **Children with disabilities**	The program must ensure there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities, available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home based services, unless school buses or alternate vehicles are used to transport the other children served under the home based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.	Bear River Head Start does not provide transportation. Buses are used for field trips only	Certified Bus Instructor, Disabilities Specialist, Coordinator, Health Staff	

	The program must ensure that special transportation requirements in a child's IEP or IFSP's are followed, including special pick-up and drop –off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary training for bus drivers and monitors.			

ERSEA Program Services Workplans

ERSEA Program Services Workplans 2026-2027
Executive Summary

Prepared by: Kristie Curtis
Bear River Head Start Family Services Director

Attached are the ERSEA Services Workplans for review and approval.

ERSEA Program Services Workplans revised to follow the updated Head Start Performance Standards.

Coordinators was changed to Directors throughout the workplans.

Bear River headSTART **Work Plan**

Focus Area: Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Program Services

1302.1 Overview.
This part implements the statutory requirements in sections 641A, 645, 645A, and 648A of the Act by describing all of the program performance standards that are required to operate Head Start Preschool, Early Head Start, American Indian and Alaska Native and Migrant or Seasonal Head Start programs. This part covers the full range of operations from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high-quality service. As required in the Act, the provisions in this part do not narrow the scope or quality of services covered in previous regulations. Instead, the regulations in this part raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.

1302.10 Purpose
This subpart describes requirements of grant recipients for determining community strengths, needs and resources as well as recruitment areas. It contains requirements and procedures for the eligibility determination, recruitment, selection, enrollment and attendance of children and explains the policy concerning the charging of fees.

Objective	Activity	Who	When	Documentation
1302.11 Determining community strengths, needs, and resources. (a) *Service area.* (1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census tract or jurisdiction of a federally recognized Indian reservation. (i) A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near-reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Native	Staff will gather and use community data to identify eligible children and families to ensure recruitment reaches those most in need. Staff recruit at low-income neighborhoods, homeless shelters, transitional housing, child care centers, libraries, WIC offices, community agencies, family services. Target recruitment areas with the highest need. Cross communication with staff about recruitment events. Ongoing trainings Knowledge of service areas and the strength and needs for each service area. Building relationships in the	Director, Board, Policy Council Members, Staff, Community Partners, Directors Managers	Every 5 years with annual updates Annually review and update recruitment priorities based on community data Ongoing	Community Assessment, Data sources, meeting notes, Enrollment meeting minutes, Recruitment meeting minutes, Child Plus

Regional Corporations with land-based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated Statistical Areas where federally recognized Indian tribes do not have a federally established reservation. (ii) If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of or eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area. (2) If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval. (b) *Community wide strategic planning and needs assessment (community assessment)*. (1) A program must conduct a comprehensive community assessment at least once over the five-year grant period and annually review and update if any significant changes are needed as described in paragraph (b)(5) of this section to: (i) Identify populations most in need of services including prevalent social or economic factors, challenges, and barriers experienced by families and children; (ii) Inform the program's design and to ensure equitable, inclusive, and accessible service delivery that reflect needs and diversity of the community; (iii) Inform the enrollment, recruitment, and	community for ongoing referrals and recruitment.			

selection process to prioritize the enrollment of those populations with relevant circumstances identified under paragraph (b)(1)(i) of this section; (iv) Identify strengths and resources in the community that can be leveraged for service delivery, coordination, and partnership efforts for education, health, nutrition, and referrals to social services to eligible children and families; and, (v) Identify the communication methods and modalities available to the program that best engage with prospective and enrolled families in accessible ways. (2) In conducting the community assessment, the program must collect and utilize data that describes community strengths, needs, and resources and include, at a minimum: (i) Relevant demographic data about eligible children and expectant mothers, including: (A) Race and ethnicity; (B) Children living in poverty; (C) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A)); (D) Children in foster care; (E) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies; and (F) Geographic location and languages they speak. (ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors, challenges, and barriers				

to program participation such as transportation needs; (iii) Typical work, school, and training schedules of parents with eligible children; (iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded State and local preschools, and the approximate number of eligible children served and their ages; (v) Resources that are available in the community to address the needs of eligible children and their families, especially transportation resources, and culturally appropriate and responsive supports; (vi) Strengths of the community; and, (vii) Gaps in community resources in areas relevant to addressing the needs of eligible children and their families such as gaps in health and human services, housing assistance, food assistance, employment assistance, early childhood development, and social services. (3) Programs should have a strategic approach: (i) To determine what data to acquire to reach goals in paragraph (b)(1) of this section prior to conducting the community assessment; and (ii) For how to use the data acquired to reach goals in paragraph (b)(1) of this section after conducting the community assessment. (4) When determining what data to acquire under paragraph (b)(2) of this section programs should consider what information is most relevant to inform services for families most in need. Data gathering should be informed by the program's understanding				

of the community and be intentionally designed to help the program identify community strengths, needs and resources, and plan the program accordingly. Programs are not required to collect all information themselves; rather programs should utilize community partners and utilize existing available data sources relevant to the local community. (5) A program must annually review and, where needed, update the community assessment to identify any significant shifts in community demographics, needs, and resources that may impact program design and service delivery. As described in paragraph (b)(4) of this section, programs should consider results from their self-assessment as required in subpart J of this part (§§ 1302.101 through 1302.103) and their annual funding application to inform this process. The annual update review must consider at a minimum: changes related to children and families experiencing homelessness; how the program addresses equity, accessibility, and inclusiveness in its provision of services; and changes to the availability of publicly-funded pre-kindergarten and whether it meets the needs of families. Programs must consider how the annual review and update can inform and support management approaches for continuous quality improvement, program goals, and ongoing oversight. (6) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program				

serving less than its eligible funded enrollment.				
Objective	Activity	Who	When	Documentation
1302.12 Determining, verifying, and documenting eligibility. (a) *Process overview*. (1) Program staff must: (i) Conduct an in-person interview with each family, unless paragraph (a)(2) of this section applies; (ii) Verify information as required in paragraphs (h) and (i) of this section; and, (iii) Create an eligibility determination record for enrolled participants according to paragraph (k) of this section. (2) Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family. (3) If a program has an alternate method to reasonably determine eligibility based on its community assessment, geographic and administrative data, or from other reliable data sources, it may petition the responsible HHS official to waive requirements in paragraphs (a)(1)(i) and (ii) of this section. (b) *Age requirements*. (1) For Early Head Start, except when the child is transitioning to Head Start Preschool, a child must be an infant or a toddler younger than three years old.	Training staff to be knowledgeable about determining, verifying, and documenting eligibility. Help staff practice and strengthen their skills in collecting, verifying, and recording eligibility information correctly and consistently. Staff will: -Ask appropriate questions -Request the correct documentation -Be professional and kind -Build confidence in sensitive interviewing -Follow up with families -Ensure compliance and prevent eligibility errors -Ask respectful, clear questions to families when gathering accurate eligibility information	ERSEA Assistant ERSEA Manager	Ongoing	Application, Income Verification, Birth Verification, Foster Placement Form, Custody, Self-Declaration Form, MCV Form, Housing Costs, Eligibility Determination, Eligibility Review, Eligibility Criteria, Child Plus, Signed Eligibility Form, 2 Step Verification, ERSEA Code of Conduct, Training Materials, Sign-In Sheets, Transition Forms, Intent to Rollover Forms, ERSEA Policy & Procedures, Performance Standards, ERSEA Policy Council and Board Training

(2) For Head Start Preschool, a child must: (i) Be at least three years old or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start Preschool program is located; and, (ii) Be no older than the age required to attend school. (3) For Migrant or Seasonal Head Start, a child must be younger than compulsory school age by the date used to determine public school eligibility for the community in which the program is located. (c) *Eligibility requirements*. (1) A pregnant woman or a child is eligible if: (i) The family's income is equal to or below the poverty line; or, (ii) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments, or, (iii) The child is homeless, as defined in part 1305; or, (iv) The child is in foster care. (2) If the family does not meet a criterion under paragraph (c)(1) of this section, a program may enroll a child who would benefit from services, provided that these participants only make up to 10 percent of a program's enrollment in accordance with paragraph (d) of this section. (d) *Additional allowances for programs*. (1) A program may enroll an additional 35 percent of participants whose families do not meet a criterion described in paragraph (c) of this section and whose incomes are below 130 percent of the poverty line, if the				

program: (i) Establishes and implements outreach, and enrollment policies and procedures to ensure it is meeting the needs of eligible pregnant women, children, and children with disabilities, before serving pregnant women or children who do not meet the criteria in paragraph (c) of this section; and, (ii) Establishes criteria that ensure pregnant women and children eligible under the criteria listed in paragraph (c) of this section are served first. (2) If a program chooses to enroll participants who do not meet a criterion in paragraph (c) of this section, and whose family incomes are between 100 and 130 percent of the poverty line, it must be able to report to the Head Start regional program office: (i) How it is meeting the needs of low-income families or families potentially eligible for public assistance, homeless children, and children in foster care, and include local demographic data on these populations; (ii) Outreach and enrollment policies and procedures that ensure it is meeting the needs of eligible children or pregnant women, before serving over-income children or pregnant women; (iii) Efforts, including outreach, to be fully enrolled with eligible pregnant women or children; (iv) Policies, procedures, and selection criteria it uses to serve eligible children; (v) Its current enrollment and its enrollment for the previous year; (vi) The number of pregnant women and children served, disaggregated by the				

eligibility criteria in paragraphs (c) and (d)(1)of this section; and, (vii) The eligibility criteria category of each child on the program's waiting list. (e) *Additional allowances for Indian tribes*. (1) Notwithstanding paragraph (c) of this section, a Tribal program may determine any pregnant women or children in the approved service area to be eligible for services regardless of income, if they meet the requirements of paragraph (b) of this section. (2) An Indian Tribe or Tribes that operates both an Early Head Start program and a Head Start Preschool program may, at its discretion, at any time during the grant period involved, reallocate funds between the Early Head Start program and the Head Start Preschool program in order to address fluctuations in client populations, including pregnant women and children from birth to compulsory school age. The reallocation of such funds between programs by an Indian Tribe or Tribes during a year may not serve as a basis for any reduction of the base grant for either program in succeeding years. (f) *Migrant or Seasonal eligibility requirements*. Notwithstanding paragraph (c) of this section, pregnant women and children are eligible for Migrant or Seasonal Head Start if they have at least one family member whose income comes primarily from agricultural employment as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1802), and if they meet the requirements of paragraph (b) of this section. (g) *Eligibility requirements for communities*				

with 1,000 or fewer individuals. (1) A program may establish its own criteria for eligibility provided that it meets the criteria outlined in section 645(a)(2) of the Act. (2) No child residing in such community whose family is eligible under criteria described in paragraphs (c) through (f) of this section, may be denied an opportunity to participate in the program under the eligibility criteria established under this paragraph (g). (h) *Verifying age*. Program staff must verify a child's age according to program policies and procedures. A program's policies and procedures cannot require families to provide documents that confirm a child's age, if doing so creates a barrier for the family to enroll the child. (i) *Verifying eligibility.* (1) To verify eligibility based on income, program staff must use tax forms, pay stubs, or other proof of income to determine the family income for the relevant time period. (i) The program must calculate total gross income using applicable sources of income. (ii) A program may make an adjustment to a family's gross income calculation for the purposes of determining eligibility to account for excessive housing costs. A program may use available bills, bank statements, and other relevant documentation provided by the family to calculate total annual housing costs with appropriate multipliers to: (A) Determine if a family spends more than 30 percent of their total gross income on housing costs, as defined in part 1305 of this chapter; and (B) If applicable, reduce the total gross				

income by the amount spent on housing costs that exceed more than 30 percent. (iii) If the family cannot provide tax forms, pay stubs, or other proof of income for the relevant time period, program staff may accept written statements from employers, including individuals who are self-employed, for the relevant time period and use information provided to calculate total annual income with appropriate multipliers. (iv) If the family reports no income for the relevant time period, a program may accept the family's signed declaration to that effect, if program staff describes efforts made to verify the family's income, and explains how the family's total income was calculated or seeks information from third parties about the family's eligibility if the family gives written consent. If a family gives consent to contact third parties, program staff must adhere to program safety and privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k)(2) of this section. (v) If the family can demonstrate a significant change in income for the relevant time period, program staff may consider current income circumstances. (2) To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program must have documentation from either the state, local, or tribal public assistance agency that shows the family either receives public assistance or that shows the family is potentially eligible to receive public assistance. (3) To verify whether a family is homeless, a program may accept a written statement from a homeless services provider, school personnel, or other service agency attesting				

that the child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is homeless; or any other document that establishes homelessness. (i) If a family can provide one of the documents described in this paragraph (i)(3), program staff must describe efforts made to verify the accuracy of the information provided and state whether the family is eligible because they are homeless. (ii) If a family cannot provide one of the documents described in paragraph (i)(3) to prove the child is homeless, a program may accept the family's signed declaration to that effect, if, in a written statement, program staff describe the child's living situation that meets the definition of homeless in part 1305 of this chapter. (iii) Program staff may seek information from third parties who have firsthand knowledge about a family's living situation, if the family gives written consent. If the family gives consent to contact third parties, program staff must adhere to program privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k) of this section. (4) To verify whether a child is in foster care, program staff must accept either a court order or other legal or government-issued document, a written statement from a government child welfare official that demonstrates the child is in foster care, or proof of a foster care payment. (j) *Eligibility duration*. (1) If a child is determined eligible under this				

section and is participating in a Head Start program, he or she will remain eligible through the end of the succeeding program year except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start services. (2) Children who are enrolled in a program receiving funds under the authority of section 645A of the Act remain eligible while they participate in the program. (3) If a child moves from an Early Head Start program to a Head Start Preschool program, program staff must verify the family's eligibility again. (4) If a program operates both an Early Head Start and a Head Start Preschool program, and the parents wish to enroll their child who has been enrolled in the program's Early Head Start, the program must ensure, whenever possible, the child receives Head Start Preschool services until enrolled in school, provided the child is eligible. (5) If a program operates a Migrant and Seasonal Head Start program, children younger than age three participating in the program remain eligible until they turn three years old, consistent with paragraph (j)(2) of this section. (k) *Records*. (1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically.				

(2) Each eligibility determination record must include: (i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section; (ii) A statement that program staff has made reasonable efforts to verify information by: (A) Conducting either an in-person, or a telephone interview with the family as described under paragraph (a)(1)(i) or (a)(2) of this section; and, (B) Describing efforts made to verify eligibility, as required under paragraphs (h) through (i) of this section; and, collecting documents required for third party verification that includes the family's written consent to contact each third party, the third parties' names, titles, and affiliations, and information from third parties regarding the family's eligibility. (iii) A statement that identifies whether: (A) The family's income is below income guidelines for its size, and lists the family's size; (B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance; (C) The child is a homeless child or the child is in foster care; (D) The family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or, (E) The family was determined to be eligible under the criterion in paragraph (d)(1) of this section. (3) A program must keep eligibility determination records for those currently				

enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled. (l) *Program policies and procedures on violating eligibility determination regulations*. A program must establish written policies and procedures that describe all actions taken against staff who intentionally violate Federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Head Start services. (m) *Training on eligibility*. (1) A program must train all governing body, policy council, management, and staff who determine eligibility on applicable federal regulations and program policies and procedures. Training must, at a minimum: (i) Include methods on how to collect complete and accurate eligibility information from families and third party sources; (ii) Incorporate strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and, (iii) Explain program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information. (2) A program must train management and staff members who make eligibility determinations within 90 days of hiring new staff. (3) A program must train all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council. (4) A program must develop policies on how				

often training will be provided after the initial training.				
Objective	Activity	Who	When	Documentation
1302.13 Recruitment of children. In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services. A program must include modern technologies to encourage and assist families in applying for admission to the program, and to reduce the family's administrative and paperwork burden in the application and enrollment process. A program must include specific efforts to actively locate and recruit children with disabilities and other children in need, including children experiencing homeless and children in foster care.	Staff review enrollment list and waitlist data. Ensure the selection criteria are meeting the intent to prioritize highest-need children. Use the latest community assessment to guide decisions. Keep criteria responsive to community needs. Identify patterns (e.g., homelessness, foster care, income level, age, disability are consistently at the top). Ensure consistency. Staff apply the eligibility criteria the same way. Contact current and past families. Collaborate with community agencies. Brainstorm possible community factors such as job loss, grandparent led families, transportation barriers etc. Follow Performance Standards and program policies and procedures.	Staff ERSEA Manager ERSEA Assistant Managers Directors	Ongoing Conduct outreach in high-need areas Community Partnerships partner with local agencies for referrals (WIC, shelters, clinics, agencies) Presentations Recruitment Events	Online Applications, Recruitment Forms, Child Plus, Fyers, Social Media Posts, Outreach logs, MOU's, Referrals, Training Materials, Presentations

Objective	Activity	Who	When	Documentation
1302.14 Selection process. (a) *Selection criteria*. (1) A program must annually establish selection criteria that weigh the prioritization of selection of participants, based on	Staff will select children and families for enrollment based on eligibility criteria and prioritize those with the greatest need, and do so in a way that is consistent with the program's community assessment. Use community assessment to see if certain	ERSEA Manager Directors	Annually, update as needed Ongoing Fill	Approved Selection Criteria, Policy Council minutes, Child Plus, Waiting List, Acceptance Letters, Enrollment Letters, Data Reports

community needs identified in the community needs assessment as described in §1302.11(b), and including family income, whether the child is homeless, whether the child is in foster care, the child's age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 *et seq*.) and, other relevant family or child risk factors. (2) An Indian tribe that operates a Head Start program must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in § 1302.11(b), and may, at its discretion, give priority to children in families for which a child, a family member, or a member of the same household, is a member of an Indian Tribe, and would benefit from the Head Start program. (3) If a program serves migrant or seasonal families, it must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in § 1302.11(b), and give priority to children whose families can demonstrate they have relocated frequently within the past two-years to pursue agricultural work. (4) If a program operates in a service area where Head Start Preschool eligible children can enroll in high-quality publicly funded pre-kindergarten for a full school day, the program must prioritize younger children as part of the selection criteria in paragraph (a)(1) of this section. If this priority would disrupt partnerships with local education	needs are more urgent in the service areas this year (e.g., housing insecurity, unemployment). Homeless, foster care, income, disabilities, family size, age. Staff apply the eligibility criteria to each applicant. Ensure eligibility is consistent and staff understands how to apply the criteria. Staff will receive training on the selection process and eligibility criteria. Policy Council and Board approval of the eligibility criteria. Follow Performance Standards and program policies and procedures.		Vacancies within 30 days	

agencies, then it is not required. An American Indian and Alaska Native or Migrant or Seasonal Head Start program must consider whether such prioritization is appropriate in their community. (5) A program must not deny enrollment based on a disability or chronic health condition or its severity. (6) A program may consider the enrollment of children of staff members as part of the selection criteria in paragraph (a)(1) of this section. (b) *Children eligible for services under IDEA*. (1) A program must ensure at least 10 percent of its total actual enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver. (2) If the requirement in paragraph (b)(1) of this section has been met, children eligible for services under IDEA should be prioritized for the available slots in accordance with the program's selection criteria described in paragraph (a) of this section. (c) *Waiting lists*. A program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria. (d) *Understanding barriers to enrollment*. A program is required to use data from the community assessment to identify the population of eligible children and families and potential barriers to enrollment and attendance, including using data to understand access to transportation for the highest need families. A program must use this data to inform ongoing program improvement efforts as described in § 1302.102(c) to promote enrolling the children				

most in need of program services.				
Objective	Activity	Who	When	Documentation
1302.15 Enrollment. (a) *Funded enrollment*. A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days. (b) *Continuity of enrollment*. (1) A program must make efforts to maintain enrollment of eligible children for the following year. (2) Under exceptional circumstances, a program may maintain a child's enrollment in Head Start Preschool for a third year, provided that family income is verified again. A program may maintain a child's enrollment in Early Head Start as described in §1302.12(j)(2). (3) If a program serves homeless children or children in foster care, it must make efforts to maintain the child's enrollment regardless of whether the family or child moves to a different service area, or transition the child to a program in a different service area, as required in §1302.72(a), according to the family's needs. (c) *Reserved slots*. If a program determines from the community assessment there are families experiencing homelessness in the area, or children in foster care that could benefit from services, the program may reserve one or more enrollment slots for pregnant women and children experiencing homelessness and children in foster care, when a vacancy occurs. No more than three percent of a program's funded enrollment slots may be reserved. If the reserved enrollment slot is not filled within 30 days, the	Staff ensure BRHS maintains enrollment, filling vacancies quickly, and ensuring enrollment procedures are documented and followed. Staff training on contacting wait listed families and documenting the communication. Build confidence in professional, friendly, and efficient communication that keeps slots filled. Cross communication with staff of when there is a drop and when the vacancy needs to be filled. Reinforce the need for complete and accurate enrollment records. Strengthen teamwork. Ensure the program serves those with the greatest need (children experiencing homelessness, children in foster care, children with disabilities, other priority groups identified in the community assessment). Follow Performance Standards and program policies and procedures.	ERSEA Assistant ERSEA Manager	Ongoing	Eligibility Criteria, Enrollment Letters, Enrollment Records, Transition Forms, Child Plus, ERSEA Policies and Procedures, Attendance Reports, Follow-up Notes, Tracking Sheets

enrollment slot becomes vacant and then must be filled in accordance with paragraph (a) of this section. (d) *Other enrollment*. Children from diverse economic backgrounds who are funded with other sources, including private pay, are not considered part of a program's eligible funded enrollment. (e) *State immunization enrollment requirements*. A program must comply with state immunization enrollment and attendance requirements, with the exception of homeless children as described in §1302.16(c)(1). (f) *Voluntary parent participation*. Parent participation in any program activity is voluntary, including consent for data sharing, and is not required as a condition of the child's enrollment. (g) *User-friendly enrollment process*. A program must regularly examine their enrollment processes and implement any identified improvements to streamline the enrollment experience for families.				

Objective	Activity	Who	When	Documentation
1302.16 Attendance. (a) *Promoting regular attendance*. A program must track attendance for each child. (1) A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact	Staff contact the family to promote regular attendance, identifying attendance concerns early, and following procedures when a child has an absence. Provide support to families with attendance barriers (transportation, illness, housing instability, etc.) ensure attendance. Staff training on how to offer proactive, family-centered goals for attendance. Track attendance and cross communicate with program teams to follow up with families about	Staff Teacher Teacher Assistant Advocate Managers ERSEA Assistant ERSEA Manager Directors	Ongoing	Attendance Reports, Sign In and Sign Out Sheets, Child Plus, Follow Up Notes, Policies & Procedures, Performance Standards, Training, Teacher/Advocate/Educator Meeting Forms, Contact Logs, MCV Forms, Foster Placement Forms, Community Agency Referrals, Community Resources

the parent to ensure the child's well-being. (2) A program must implement strategies to promote attendance. At a minimum, a program must: (i) Provide information about the benefits of regular attendance; (ii) Support families to promote the child's regular attendance; (iii) Conduct a home visit or make other direct contact with a child's parents if a child has multiple unexplained absences (such as two consecutive unexplained absences); (iv) Within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as necessary; and (v) Examine barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed. (3) If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance, including as described in paragraph (a)(2) of this section. If the child's attendance does not resume, then the program must consider that slot vacant. This action is not considered expulsion as described in	the child's attendance. Follow Performance Standards and program policies and procedures. During the first home visit and parent orientation, the teaching staff will stress the importance of letting the teacher know if the child is not going to attend class. Within the first hour of class, if a child is unexpectedly absent the teacher will make a phone call or send a text to ensure the child's safety. Staff members will promote the child's regular attendance by making the parents and child feel welcome. Teachers and advocates will problem-solve solutions with parents so the child can regularly attend class. The teacher, assistant or advocate will make a home visit or call the family. If the child has multiple unexplained absences (two consecutive unexplained absences) staff will problem solve with the family on how to get the child to attend regularly. They will also communicate the problem to their supervisor. Coordinator, teachers, and/or advocate will come up with a plan to help the family maintain regular attendance. Child attendance reports will be shared at Parent Teacher Conferences and Home Visits. When a child stops coming to class, the teacher and/or advocate will			

§1302.17. (b) *Managing systematic program attendance issues*. If a program's monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program's absentee rate. The program must use this data to make necessary changes in a timely manner as part of ongoing oversight and correction as described in §1302.102(b) and inform its continuous improvement efforts as described in §1302.102(c). (c) *Supporting attendance of homeless children*. (1) If a program determines a child is eligible under §1302.12(c)(1)(iii), it must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without immunization and other records, to give the family reasonable time to present these documents. A program must work with families to get children immunized as soon as possible in order to comply with state licensing requirements. (2) If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program must utilize community resources, where possible, to provide transportation for the child.	make every effort to reengage the family, so the child can attend. These efforts may include stressing the importance of the school attendance and explain all the fun learning going on in the classroom. If the families choose to drop a drop form will be filled out and the slot will be filled with a new child. If staff are unable to contact the family, the attendance procedure will be followed.			
Objective		Who	When	Documentation

1302.17 Suspension and expulsion. (a) *Limitations on suspension*. (1) A program must prohibit or severely limit the use of suspension due to a child's behavior. Such suspensions may only be temporary in nature. (2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that has not been reduced or eliminated by the provision of interventions and supports recommended by the mental health consultant and the program needs time to put additional appropriate services in place. (3) Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate. (4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety. A program must explore all possible steps and document all steps taken to address the behavior(s) and supports needed to facilitate the child's safe reentry and continued participation in the program. Such steps must include, at a minimum: (i) Continuing to engage with the parents, mental health consultant, and other	The program will not use suspension for child behavior. Instead the program will write a developmentally appropriate behavior plan. The behavior plan will be strictly adhered to by staff. Take proactive, supportive strategies to address child behavior. Use the Mental Health Consultant, family engagement, and individualized supports to address persistent challenging behaviors. Temporary suspension will not be used. However, in extreme cases, parents may be asked to pick the child early. They will then bring the child back after other children have gone home for retraining. The child will be allowed back to class the following day. Teachers and advocates will continue to encourage parents to use mental health and other community resources. The program will not expel children because of behavior. But will work with parents, legal guardians and teachers to correct behavior. Serious and persistent, challenging behaviors will be dealt with in a timely manner with a team of people; including early childhood, coordinator, disability, teacher, assistant and mental health experts. Exploring and documenting each step as we work to eliminate unwanted behaviors and incorporating the Conscious Discipline Program. If the child is on an IFSP or an IEP staff will consult with the LEA using	Staff Teachers Teacher Assistants Managers ERSEA Manager Directors Parents/ Guardians		Policies & Procedures, Performance Standards, Mental Health Referral, IEP/IFSP

appropriate staff, and continuing to utilize appropriate community resources; (ii) Providing additional program supports and services, including home visits; and, (iii) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate, or if the child has an individualized family service plan (IFSP) or individualized education program (IEP), consulting with the responsible agency to ensure the child receives the needed support services. (b) *Prohibition on expulsion*. (1) A program cannot expel or unenroll a child from Head Start because of a child's behavior. (2) When a child exhibits persistent and serious behavioral concerns, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act of 1973 to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and: (i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the	them as a consultant and getting extra support for the teachers. If the child doesn't have an IFSP or an IEP, with parent consent, the program will see if the child is eligible for services. After the program has exhausted all of its and the community resources at its disposal, the program will consult with the parents, the teacher, school district, health and mental health consultant, If all concerned parties feel that the child is a serious risk to other enrolled children, a more appropriate placement will be found for the child.			

IFSP or IEP to ensure the child receives the needed support services; or, (ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services. (3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.				
Objective	Activity	Who	When	Documentation
1302.18 Fees. (a) *Policy on fees*. A program must not charge eligible families a fee to participate in Head Start, including special events such as field trips, and cannot in any way condition an eligible child's enrollment or participation in the program upon the payment of a fee. (b) *Allowable fees*. (1) A program must only accept a fee from families of enrolled children for services that	Bear River Head Start will not charge fees to participate in Head Start or Early Head Start. This includes: field trips.	Staff	Ongoing	Bear River Head Start DOES NOT charge fees to participate in BRHS.

are in addition to services funded by Head Start, such as child care before or after funded Head Start hours. A program may not condition a Head Start child's enrollment on the ability to pay a fee for additional hours. (2) In order to support programs serving children from diverse economic backgrounds or using multiple funding sources, a program may charge fees to private pay families and other non-Head Start enrolled families to the extent allowed by any other applicable federal, state or local funding sources.				

1302 Subpart B—Program Structure

Objective	Activity	Who	When	Documentation
1302.20 Determining program structure. (a) *Choose a program option*. (1) A program must choose to operate one or more of the following program options: center-based, home-based, family child care, or an approved locally-designed variation as described in §1302.24. The program option(s) chosen must meet the needs of children and families based on the community assessment described in §1302.11(b). A Head Start Preschool program may not provide only the	Follow Performance Standards and program policies and procedures.	Board Members Policy Council members Staff Managers Directors	Ensure compliance is Ongoing, update as needed	Community Assessment, Grants, Strategic Plan,PIR, Outcomes, Child Plus, Performance Standards

option described in §1302.22(a) and (c)(2). (2) To choose a program option and develop a program calendar, a program must consider in conjunction with the annual review of the community assessment described in §1302.11(b)(2), whether it would better meet child and family needs through conversion of existing slots to full school day or full working day slots, extending the program year, conversion of existing Head Start Preschool slots to Early Head Start slots as described in paragraph (c) of this section, and ways to promote continuity of care and services. A program must work to identify alternate sources to support full working day services. If no additional funding is available, program resources may be used. (b) *Comprehensive services*. All program options must deliver the full range of services, as described in subparts C, D, E, F, and G of this part, except that §§1302.30 through 1302.32 and §1302.34 do not apply to home-based options. (c) *Conversion*. (1) Consistent with section 645(a)(5) of the Head Start Act, grant recipients may request to convert Head Start Preschool slots to Early Head Start slots through the re-funding application process or as a separate grant amendment. (2) Any grant recipient proposing a conversion of Head Start Preschool services to Early Head Start services must obtain policy council and governing body approval and submit the request to their regional office. (3) With the exception of American Indian and Alaska Native grant recipients as described in paragraph (4) of this section, the request to the regional office must include: (i) A grant application budget and a budget				

narrative that clearly identifies the funding amount for the Head Start Preschool and Early Head Start programs before and after the proposed conversion; (ii) The results of the community assessment demonstrating how the proposed use of funds would best meet the needs of the community, including a description of how the needs of eligible Head Start children will be met in the community when the conversion takes places; (iii) A revised program schedule that describes the program option(s) and the number of funded enrollment slots for Head Start Preschool and Early Head Start programs before and after the proposed conversion; (iv) A description of how the needs of pregnant women, infants, and toddlers will be addressed; (v) A discussion of the agency's capacity to carry out an effective Early Head Start program in accordance with the requirements of section 645A(b) of the Head Start Act and all applicable regulations; (vi) Assurances that the agency will participate in training and technical assistance activities required of all Early Head Start grant recipients; (vii) A discussion of the qualifications and competencies of the child development staff proposed for the Early Head Start program, as well as a description of the facilities and program infrastructure that will be used to support the new or expanded Early Head Start program; (viii) A discussion of any one-time funding necessary to implement the proposed conversion and how the agency intends to secure such funding; and, (ix) The proposed timetable for implementing				

this conversion, including updating school readiness goals as described in subpart J of this part. (4) Consistent with section 645(d)(3) of the Act, any American Indian and Alaska Native grant recipient that operates both an Early Head Start program and a Head Start Preschool program may reallocate funds between the programs at its discretion and at any time during the grant period involved, in order to address fluctuations in client populations. An American Indian and Alaska Native program that exercises this discretion must notify the regional office. (d) *Source of funding*. A program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class operations for the purposes of meeting the Head Start Preschool and Early Head Start service duration requirements in this subpart.				
1302.21 Center-based option. (a) *Setting*. The center-based option delivers the full range of services, consistent with §1302.20(b). Education and child development services are delivered primarily in classroom settings. (b) *Ratios and group size*. (1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing	The appropriate place for the child and family will be determined by the community assessments, parent requests and slot availability. Staff-child ratio will be determined at the beginning of the year. The group size will be decided by the age of the majority of the children and needs of the children in that classroom. Class size may fluctuate during the school year as needs change. The highest requirements will be observed. The correct ratio will be observed during classroom hours. A class that serves a majority of children who are three years old must have no more than 17 children with a	Board Members Policy Council members Staff Managers Directors	Ensure compliance is Ongoing, update as needed	Community Assessment, Grants, Strategic Plan,PIR, Outcomes, Child Plus, Performance Standards

requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of program operation, except: (i) For brief absences of a teaching staff member for no more than five minutes; and, (ii) During nap time, one teaching staff member may be replaced by one staff member or volunteer who does not meet the teaching qualifications required for the age. (2) An Early Head Start or Migrant or Seasonal Head Start class that serves children under 36 months old must have two teachers with no more than eight children, or three teachers with no more than nine children. Each teacher must be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children. A program must minimize teacher changes throughout a child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care. (3) A class that serves a majority of children who are three years old must have no more than 17 children with a teacher and teaching assistant or two teachers. A double session class that serves a majority of children who are three years old must have no more than 15 children with a teacher and teaching assistant or two teachers. (4) A class that serves a majority of children who are four and five years old must have no more than 20 children with a teacher and a teaching assistant or two teachers. A double session class that serves a majority of	teacher and teacher assistant. We do not have any double session classrooms. A class that serves a majority of children who are four and five years old must have no more than 20 children with a teacher and a teacher assistant. We do not have any double session classrooms. Follow Performance Standards and program policies and procedures.			

children who are four and five years old must have no more than 17 children with a teacher and a teaching assistant or two teachers. 4 and 5 year olds: No more than 20 children enrolled in any class. No more than 17 children enrolled in any double session class. 3 year olds: No more than 17 children enrolled in any class. No more than 15 children enrolled in any double session class. Under 3 years old: No more than 8 or 9 children enrolled in any class, depending on the number of teachers. (c) *Service duration*. (1) *Early Head Start.* (i) A program must provide 1,380 annual hours of planned class operations for all enrolled children. (ii) A program that is designed to meet the needs of young parents enrolled in school settings may meet the service duration requirements in paragraph (c)(1)(i) of this section if it operates a center-based program schedule during the school year aligned with its local education agency requirements and provides regular home-based services during the summer break. (2) *Head Start Preschool*. (i) Service duration for at least 45 percent. A program must provide 1,020 annual hours of planned class operations over the course of at				

least eight months per year for at least 45 percent of its Head Start Preschool center-based funded enrollment. (ii) Service duration for remaining slots. A program must provide, at a minimum, at least 160 days per year of planned class operations if it operates for five days per week, or at least 128 days per year if it operates four days per week. Classes must operate for a minimum of 3.5 hours per day. (iii) Double session. Double session variation must provide classes for four days per week for a minimum of 128 days per year and 3.5 hours per day. Each double session class staff member must be provided adequate break time during the course of the day. In addition, teachers, assistants, and volunteers must have appropriate time to prepare for each session together, to set up the classroom environment, and to give individual attention to children entering and leaving the center. (iv) Special provision for alignment with local education agency. A Head Start Preschool program providing fewer than 1,020 annual hours of planned class operations or fewer than eight months of service is considered to meet the requirements described in paragraphs (c)(2)(i) of this section if its program schedule aligns with the annual hours required by its local education agency for grade one and such alignment is necessary to support partnerships for service delivery. (3) *Exemption for Migrant or Seasonal Head Start programs.* A Migrant or Seasonal program is not subject to the requirements described in paragraph (c)(1) or (2) of this				

section, but must make every effort to provide as many days and hours of service as possible to each child and family. (4) *Calendar planning.* A program must: (i) Plan its year using a reasonable estimate of the number of days during a year that classes may be closed due to problems such as inclement weather; and, (ii) Make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year. (d) *Licensing and square footage requirements*. (1) The facilities used by a program must meet state, tribal, or local licensing requirements, even if exempted by the licensing entity. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence. (2) A center-based program must have at least 35 square feet of usable indoor space per child available for the care and use of children (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child. (3) A program that operates two or more groups within an area must ensure clearly defined, safe divisions to separate groups. A program must ensure such spaces are learning environments that facilitate the implementation of the requirements in subpart C of this part. The divisions must limit noise transfer from one group to another to prevent disruption of an effective learning				

environment.				
1302.22 Home-based option. (a) *Setting*. The home-based option delivers the full range of services, consistent with §1302.20(b), through visits with the child's parents, primarily in the child's home and through group socialization opportunities in a Head Start classroom, community facility, home, or on field trips. For Early Head Start programs, the home-based option may be used to deliver services to some or all of a program's enrolled children. For Head Start Preschool programs, the home-based option may only be used to deliver services to a portion of a program's enrolled children. (b) *Caseload*. A program that implements a home-based option must maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor. (c) *Service duration*. (1) *Early Head Start*. By August 1, 2017, an Early Head Start home-based program must: (i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year; and, (ii) Provide, at a minimum, 22 group socialization activities distributed over the course of the program year. (2) *Head Start Preschool*. A Head Start Preschool home-based program must: (i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 32 visits per year; and, (ii) Provide, at a minimum, 16 group socialization activities distributed over the course of the program year.	Follow Performance Standards and program policies and procedures.	Board Members Policy Council members Staff Managers Directors	Ensure compliance is Ongoing, update as needed	Community Assessment, Grants, Strategic Plan,PIR, Outcomes, Child Plus, Performance Standards

(3) *Meeting minimum requirements*. A program that implements a home-based option must: (i) Make up planned home visits or scheduled group socialization activities that were canceled by the program, and to the extent possible attempt to make up planned home visits canceled by the family, when this is necessary to meet the minimums described in paragraphs (c)(1) and (2) of this section; and, (ii) Not replace home visits or scheduled group socialization activities for medical or social service appointments for the purposes of meeting the minimum requirements described in paragraphs (c)(1) and (2) of this section. (d) *Safety requirements*. The areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socializations in the home-based option must meet the safety standards described in §1302.47(1)(ii) through (viii).				
1302.23 Family child care option. (a) *Setting*. The family child care program option delivers the full range of services, consistent with §1302.20(b). Education and child development services are primarily delivered by a family child care provider in their home or other family-like setting. A program may choose to offer the family child care option if: (1) The program has a legally binding agreement with one or more family child care provider(s) that clearly defines the roles, rights, and responsibilities of each party, or the program is the employer of the family child care provider, and ensures children and families enrolled in this option receive the full		N/A	N/A	N/A

range of services described in subparts C, D, E, F, and G of this part; and, (2) The program ensures family child care homes are available that can accommodate children and families with disabilities. (b) *Ratios and group size*. (1) Group size. A program that operates the family child care option where Head Start children are enrolled must ensure group size does not exceed the limits specified in this section. If the family child care provider's own children under the age of six are present, they must be included in the group size. (2) Mixed age with preschoolers. When there is one family child care provider, with a mixed-age group of children that includes children over 36 months of age, the maximum group size is six children and no more than two of the six may be under 24 months of age. When there are two providers, the maximum group size is twelve children with no more than four of the twelve children under 24 months of age. (3) Infants and toddlers only. When there is one family child care provider with a group of children that are all under 36 months of age, the maximum group size is four children, and no more than two of the four children may be under 18 months of age. (4) Maintaining ratios. A program must maintain appropriate ratios during all hours of program operation. A program must ensure providers have systems to ensure the safety of any child not within view for any period. A program must make substitute staff available with the necessary training and experience to ensure quality services to children are not				

interrupted. (c) *Service duration*. Whether family child care option services are provided directly or via contractual arrangement, a program must ensure family child care providers operate sufficient hours to meet the child care needs of families and not less than 1,380 hours per year. (d) *Licensing requirements*. A family child-care provider must be licensed by the state, tribal, or local entity to provide services in their home or family-like setting. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision applies. (e) *Child development specialist*. A program that offers the family child care option must provide a child development specialist to support family child care providers and ensure the provision of quality services at each family child care home. Child development specialists must: (1) Conduct regular visits to each home, some of which are unannounced, not less than once every two weeks; (2) Periodically verify compliance with either contract requirements or agency policy; (3) Facilitate ongoing communication between program staff, family child care providers, and enrolled families; and, (4) Provide recommendations for technical assistance and support the family child care provider in developing relationships with other child care professionals.				
1302.24 Locally-designed program option	Follow Performance Standards and			

variations. (a) *Waiver option*. Programs may request to operate a locally-designed program option, including a combination of program options, to better meet the unique needs of their communities or to demonstrate or test alternative approaches for providing program services. In order to operate a locally-designed program option, programs must seek a waiver as described in this section and must deliver the full range of services, consistent with §1302.20(b), and demonstrate how any change to their program design is consistent with achieving program goals in subpart J of this part. (b) *Request for approval*. A program's request to operate a locally-designed variation may be approved by the responsible HHS official through the end of a program's current grant or, if the request is submitted through a grant application for an upcoming project period, for the project period of the new award. Such approval may be revoked based on progress toward program goals as described in §1302.102 and monitoring as described in §1304.2. (c) *Waiver requirements*. (1) The responsible HHS official may waive one or more of the requirements contained in §§1302.21(b), (c)(1)(i), and (c)(2)(i); 1302.22(a) through (c); and 1302.23(b) and (c), but may not waive ratios or group size for children under 24 months. Center-based locally-designed options must meet the minimums described in section 640(k)(1) of the Act for center-based programs. (2) If the responsible HHS official determines a waiver of group size for center-based services would better meet the needs of children and families in a community, the	program policies and procedures.			

group size may not exceed the limits below: (i) A group that serves children 24 to 36 months of age must have no more than ten children; and, (ii) A group that serves predominantly three-year-old children must have no more than twenty children; and, (iii) A group that serves predominantly four-year-old children must have no more than twenty-four children. (3) If the responsible HHS official approves a waiver to allow a program to operate below the minimums described in §1302.21(c)(2)(i), a program must meet the requirements described in § 1302.21(c)(2)(ii), or in the case of a double session variation, a program must meet the requirements described in § 1302.21(c)(2)(iii). (4) In order to receive a waiver under this section, a program must provide supporting evidence that demonstrates the locally-designed variation effectively supports appropriate development and progress in children's early learning outcomes. (5) In order to receive a waiver of service duration, a program must meet the requirement in paragraph (c)(4) of this section, provide supporting evidence that it better meets the needs of parents than the applicable service duration minimums described in §1302.21(c)(1) and (c)(2)(i), §1302.22(c), or §1302.23(c), and assess the effectiveness of the variation in supporting appropriate development and progress in children's early learning outcomes.				

Executive Summary
Prepared by Stephanie Wood
BRHS Center-Based Director
2026-2027

PHS/EHS Center-Based Workplans
Center-Based Coordinator was changed to Center-Based Director.

Disabilities Workplans
Center-Based Coordinator was changed to Center-Based Director.

Mental Health Workplans
Center-Based Coordinator was changed to Center-Based Director.

PHS & EHS Centerbased Workplans

Bear River Head Start
PHS and EHS Center-based Workplan

FOCUS AREA: EDUCATION AND EARLY CHILDHOOD DEVELOPMENT 2026-2027				
OBJECTIVE	**ACTIVITY**	**WHO**	**WHEN**	**DOCUMENTATION**
Subpart A — Eligibility, Recruitment, Selection, Enrollment, and Attendance				
1302.16 ATTENDANCE				
(a) Promoting regular attendance. A program must track attendance for each child.				
(1) A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child's well-being.	During the first home visit and parent orientation, the teaching staff will stress the importance of letting the teacher know if the child is not going to attend class. Within the first hour of class, if a child is unexpectedly absent the teacher will make a phone call or send a text to ensure the child's safety.	T, TA, CDS	Home Visit and Parent Orientation	Home Visit Form, Parent Orientation Agenda
(2) A program must implement strategies to promote attendance. At a minimum, a program must:				
(i) Provide information about the benefits of regular attendance;	During the first home visit and parent orientation, teaching staff will stress the importance of regular attendance. A brochure about the importance of attendance will be provided in the "New Child Packet." Teachers will go over the brochure during the visit.	T, TA, CDS	Home Visits, Parent Orientation	Home Visit Form, Parent Orientation Agenda Attendance Brochure
(ii) Support families to promote the child's regular attendance;	Staff members will promote the child's regular attendance by making the parents and child feel welcome. Teachers and advocates will problem-solve solutions with parents so the child can regularly attend class.	T, TA,	Ongoing	Observation, Anecdotal Notes

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(iii) Conduct a home visit or make other direct contact with a child's parents if a child has multiple unexplained absences (such as two consecutive unexplained absences); and,	The teacher, assistant or advocate will make a home visit or call the family. If the child has multiple unexplained absences (two consecutive unexplained absences) staff will problem solve with the family on how to get the child to attend regularly. They will also communicate the problem to their supervisor.	T, TA, FA	Ongoing	Observation, Anecdotal Notes, Teacher/Advocate Form
(iv) Within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as necessary; and	The Center-based Director, will within 60 days of the program operations, and at least two more times during the program year, aggregate attendance data, identifying patterns of children's absence. Center-based Coordinator, teachers, and/or advocate will come up with a plan to help the family maintain regular attendance. Child attendance reports will be shared at Parent Teacher Conferences and Home Visits.	CBD	3 Times	Attendance Reports
(v) Examine barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed.		CBD, CBM, T, TA	Ongoing	Attendance report, Teacher/Advocate meeting form, Child Plus To Do List
(3) If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance, including as described in paragraph (a)(2) of this section. If the child's attendance does not resume, then the program must consider that slot vacant. This action is not considered expulsion as described in §1302.17.	When a child stops coming to class, the teacher and/or advocate will make every effort to reengage the family, so the child can attend. These efforts may include stressing the importance of the school attendance and explain all the fun learning going on in the classroom. If the families choose to drop a drop form	TA, AS	Ongoing	Anecdotal Notes, Drop Forms, Teacher/Advocate Form

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	will be filled out and the slot will be filled with a new child. If staff are unable to contact the family, the attendance procedure will be followed.			
(v)Barriers to Attendance A program just regularly examines barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed.	Staff will regularly look at the transportation and barriers in each area and address this where needed. BRHS does not provide transportation.	CBD, CBM	Ongoing	Community Assessment
(b) Managing systematic program attendance issues.				
If a program's monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program's absentee rate. The program must use this data to make necessary changes in a timely manner as part of ongoing oversight and correction as described in §1302.102(b) and inform its continuous improvement efforts as described in §1302.102(c).	The program will monitor the monthly attendance. If the program percentage falls below 85%, the center-based coordinator will find the cause, and make changes, when needed.	CBD, T, TA	Monthly	Monthly Attendance Reports, Attendance Binder, Child Plus
(c) Supporting attendance of homeless children				
(1) If a program determines a child is eligible under §1302.12(c)(1)(iii), it must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without	The children who are identified as being homeless under 1304.12 (c) (1) (iii), will be given 90 days to meet licensing requirements, immunization and other documentation. Working with families to	T, TA, HT	Ongoing	Immunization Records

immunization and other records, to give the family reasonable time to present these documents. A program must work with families to get children immunized as soon as possible in order to comply with state licensing requirements.	get needed immunizations as soon as possible.			
(2) If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program must utilize community resources, where possible, to provide transportation for the child.	If parents do not have transportation to the center. Parents will be encouraged to use the local bus system (where available) or to set up carpooling with parents in the classroom.	TA, AS, MC, CBD, FA	Ongoing	Anecdotal Records, Teacher/Advocate Form
1302.17 Suspension and expulsion.				
(a) Limitation on suspension				
(1) A program must prohibit or severely limit the use of suspension due to a child's behavior. Such suspensions may only be temporary in nature.	The program will not use suspension for child behavior. Instead the program will write a developmentally appropriate behavior plan. The behavior plan will be strictly adhered to by staff.	T, TA, MC, CBD, CDS	Ongoing	Anecdotal Records, Behavior Plan
(2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable interventions and supports recommended by the mental health consultant and the program needs time to put additional appropriate services in place.	In extreme cases, parents may be asked to pick the child up early if there are safety concerns and all reasonable interventions and support have been exhausted. Staff will work with the parents as well as a mental health consultant to determine the best plan for the child. The child will be allowed back to class as soon as the plan has been put in place.	T, TA, CDS, CBD	Ongoing	Anecdotal Records
(3) Before a program determines whether a temporary suspension is necessary, a program must engage with	Temporary suspension will only be used when all community resources have been exhausted.	T, TA, CDS, CBD	Ongoing	Anecdotal Records

a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.				
(4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety. A program must explore all possible steps and document all steps taken to address the behavior(s) and support needed to facilitate the child's safe reentry and continued participation in the program. Such steps must include, at minimum:	If temporary suspension is used; the program will help the child return to full participation, as quickly as possible. The program will develop a written plan with teaching staff, and when appropriate parents. Staff will document all steps taken to address behaviors. When child returns staff will do the following; 1. Welcome the child back to class 2. Review the expectations 3. Help the child enter play 4. Give lots of positive reinforcement	T, TA, CDS	Ongoing	Anecdotal Notes
(i) Continuing to engage with the parents and a mental health consultant, and other appropriate staff and continuing to utilize appropriate community resources;	Teachers and advocates will continue to encourage parents to use mental health and other community resources.	T, TA, CDS, CBD, MC, FA, MHC	Ongoing	Anecdotal Notes
(ii) Providing additional program supports and services, including home visits; and,	Offering program support and, when necessary, make a home visit.	T, TA, CDS	Ongoing	Anecdotal Notes
(iii) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate, or if the child has an individualized family	When appropriate, involve the LEA in implementing IDEA and writing an IEP.	T, TA, DS, MC, CDC	Ongoing	Anecdotal Notes

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service plan (IFSP) or individualized education program (IEP), consulting with the responsible agency to ensure the child receives the needed support services.				
(b) Prohibition on expulsion				
(1) A program cannot expel or un-enroll a child from Head Start because of a child's behavior.	The program will not expel children because of behavior. But will work with parents, legal guardians and teachers to correct behavior.	T, TA, MC, CDC	Ongoing	Anecdotal Notes
(2) When a child exhibits persistent and serious behavioral concerns, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act of 1973 to ensure that the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:	Serious and persistent, challenging behaviors will be dealt with in a timely manner with a team of people; including early childhood coordinator, disability, teacher, assistant and mental health experts. Exploring and documenting each step as we work to eliminate unwanted behaviors and incorporate the Conscious Discipline Program.	T, TA, CDS, DS, MH, CBD	Ongoing	Anecdotal Notes Behavior Plan Conscious Discipline
(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP or IEP	If the child is on an IFSP or an IEP staff will consult with the LEA using them as a consultant and getting extra support for the teachers.	DS, LEA, T, TA	Ongoing	Anecdotal Notes IFSP/IEP

to ensure the child receives the needed support services; or,				
(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.	If the child doesn't have an IFSP or an IEP, with parent consent, the program will see if the child is eligible for services.	DS, CDC, T	Ongoing	Anecdotal Notes Disability Referral
(3) If, after a program has explored all possible steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.	After the program has exhausted all of its and the community resources at its disposal, the program will consult with the parents, the teacher, school district, health and mental health consultant, If all concerned parties feel that the child is a serious risk to other enrolled children, a more appropriate placement will be found for the child.	T, TA, CDS, LEA, HT, MH, CBD, DS	Ongoing	Anecdotal Notes
Subpart B—Program Structure				
1302.21 Center-based options.				
(a)Setting.				
The center-based option delivers the full range of services, consistent with §1302.20(b). Education and child development services are delivered primarily in classroom settings.	The appropriate place for the child and family will be determined by the community assessments, parent requests and slot availability.	CBD, ERSEA	Ongoing	Child Plus

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(b) Ratios and group size:				
(1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of pro- gram operation, except:	Staff-child ratio will be determined at the beginning of the year. The group size will be decided by the age of the majority of the children and needs of the children in that classroom. Class size may fluctuate during the school year as needs change. The highest requirements will be observed. The correct ratio will be observed during classroom hours.	CBD	Ongoing	Classroom Reports
(i) For brief absences of a teaching staff member for no more than five minutes; and,	Staff leaving the classroom will be brief, no more than five minutes. If staff will be gone longer than five minutes, a parent or another staff member will be asked to be in the classroom while they are gone.	T, TA, CDS, MC	Ongoing	Observation
(ii) During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age.	During nap time, a volunteer or parent can replace one staff member.	T, TA, CDS, CDA	Ongoing	Observations
An Early Head Start or Migrant or Seasonal Head Start class that serves children under 36 months old must have two teachers with no more than eight children, or three teachers with no more than nine children. Each teacher must	Each class has two teachers and eight children. Each teacher is primarily responsible for four children. To promote continuity of care, teachers stay with those children throughout their early head start enrollment.	T, CDS, CDM	Ongoing	

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be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children. A program must minimize teacher changes throughout a child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care.				
(3) A class that serves a majority of children who are three years old must have no more than 17 children with a teacher and teaching assistant or two teachers. A double session class that serves a majority of children who are three years old must have no more than 15 children with a teacher and teaching assistant or two teachers.	A class that serves a majority of children who are three years old must have no more than 17 children with a teacher and teacher assistant. We do not have any double session classrooms.	CBD	Ongoing	Observation
(4) A class that serves a majority of children who are four and five years old must have no more than 20 children with a teacher and a teaching assistant or two teachers. A double session class that serves a majority of children who are four and five years old must have no more than 17 children with a teacher and a teaching assistant or two teachers.	A class that serves a majority of children who are four and five years old must have no more than 20 children with a teacher and a teacher assistant. We do not have any double session classrooms.	CBD	Ongoing	Observation
(c) Service duration				
(1) Early Head Start				
(i)A program must provide 1,380 annual hours of planned class operations for all enrolled children.	BRHS has 10 full day classes five days a week. The Program provides 1,380 annual hours of planned class operations for all enrolled children.	CBD, CDM	Ongoing	Agency calendar,

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(ii) A program that is designed to meet the needs of young parents enrolled in school settings may meet the service duration requirements in paragraph (c)(1)(i) of this section if it operates a center-based program schedule during the school year aligned with its local education agency requirements and provides regular home-based services during the summer break.	Program hours are aligned to meet the needs of young parents enrolled in school settings.	CBD, CDM	Ongoing	Agency calendar
(2) Head Start				
(i) Service duration for at least 45 percent. A program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for at least 45 percent of its Head Start Preschool center-based funded enrollment.	BRHS has 9 full day classes at BRHS. Full-day classrooms will provide 1,020 annual hours of planned class operations over eight months per year.	CBD	Ongoing	Agency calendar,
(ii) Service duration for remaining slots. A program must provide, at a minimum, at least 160 days per year of planned class operations if it operates for five days per week, or at least 128 days per year if it operates four days per week. Classes must operate for a minimum of 3.5 hours per day.	BRHS operates 11 classes four days per week, at 128 days per year. Classrooms run 4 hours per day.	CBD	Ongoing	Agency calendar,
(iii) Double session. Double session variation must provide classes for four days per week for a minimum of 128 days per year and 3.5 hours per day. Each double session class staff member must be provided adequate break time during the course of the day. In addition, teachers, assistants, and volunteers	We do not have double sessions.	CBD		

must have appropriate time to prepare for each session together, to set up the classroom environment, and to give individual attention to children entering and leaving the center.				
(6) Calendar Planning: A program must:				
(ii) Make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.	BRHS will makeup days as needed	CBD	Ongoing	Calendar
(ii) Make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.	BRHS will maintain the mandated days and hourly requirements. If it becomes necessary to close school for the children's safety, those days will be made up.	CBD	Ongoing	Calendar, Attendance
(d) Licensing and square footage requirements				
(1) The facilities used by a program must meet state, tribal, or local licensing requirements even if exempted by the licensing entity. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence.	The program will follow Head Start and state licensing requirements. The most stringent provision taking precedence.	CBD	Ongoing	Licensing
(2) A center-based program must have at least 35 square feet of usable indoor space per child available for the care and use of children (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.	1. The agency will have at least 35 square feet of usable indoor square per child available for the care and use of children. 2. Outdoor playground will have 75 Square feet of space per child.	CBD	Ongoing	Square footage Report
Subpart C—Education and Child Development Program				
1302.30 Purpose.				

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All programs must provide high-quality early education and child development services, including for children with disabilities that promote children's cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the Head Start Early Learning Outcomes	1. The program will provide high quality early education and child development services, to all children including children with disabilities, in the areas of cognitive, social, emotional and school readiness. 2. Teachers will provide warm, responsive care. Building caring relationships between children and teachers. 3. Teachers will frequently display a positive effect**.** 4. There will be frequent positive conversations between children and their teachers. Teachers will freely respond to students' efforts. 5. Teachers and students will consistently demonstrate respect for one another. 6. The program is using the Creative Curriculum as well as DRDP assessment and has procedures in place to support the child's individual growth and development.	CDD, T, TA, MC	Ongoing	Observations, DRDP, Assessments
Framework: Ages Birth to Five and supports family engagement in children's learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-	The program will deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functional approaches to learning science, physical skills and creative arts. Teaching staff will provide responsive care and have organized learning environments as outlined in the creative	CDS, T, TA, MC, DS	Ongoing	Observation, DRDP, Conscious Discipline, Outcome reports

quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in §§1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in §§1302.33 and 1302.35.	curriculum. Staff will also use effective teaching methods such as setting clear behavior expectations, being proactive, redirection of misbehavior, maximizing learning time, establishing routines, effectively facilitation of the learning environment, using open ended questions, using extension and repetition, providing information and promoting thought processes. 1302.31-1302.34.			
1302.31 Teaching and learning environment				
Teaching and the learning environment				

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A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities. A program must also support implementation of such an environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.	1. The center-based program will provide responsive care as explained in 1302.30. 2. The center-based program will use effective teaching strategies such as facilitating active engagement by moving around the classroom asking open ended questions and participating in play. Using a variety of modalities, and focusing the children's attention toward the learning objective. 3. DRDP has been aligned with Head Start Early Learning Outcomes Framework and State guidelines. 4. PHS classrooms are formally observed four times a year, using the ECERS and CLASS observation tools. EHS classrooms are observed two times a year, using QCIT and Fidelity observation tools. Additional observations are incorporated as needed. 5. Child development training is provided once a month. New Employee training is provided as the program hires new staff. Additional help is given in the form of email, phone calls and the BT. Books. 6. Staff will be trained in the Conscious Discipline program to help support the social emotional and behavioral aspect.	T, TA, CDS, MC, DS	Ongoing	Observations, DRDP, Conscious Discipline, Training Calendar, Training sign-in sheets
(b) Effective teaching practices				
(1) Teaching practices must:				
(i) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and	1. Teachers will provide warm, responsive care. Building caring relationships between children and teachers.	CDS, T, TA, MC	Ongoing	CLASS Observation, Conscious

emotional security; are communication and language rich; promote critical thinking and problem-solving; social, emotional, behavioral, and language development; provide supportive feedback for learning; motivate continued effort; and support all children's engagement in learning experiences and activities;	a. Teachers will frequently display a positive effect. b. There will be frequent positive conversations between children and their teachers. Teachers will freely respond to students' efforts. c. Teachers and students will consistently demonstrate respect for one another. 2. Teachers provide an environment where there are frequent conversations and a language rich environment. a. The teacher often initiates conversations with students. The teacher provides an environment where students are allowed to ask questions. Students also initiate conversations with each other. b. Teachers ask many open-ended questions that require children to put complex ideas into language. c. The teacher often repeats and expands student responses. Building on information and ideas to the child's original thought. d. Teachers consistently use self-talk and parallel talk to map their own actions as well as the children. 3. Teachers will provide opportunities for children to use critical thinking and problem solving.			Discipline

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	a. Teachers will plan and implement activities that encourage analysis and reasoning. Ask open-ended/How-Why questions that promote children focusing on problem solving and using experimentation and prediction. b. Teachers provide opportunities to generate and create their own ideas. c. Teachers link concepts and studies together with previous learning. d. Teachers consistently relate concepts and studies to the children's real lives. 4. Social and behavior a. Expectations are clearly understood and consistently enforced by children and teaching staff. b. The teaching staff is consistently monitoring the classroom. c. They are proactive in dealing with children. d. Off-task behavior is quickly taken care of and children are reengaged in an activity. e. Teachers focus on positive behaviors, giving positive reinforcement wherever possible. Whenever possible teachers redirect misbehavior.			

(ii) Focus on promoting growth in the developmental progressions described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five by aligning with and using the Framework and the curricula as described in §1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child's individual pattern of development and learning;	1. DRDP has been aligned with Head Start Early Learning Outcomes Framework as well as State guidelines. 2. Schedules are turned in at the first of the year to the CDC to ensure that they meet all regulations and guidelines. Lesson plans are turned in each Thursday and reviewed by the CDC. Lesson plans take into consideration the study the classroom is involved in, learning objectives for that study, as well as assessments that individuals and groups of children are working on.	CDS, T	Ongoing	DRDP, Schedules, Lesson plans
(iii) Integrate child assessment data in individual and group planning; and,	Child assessment data will be used to make individual goals for the child. It will also influence classroom goals, lesson plans and the classroom environment. The outcome data also affects training, and program goals.	CDS, T	3 times per year	Child goals, Lesson plans, observations, outcome report
(iv) Include developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the Head Start Early Learning Outcomes Framework: Ages Birth to Five.	The program uses the Head Start Early Learning Outcome Framework as the foundation for achieving progress in the following areas: language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development.	CDS, CBD, T	Ongoing	Observations, assessments
(2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development.	Head Start Child Development staff will support the child's home language while helping them develop English skills.	CBD, CDS, T, TA	Ongoing	Assessments, Observations

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These practices must:				
(i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English (ii) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or,	Staff will use strategies to expand the home language while children are in the process of learning English, develop consistent vocabulary opportunities from the child's home language and their English equivalent.	CBD, CDS, T, TA, MC	Ongoing	Assessments, Observation
(iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.	Staff will have culturally and linguistically appropriate materials available in the classroom. Parents will be encouraged to volunteer in the classroom. The program will work to identify volunteers who speak the children's home language/s to support children's continued development of the home language.	CBD, CDS, T, TA, MC, Volunteers	Ongoing	Lesson Plans, Assessments, Volunteer Sign in Sheets
(c) Learning environment.				
A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning	The program closely monitors classrooms to ensure that the learning environments are well-organized using the creative curriculum as our guide. That lesson plans, schedules, and indoor and outdoor	CDS, MC, T, TA, DS	Ongoing	Observation, Lesson plans, schedules.

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experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:	learning experiences are developmentally appropriate. And children are given many opportunities to make choices, play, explore and experiment using a wide variety of modalities.			
(1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences. (2) For preschool age children, include teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.	The classroom day includes opportunities for teacher-directed and child-initiated activities. It also includes opportunities for both active and quiet learning activities, and opportunities for individual, small group and large group learning activities.	CDS, T	Ongoing	Observations, Schedules
(d) Materials and space for learning.				

To support implementation of the curriculum and the requirements described in paragraphs (a), (b), (c), and (e) of this section a program must provide age-appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. Programs must change materials intentionally and periodically to support children's interests, development, and learning.	Materials and supplies are carefully chosen to be developmentally appropriate. We have an extensive library of learning toys and supplies for varying ages and abilities. These are housed in a library so that teachers may check them out and are rotated through the program according to the studies being investigated and the assessment needs of the children. Children with disabilities are taken into consideration and accommodations are made with the help of the disabilities specialist.	CDS, CBD, T, TA, DS, MS	Ongoing	Library, lesson plans, assessments
e. Promoting learning through approaches to rest, meals, routines, and physical activity.				
(1) A program must implement an intentional, age appropriate approach to accommodate children's need to nap or rest, and that, for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap. A program must provide alternative quiet learning activities for children who do not need or want to rest or nap.	For classrooms that operate for 6 hours, the program will provide an intentional, age appropriate nap or rest time. Children will be encouraged but not forced to take a nap. Children who do not take a nap will be provided with alternative quiet learning activities. Nap times will be at the same time each day.	CBD, CDS	Ongoing	Schedules, Observations
(2) A program must implement snack and meal times in ways that support	BRHS will provide meals and snacks for children. Meals and snacks will be	CDS, CBD, T, TA, HT,	Ongoing	Observations, Meal calendars

development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.	served family style. Children will be given sufficient time to eat. Food must not be used as a reward or as a punishment and children will not be forced to finish their food. During the meals and snacks teachers will use the time as a learning opportunity. They will foster conversation, develop adult-child interactions, extend learning opportunities and encourage socialization. Infants are held during feeding.	MC		
(3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.	Teachers will recognize and utilize routines (such as washing hands and diapering) and transitions as learning opportunities to develop children skills and development.	CDS, MC, T, TA	Ongoing	Observations
(4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.	A regular time will be scheduled for physical activity each day. Large motor time will be for thirty minutes; 10 min of that time will be intentionally planned. Physical activities will also be integrated throughout the day including such activities as I Am Learning I Am Moving, creative movement etc. Physical activities will not be used as a reward or punishment.	CBD, CDS, MC, T, TA	Ongoing	Observations, Lesson plans
1302.32 Curricula				

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(a) Curricula.				
(1) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that:	Center-based is using a Creative Curriculum, a developmentally appropriate researched-based early childhood curriculum. We are using DRDP as our assessment. The program also uses Talking About Touch (a safety program), Second Step (an anti –bullying program) and Conscious Discipline for classroom management.	CDS, CBD, T, TA	Ongoing	Creative Curriculum, DRDP, Talking About Touch, Second Step research, and Conscious Discipline
(i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;	Each of the programs that are mentioned above are researched based and have standardized training procedures and curriculum materials to support implementation.	CDS, T, TA	Ongoing	Creative Curriculum, DRDP, Talking About Touch, Second Step and Conscious Discipline
(ii) Are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and, as appropriate, state early learning and development standards; and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,	DRDP is aligned with Head Start Early Learning Framework: Birth to Five and both Utah and Idaho's early learning and development standards. It is content-rich and promotes measurable progress toward development and learning.	CBD, CDS	Ongoing	Alignment Book
(iii) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.	DRDP has progression milestones marked as Responding, Exploring, Building, and Integrating.	CBD, CDS	Ongoing	DRDP
(2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum	Teaching staff is required to pass the Reliability Test to prove that they are reliable in how they administer the	CS, T, TA	Ongoing	Reliability Certificate, DRDP,

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implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.	assessment. Curriculum Specialist is able to monitor how teachers are doing in entering data. She is able to provide support as needed. Observations are done four times, during the year, to provide support and feedback to teaching teams Training is provided as needed.			Observations, training
(b) Adaptation.				
A program that chooses to make significant adaptations to a curriculum or a curriculum enhancement described in paragraph (a)(1) of this section to better meet the needs of one or more specific populations must use an external early childhood education curriculum or content area expert to develop such significant adaptations. A program must assess whether the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in §1302.102(b) and (c). Programs are encouraged to partner with outside evaluators in assessing such adaptations.	No adaptations have been made.			
1302.33 Child screening and assessments				
(b) Assessment for individualization				
(1) A program must conduct standardized and structured	BRHS assesses children using a standardized and structured assessment,	CBD, CDS, CS, T	Checkpoints	Outcome data, parent reports

assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.	DRDP, which is observation-based providing ongoing information to evaluate the child's developmental level and progress throughout their time at Head Start. This information results in usable information for teachers, parents and the program. Information is gathered daily and aggregated three times during the year at checkpoints for teachers, parents, and program use.			
(2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.	The program makes regular use of child and classroom data, teacher observation, and family information to determine the child strengths and needs. This information is used to adjust strategies used in the classroom to better support the child learning and to improve the teachers teaching practices.	CBD, CDS, T, TA	Ongoing	Observation, Lesson plans, program reports
(3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility	This information is also used as other professionals (mental health, child development, and disability professionals) are brought in to support the child development. This may include other formal evaluations under IDEA, with the parents' consent.	CBD, CDS, DS, MC, T, MH	Ongoing	IEP, Child goals, Anecdotal, parent consent

for services under IDEA.				
(c) Characteristics of screening and assessments				
(1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.	Both the screening (ASQ-3 and ASQ-SE) are valid and reliable for children 0-5 years old. Qualified and trained personnel administer them. ASQ-3, ASQ SE and assessment tools are translated in Spanish and English and are developmentally appropriate for children of different abilities.	DS, CDS, CBD	Ongoing	ASQ 3, ASQ-SE, e-DECA
(2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:	(see 2(i),(ii), and (iii) below)	CBD, CDS, CP, DS, HBC, T, TA	ongoing	ASQ-3, ASQ-SE
(i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;	When serving a child who speaks a language other than English, BRHS will use bilingual staff to assess a child's language skills in English and in the child's home language. If there is not a staff member who speaks the child's home language then BRHS will collaborate with contractors and consultants, when such personnel is available, to assess the child's language skills.	CBD, CDS, DS, HBC, T, TA	ongoing	ASQ-3, ASQ-SE
(ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,	The ASQ-3 and the ASQ-SE are translated in English and Spanish. When conducting screenings BRHS will collaborate with contractors and consultants, when such personnel is available, to best capture the child's development and skills in the specific	CBD, CDS, CP, DS, HBC, T, TA	ongoing	ASQ-3, ASQ-SE

	domain.			
(iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.	When conducting screenings, BRHS will use qualified bilingual staff that understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications whenever possible. If there is not a BRHS staff member who meets these requirements, then BRHS will collaborate with contractors and consultants, when such personnel is available, to conduct an accurate screening of the child's development.	CBD, CDS, CP, DS, HBC, T, TA	ongoing	ASQ-3, ASQ-SE
(3) If a program serves a child who speaks a language other than English and qualified bi- lingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of this section.	BRHS will use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of these sections, when no qualified bi-lingual staff, contractors, or consultants are available to conduct screenings and assessments.	CBD, CDS, CP, DS, HBC, T, TA	Ongoing	ASQ-3, ASQ-SE
(4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must	If there is not a qualified bilingual staff person or interpreter in the child's home language, then BRHS will conduct the screening and assessments in English and gather information related to the child's development and progress from observations, parent reports, and teacher	CBD, CDS, DS, HBC, T, TA	ongoing	ASQ-3, ASQ-SE, anecdotal notes, teacher reports, observation reports

also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.	reports.			
(d) Prohibitions on use of screening and assessment data.				
The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.	Screening and assessment data is used only to improve the learning environment, to enhance the child's learning, to evaluate teacher's needs and provide training and technical assistance. It will not be used to rank, compare or evaluate individual children other than to improve learning.	CBD, CDS	Ongoing	Program reports
1302.34 Parent and family engagement in education and child development services.				
(a) Purpose				

Center-based and family child care programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.	BRHS recognized parents as the child lifelong educator and encourage parents to be engaged in the child's education by: ● Volunteering in the classroom ● Attending monthly School Readiness Curriculum Planning Meetings ● Participating in Home Visits Participating in Parent Teacher Conferences	CBD, CDS, T, TA	Ongoing	Inkind, School Readiness Curriculum Planning Meetings sign-in sheet, Home visit forms, Parent teacher conference forms
(b) Engaging parents and family members.				
A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to insure:				
(1) The program's settings are open to parents during all program hours;	Parents are welcome during all program hours.		Ongoing	
(2) Teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior;	Teachers will communicate with parents regularly about their child's routines, activities and behavior through ● Greeting and departure time in the classroom. ● Newsletters ● Phone calls and Text messages ● Parent Teacher Conferences ● Home Visits	T, TA	Ongoing	Observation, Newsletters, anecdotal records, Parent Teacher Conference, Home visit
(3) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program;	BRHS will hold two parent-teacher conferences per program year (and more as needed). The parent-teacher conference will enhance both staff and parents knowledge and understanding of the child's education and developmental progress.	T, TA	Two-times per year	Parent Teacher Conference reports.

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(4) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;	Monthly School Readiness Curriculum planning meetings will provide parents the opportunity to learn about and provide feedback and ideas on the curricula and instructional materials used in the program.	T, TA, CDS	Monthly	School Readiness Curriculum Planning Meeting Sign-in form.
(5) Parents and family members have opportunities to volunteer in the class and during group activities;	Parents and family members have opportunities to volunteer in the classroom and participate in group activities.	T, TA	Ongoing	Sign-sheet, inkind
(6) Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child's progress;	Parents will be informed about the results of the screening, soon after it has been administered. The child's progress, as shown in DRDP will be shared with the parent at parent teacher conferences and on home visits.	DS, T	Ongoing	ASQ-SE, Parent Consent, Child Goals
(7) Teachers, except those described in paragraph (b)(8) of this section, conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child's learning and development, except that such visits may take place at a program site or another safe location that affords privacy at the parent's request, or if a visit to the home presents significant safety hazards for staff; and,	BRHS will provide two home visits per program year. The first home visit will be conducted before class begins, at the beginning of the school year. If the parent is uncomfortable with teaching staff coming to their home or the home presents significant safety hazards to staff, the visit can be made in the classroom or another agreed upon site.	T, TA	Twice per year	Home visit Report form
Subpart G—Transition Services				
1302.70 Transitions from Early Head Start				
(d) Early Head Start and Head Start Preschool Collaboration				

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Early Head Start and Head Start Preschool programs must work together to maximize enrollment transitions from Early Head Start to Head Start Preschool, consistent with the eligibility provisions in subpart A of this part, and promote successful transitions through collaboration and communication.	Weekly enrollment meetings with PHS, EHS, Home-based, ERSEA, and Disabilities.	CBD, CDM, DS	Ongoing	BRHS Transition plan
1302.71 Transitions from Head Start of kindergarten				
(a) Implementation transitions strategies and practices.				
A program that serves children who will enter kindergarten in the following year must implement transition strategies to support a successful transition to kindergarten.	BRHS has a written transition plan	CBD	Ongoing	BRHS Transition plan
(b) Family collaboration for transitions				
(1) A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.	BRHS will work with parents to implement strategies and activities that promote a successful transition to kindergarten including: 1. Children being ready for school 2. Families being ready to support their child learning Public schools are ready to receive children and families	CBD, CDS, MC, T, TA	Ongoing	Transition plan
(2) At a minimum such strategies and activities must:				
(i) Help parents understand their child's progress during Head Start;	Parents are given and teachers explain their child's progress, during Home Visit and Parent Teacher Conference. For children on an IEP additional help will be given in IEP meetings.	CDS, T	Ongoing	Progress reports, Home Visit Report form, Parent Teacher Conference form,

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				IEP's
(ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child;	• Helping parents connect with the school or teacher the child will be attending in the fall. Providing a newsletter and other resource materials about transitioning their child to kindergarten and the importance of parents being involved in their child education. (Available in both English and Spanish)	CDS, T, TA	Ongoing	Transition Information
(iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and,	We will provide information about parent's rights and responsibilities in their child education, and how to appropriately exercise those rights. It will also include information supporting children with disabilities.	CDS, T	Parent Teacher Conference	Final Parent Teacher Conference packet
(iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.	Support parents in being able to communicate successfully with teachers and school personnel about their concerns and decisions in their child's education.			
(c) Community collaborations for transitions.				
(1) A program must collaborate with local education agencies to support family engagement under section 642(b)(13) of the Act and state departments of education, as appropriate, and kindergarten teachers to implement strategies and activities that promote successful transitions to kindergarten for children, their families, and the elementary school.	BRHS will collaborate with LEA to implement strategies and activities that promote successful transitions to Kindergarten for children, families and the elementary school.	CBD, CDS, T, TA	Ongoing	Collaboration agreements, Transition meetings

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(2) At a minimum, such strategies and activities must include:				
(i) Coordination with schools or other appropriate agencies to ensure children's relevant records are transferred to the school or next placement in which a child will enroll, consistent with privacy requirements in subpart C of part 1303 of this chapter;	With the permission of the parents, relevant records will be transferred to the appropriate school. Parents will indicate where the child will be attending the following year.	CBD, MC, T	Year End	Transition forms, relevant records
(ii) Communication between appropriate staff and their counterparts in the schools to facilitate continuity of learning and development, consistent with privacy requirements in subpart C of part 1303 of this chapter; and,	Communication between BRHS and the LEA will be open, allowing communication between staff about learning and development.	CDS, T, TA	Ongoing	Collaborations
(iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff.	BRHS will participate, whenever possible, in joint training and professional development activities. We also invite all the LEA's within our grant area, to our two day training which we hold yearly.	CBD, CDS, DS, MC, T	Ongoing	Training documentation
(3) A program that does not operate during the summer must collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and work with parents and school districts to enroll children in such programs, as appropriate.	We will obtain information about summer school programs from the LEA, within our grant area and make them available to parents who have children entering kindergarten.	CBD, CDS, DS, MC, T	Year End	Summer school information.
(d) Learning environment activities.				

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A program must implement strategies and activities in the learning environment that promote successful transitions to kindergarten for enrolled children, and at a minimum, include approaches that familiarize children with the transition to kindergarten and foster confidence about such transition.	Center-based classrooms will begin to talk to children about going to Kindergarten the following year in March. Teachers will read children books about Kindergarten Teachers will (whenever possible) visit a Kindergarten or have a special visitor come to class to talk about Kindergarten.	CBD,CDS, MC, T, TA	Final months of School	Lesson Plans
1302.72 Transitions between programs.				
(a) For families and children who move out of the community in which they are currently served, including homeless families and foster children, a program must undertake efforts to support effective transitions to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, the program should assist the family to identify another early childhood program that meets their needs.	BRHS will support parents who would like to remain in Head Start, to locate the Head Start in their new location.	CBD	Ongoing	
(b) A program that serves children whose families have decided to transition them to other early education programs, including public pre-kindergarten, in the year prior to kindergarten entry must undertake strategies and activities described in §1302.71(b) and (c)(1) and (2), as practicable and appropriate.	Staff will assist parents in their transition into another program providing necessary documentation.	CDS, T, CBD	As needed	
Subpart I—Services to Enrolled Pregnant Women				
1302.80 Enrolled pregnant women				

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(d) Newborn Visit				
A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth. At a minimum, the visit must include a discussion of the following: maternal mental and physical health, safe sleep, infant health, and support for basic needs.	Staff schedule a newborn visit within two weeks of the infant's birth. Staff discuss and provide resources on the following topics: maternal mental and physical health, safe sleep, infant health, and support for basic needs.	CBM, T	Ongoing	Newborn Visit Checklist, Child Plus documentation
(e) Track and Record Services				
A program must track and record services an enrolled pregnant woman receives both from the program and through referrals, to help identify specific prenatal care services and resources the enrolled pregnant woman needs to support a healthy pregnancy.	Staff work together with the Health team to ensure enrolled pregnant women have completed all required paperwork. The paperwork is then uploaded and information is transferred into the enrolled pregnant women's pregnancy section in CP.	CBM, T	Ongoing	Pregnant Women Education Checklist
(f) Reduce barriers to healthy maternal and birthing outcomes				
The program must provide services that help reduce barriers to healthy maternal and birthing outcomes for each family, including services that address disparities across racial and ethnic groups, and use data on enrolled pregnant women to inform program services.	Staff communicate with pregnant enrolled women to address services or resources they might need. Staff use the data from communication to inform program services.	CBM, T	Ongoing	Pregnant Women Education Checklist, Newborn Visit
1302.81 Prenatal and postpartum information, education, and services				
(a) Prenatal and Postpartum Education				
A program must provide enrolled pregnant women, mothers, fathers, and	Staff provide families with education that includes: fetal development, importance	CBM, T	Ongoing	Education checklist

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partners or other family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition in the prenatal and postpartum stage including breastfeeding, the risks of alcohol, drugs, and smoking and the benefits of substance use treatment, labor and delivery, postpartum recovery, and infant care and safe sleep practices.	of nutrition (prenatal, postpartum), breastfeeding, risks of alcohol, drugs and smoking, benefits of substance abuse treatment, labor and delivery, postpartum recovery, and infant care and safe sleep practices.			
(b) Access to mental health				
A program must support pregnant women, mothers, fathers, partners, or other family members to access mental health services, including referrals, as appropriate, to address concerns including prenatal and postpartum mental health concerns including but not limited to anxiety, depression, grief or loss, birth trauma, and substance use.	At the newborn visit, caregivers complete the Edinburgh Postnatal Depression Scale (EPDS). Staff discuss the scores with the caregivers and provide mental health resources and referrals, if needed.	CBM, T	Ongoing	Newborn visit, EPDS
(c) Social and emotional well-being				
A program must also address pregnant women's needs for appropriate support for social and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.	Staff provide educational materials that include: social and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.	CBM, T	Ongoing	Pregnant Women Education Checklist, Newborn Visit
1302.82 Family partnership services for enrolled pregnant women.				
(a) Family partnership services				
A program must engage enrolled	Staff provide educational materials that	CBM, T	Ongoing	Pregnant Women

pregnant women and other relevant family members, such as fathers, in the family partnership services as described in § 1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health. If a program uses a curriculum in the provision of services to pregnant women, this should be a maternal health curriculum, to support prenatal and postpartum education needs.	focus on factors that influence prenatal and postpartum maternal and mental health.			Education Checklist, Newborn Visit
(a) Transition plan				
A program must engage enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate.	Staff complete a transition plan with caregivers 30 days before the baby is due. They discuss when the infant will attend school, if they will be providing breastmilk or if formula will be used, what support they need from staff, and if they need any resources.	CBM, T	Ongoing	Transition plan
Subpart I—Human Resources Management				
1302.90 Personnel policies.				
(d) Communication with dual language learners and their families				
(1)A program must ensure staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families	Staff will learn about each family and their background and heritage. When possible we will hire staff that speak another language, or we will use translators as needed.	CDS, CBD, T, TA	Ongoing	Application

with limited English proficiency.				
(2) If a majority of children in a class or home-based program speak the same language, at least one class staff member of home visitor must speak such language	One staff member will be hired that speaks the majority language	CDS, CBD, T,TA	Ongoing	Application
1302.91 Staff qualifications and competency requirements.				
(d) Child and family services management staff qualification requirements.				
(1) Family, health, and disabilities management. A program must ensure staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016 have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.	The disabilities specialist will have a baccalaureate degree in one or more fields in which they oversee. Child Development Coordinators will have a baccalaureate degree in Early Childhood or a related field.	CBD	Ongoing	Degrees
(2) Education management. As prescribed in section 648A(a)(2)(B)(i) of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialists, have a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.	Education coordinators and specialists will have a baccalaureate or advanced degree or equivalent coursework in early childhood with early education teaching experience.	CBD	Ongoing	Degrees
(e) Child and family services staff				
(1)Early Head Start center-based teacher qualification requirements				

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Early Head Start center-based teacher qualification requirements. As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.	All center-based teachers that provide direct services to infants and toddlers have a qualifying degree or Child Development Associate, and have been trained in early childhood development with a focus on infant and toddler development.	CBD, CDM	Ongoing	Degree CDA certification
(2) Head Start center-based teacher qualification requirements				
(i) The Secretary must ensure no less than fifty percent of all Head Start teachers, nation- wide, have a baccalaureate degree in child development, early childhood education, or equivalent coursework.	At least fifty percent of all Head Start teachers will have a baccalaureate degree in early child education, or equivalent coursework.	CBD	Ongoing	Degree Professional Development Book
(ii) As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center-based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.	All center-based teachers will have at least an associate or bachelor's degree in early childhood education, or equivalent course work.	CBD	Ongoing	Degree Professional Development Book
(3) Head Start assistant teacher qualification requirements. As prescribed in section 648A(a) (2)(B)(ii) of the Act, a program must ensure Head Start assistant teachers, at a minimum,	All assistant Teachers, at a minimum will have a CDA credential within two years of hire.	CBD	Ongoing	CDA Certificate Professional Development Book

have a CDA credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years of the time of hire.				
(5) Center-based teachers, assistant teachers, and family child care provider competencies. A program must ensure center-based teachers, assistant teachers, and family child care providers demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.	Center-based teachers, and assistant teachers must demonstrate competency in providing and demonstrating an effective and nurturing environment. They need to be able to plan and implement learning experiences that ensure the curriculum is implemented and assessment integrated and promoting progress across learning domains as outlined in the Head Start Early Learning Outcome Framework including working developmental appropriately with child with disabilities and Dual Language Learners.	CBD, CDM. T, TA, MC	Ongoing	Observations, Reliability Certificate, lesson plans
(f) *Coaches*. A program must ensure coaches providing the services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field.	Coaches will meet the requirements and have a baccalaureate degree in early childhood education or a related field.	CDS, CBD, MC	Ongoing	Degrees Professional Development Book

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1302.92 Training and professional development				
(a) A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented.	All new center-based staff will receive new employee training which will include; The Beginning Teacher Series, math, power of play, positive discipline, DRDP, Screening, Conscious Discipline and classroom setup.	CDS	Ongoing	Training Sign-in sheets.
(b A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate, and integrated with employee engagement practices in accordance with § 1302.101(a)(2). At a minimum, the system must include:	BRHS center-based program will implement a systematic approach to training staff. This will be influenced by child outcomes and CLASS observations done in the classrooms. Child Development and Center-based Coordinator will determine whether to do group training, including TLCs with the Mentor Coaches or individual training to build staff teaching skills.	CDS	Ongoing	Training plan, training Sign in sheets
(1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5)29 of the Act, and includes creating individual professional development plans as described in section 648A(f) of the Act;	Individual provisional development plans are created though the program mentor coaches. Training will include at a minimum of 15 clock hours of professional development per year. Training may include in person training, online training, test-outs and emails.	CBD, CDS, Mentor Coaches	Ongoing	Training sign-in sheets, professional development plans.
(2) Annual training on mandatory reporting of suspected or known child abuse and neglect, that complies with applicable Federal, State, local, and	Training will include suspected or known child abuse and neglect cases including state and federal laws. We do this through ECLKC the training is called,	CBD, CDS	Ongoing	Training sign-in sheets, certificate for training

Tribal laws;	iLookout for Child Abuse. We also have the Division of Child and Family Services train staff each year on how and what to report.			
(3) Annual training on positive strategies to understand and support children's social and emotional development, such as tools for managing children's behavior;		CBD, CDS, CS	Ongoing	Training sign-in sheets
(4) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;	Training on best practices for implementing family engagement.	CBD, CDS, CS	Ongoing	Training sign-in sheets
(5) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and,	Training on health and disabilities, building on their knowledge and experience and competencies to improve child and family outcomes.	CBD, CDS, CS	Ongoing	Training sign-in sheets
(6) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child inter- actions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in	Training on professional development for education staff the implementation of the Creative curriculum, knowledge of the domains in the Early Learning Outcome Framework. We will also train on how to support children with disabilities and their families. Training on the program Conscious Discipline CLASS training that focuses on adult-child interactions.	CDS, CBD	Ongoing	Training Sign-in sheets

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subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.	Training on how to support dual language learners. How to address challenging behaviors, individualize learning experiences to improve child outcomes and transitioning children to kindergarten.			
(c) A program must implement a research-based, coordinated coaching strategy for education staff that:				
(1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;	As we observe teaching staff we want to focus on the teacher's strengths, watching for all the things that teacher does really well. We want them to feel valued as an important member of our team and that they are making a difference in children's lives. Then we can ask if they have any questions or things that they are unsure how to handle. This opens the door to be able to coach them on their concerns and needs. And then we can clear up any misinformation or holes in their learning.	CDS, MC	Ongoing	Training Goals, PBC
(2) At a minimum, provides opportunities for intensive coaching to those education staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and modeling of effective teacher practices directly related to program performance goals;	For teachers that need intensive coaching, the coaching process usually begins with an observation. This can be a formal observation tool such as CLASS. Informal observation can also be used where the coach just goes in to watch or help without an agenda. During the helping process mentor coaches can be modeling effective ways to use teaching	CDS, CBD, MC	Ongoing	Emails, power points, teacher goals, PBC

	strategies. After class, teachers and mentor coaches can discuss their day and some of the strategies used to how they related to best practices.			
(3) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals;	Those teachers that do not need intensive coaching will receive opportunities for continued teaching growth through conferences, emails, training, digital library and videos. These resources are developmentally appropriate and align with program performance goals.	CDS, CBD, MC	Ongoing	Emails, power points, teacher goals, PBC
(4) Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:	Intensive coaching opportunities are meant to uplift, inform and change a teacher's skills for the better.	CDS, CBD, MC	Ongoing	PBC
(i) Align with the program's school readiness goals, curricula, and other approaches to professional development;	Coaching strategies and techniques are aligned with program school readiness goals, curricula and approaches to professional development.	CBD, CDS, MC	Ongoing	PBC
(ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;	BRHS will ensure that coaches have adequate training in experience adult learning, using assessment data, and coaching strategies that align with program goals	CBD, CDS	Ongoing	PBC
(iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,	Weekly meetings will provide opportunities to communicate information between coaches and administration.	CBD, CDS, MC	Ongoing	PBC
(iv) Include clearly articulated goals informed by the program's goals, as described in §1302.102, and a process for achieving those goals; and,	Weekly and individual meetings will provide avenues for open communication between staff to articulate program goals and process to make gain toward those	CBD, CDS,	Ongoing	PBC

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	goals.			
(5) Establishes policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.	Assessment will not be used as a punitive tool for teaching staff. But will be used as a learning tool, to discover areas of improvement. This opens areas for further training and an opportunity to give fun ideas that can be implemented into the classroom.	CBD, CDS, MC	Ongoing	Teacher goals, PBC
(d) If a program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not include the requirements in paragraph (c) of this section, the program must partner with external early childhood education professional development experts. A program must assess whether the adaptation adequately supports staff professional development, consistent with the process laid out in subpart J of this part.	Whenever possible, coaches will be allowed to attend outside training to improve their coaching skills. Coaches will also take advantage of reading the latest research, watching videos etc.	CBD, CDS, MC	Ongoing	PBC, Training Request
1302.93 Staff Health and Wellness				
(c)(1) A program must provide, for each staff member, regular breaks of adequate length and frequency based on hours worked, including, but not limited to, time for meal breaks as appropriate.	All centers have at least three staff minimum in the classrooms or centers. Staff are able to take breaks as needed. All classrooms ensure that two people are in the classroom at all times. BRHS is working toward the 8/1/2027 full implementation.	CBD, CBM, T, TA, CA	Ongoing	
(2) If applicable Federal, State, or local laws or regulations have more stringent requirements for breaks, a program	Utah and Idaho law does not mandate that employers provide lunch or rest breaks for adult employees.			

should comply with the more stringent requirements.				
(3) During break times for classroom staff described in paragraph (c)(1) of this section, one teaching staff member may be replaced by one staff member who does not meet the teaching qualifications required for the age, provided that this staff member has the necessary training and experience to ensure safety of children and minimal disruption to the quality of services. If providing a break during nap time, a program may comply with § 1302.21(b)(1)(ii).	BRHS is working toward full implementation for staff breaks.	CBD, CBM		
(d) A program should cultivate a program-wide culture of wellness that empowers staff as professionals and supports staff to effectively accomplish their job responsibilities in a high-quality manner, in line with the requirement at § 1302.101(a)(2).	BRHS promotes clear and reasonable roles and responsibilities for all staff and provides regular and ongoing staff supervision with meaningful and effective employee engagement practices.	Management	Ongoing	Job descriptions, professional development plans, ITM's, scheduled trainings, yearly self assesments
1302.101 Management Systems and 1302.102 Reporting				
1302.101(a) (5) Ensures that all staff are trained to implement reporting procedures in § 1302.102(d)(1)(ii). 1302.102 (d) (ii) Reports, as appropriate, to the responsible HHS official immediately but no later than 7 calendar days following the incident, related to: (A) Any significant incident that affects the health or safety of a child that occurs	Bear River Head Start will submit reports, as appropriate, to the responsible HHS official immediately but no later than seven calendar days following a health or safety incident. All staff are trained to report and notify their supervisor of any significant health or safety issues.	All Staff	Ongoing	Incident reports, camera footage, report to HHS

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in a setting where Head Start services are provided and that involves: (1) A staff member, contractor, or volunteer that participates in either a Head Start program or a classroom at least partially funded by Head Start, regardless of whether the child receives Head Start services; or (2) A child that receives services fully or partially funded by Head Start or a child that participates in a classroom at least partially funded by Head Start; or				
Subpart F - Transportation				
1303.70 Purpose.				
(a) *Applicability*. This rule applies to all agencies, including those that provide transportation services, with the exceptions and exclusions provided in this section, regardless of whether such transportation is provided directly on agency owned or leased vehicles or through arrangement with a private or public transportation provider.	BRHS does not provide transportation services to children.			
(b) *Providing transportation services*.				
(1) If a program does not provide transportation services, either for all or a portion of the children, it must provide reasonable assistance, such as information about public transit availability, to the families of such children to arrange transportation to and from its activities, and provide	Transportation options are printed in recruitment announcements and on the application. Family advocates will work with the family to provide reasonable assistance.	FA, ERSEA	Ongoing	Recruitment Announcements, Application

information about these transportation options in recruitment announcements.				
(2) A program that provides transportation services must make reasonable efforts to coordinate transportation resources with other human services agencies in its community in order to control costs and to improve the quality and the availability of transportation services.	BRHS does not provide transportation services to children.			
(3) A program that provides transportation services must ensure all accidents involving vehicles that transport children are reported in accordance with applicable state requirements.	BRHS does not provide transportation services to children.			
(c) *Waiver*				
(1) A program that provides transportation services must comply with all provisions in this subpart. A Head Start program may request to waive a specific requirement in this part, in writing, to the responsible HHS official, as part of an agency's annual application for financial assistance or amendment and must submit any required documentation the responsible HHS official deems necessary to support the waiver. The responsible HHS official is not authorized to waive any requirements with regard to children enrolled in an Early Head Start program. A program may request a waiver when:	BRHS does not provide transportation services to children.			

(i) Adherence to a requirement in this part would create a safety hazard in the circumstances faced by the agency; and,	BRHS does not provide transportation services to children.			
(ii) For preschool children, compliance with requirements related to child restraint systems at §§1303.71(d) and 1303.72(a)(1) or bus monitors at §1303.72(a)(4) will result in a significant disruption to the program and the agency demonstrates that waiving such requirements is in the best interest of the children involved.	BRHS does not provide transportation services to children.			
(2) The responsible HHS official is not authorized to waive any requirements of the Federal Motor Vehicle Safety Standards (FMVSS) made applicable to any class of vehicle under 49 CFR part 571	BRHS does not provide transportation services to children.			
1303.71 Vehicles				
(a) *Required use of schools buses or allowable alternative vehicles*. A program, with the exception of transportation services to children served under a home-based option, must ensure all vehicles used or purchased with grant funds to provide transportation services to enrolled children are school buses or allowable alternate vehicles that are equipped for use of height- and weight-appropriate child restraint systems, and that have reverse beepers.	BRHS buses are used for field trips. They are equipped with appropriate child restraint systems and have reverse beepers.	CBD, Bus Manager	Ongoing	On the bus

(b) *Emergency equipment*. A program must ensure each vehicle used in providing such services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguisher, and first aid kit.	BRHS buses contain the required emergency equipment	CBD, Bus Manager	Ongoing	On the bus
(c) *Auxiliary seating*. A program must ensure any auxiliary seating, such as temporary or folding jump seats, used in vehicles of any type providing such services are built into the vehicle by the manufacturer as part of its standard design, are maintained in proper working order, and are inspected as part of the annual inspection required under paragraph (e)(2)(i) of this section.	BRHS buses are inspected annually and meet requirements.	CBD, Bus Manager	Ongoing	On the bus
(d) *Child restraint systems*. A program must ensure each vehicle used to transport children receiving such services is equipped for use of age-, height- and weight-appropriate child safety restraint systems as defined in part 1305 of this chapter.	BRHS buses have proper child restraint systems	CBD, Bus Manager	Ongoing	On the bus
e) *Vehicle maintenance*. (1) A program must ensure vehicles used to provide such services are in safe operating condition at all times.	BRHS buses are properly maintained at all times	CBD, Bus Manager	Ongoing	On the bus
(2) The program must:				
(i) At a minimum, conduct an annual thorough safety inspection of each vehicle through an inspection program	BRHS buses conduct an annual thorough safety inspection	CBD, Bus Manager	Ongoing	Safety inspection

licensed or operated by the state;				
(ii) Carry out systematic preventive maintenance on vehicles; and,	BRHS buses are maintained	CBD, Bus Manager	Ongoing	Bus Log
(iii) Ensure each driver implements daily pre-trip vehicle inspections.	Drivers implement daily pre-trip inspections before each field trip.	CBD, Bus Manager	Ongoing	
(f) *New vehicle inspection*. A program must ensure bid announcements for school buses and allowable alternate vehicles to transport children in its program include correct specifications and a clear statement of the vehicle's intended use. The program must ensure vehicles are examined at delivery to ensure they are equipped in accordance with the bid specifications and that the manufacturer's certification of compliance with the applicable FMVSS is included with the vehicle.	BRHS follows guidelines for new vehicles	CBD, Bus Manager	Ongoing	
1303.72 Vehicle Operation				
(a) *Safety*. A program must ensure:				
(1) Each child is seated in a child restraint system appropriate to the child's age, height, and weight;	BRHS buses have appropriate child restraints.	CBD, Bus Instructor	Ongoing	On the bus
(2) Baggage and other items transported in the passenger compartment are properly stored and secured, and the aisles remain clear and the doors and emergency exits remain unobstructed at all times;	BRHS staff ensure that baggage is properly stowed and the doors and exits are unobstructed at all times.	CBD, Bus Instructor	Ongoing	On the bus
(3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no	BRHS has a copy of the contacts in their fanny pack. Also the bus driver does pre and post trip inspection to ensure no child is left behind.	CBD, Bus Instructor, T, TA	Ongoing	Emergency Contacts

child is left behind, either at the classroom or on the vehicle at the end of the route; and,				
(4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.	Both teacher and teacher assistant are trained as bus monitor	CBD, Bus Instructor, T, TA	Ongoing	Bus training
(b) *Driver qualifications*. A program, with the exception of transportation services to children served under a home-based option, must ensure drivers, at a minimum:				
(1) In states where such licenses are granted, have a valid Commercial Driver's License (CDL) for vehicles in the same class as the vehicle the driver will operating; and,	All bus drivers have their CDL	CBD, Bus Instructor	Ongoing	Bus Files
(2) Meet any physical, mental, and other requirements as necessary to perform job-related functions with any necessary reasonable accommodations.	Bus drivers meet the job requirements to drive the bus	CBD, Bus Instructor	Ongoing	CDL Physicals
(c) *Driver application review*. In addition to the applicant review process prescribed §1302.90(b) of this chapter, a program, with the exception of transportation services to children served under a home-based option, must ensure the applicant review process for drivers includes, at minimum:				
(1) Disclosure by the applicant of all moving traffic violations, regardless of penalty;	BRHS bus drivers must disclose any moving traffic violations	CBD, Bus Instructor	Ongoing	Bus Files
(2) A check of the applicant's driving record through the appropriate state agency, including a check of the applicant's record through the National Driver Register, if available;	BRHS obtain the driving record for all bus drivers	CBD, Bus Instructor	Ongoing	Bus Files
(3) A check that drivers qualify under the applicable driver training requirements in	BRHS bus drivers meet requirements	CBD, Bus Instructor	Ongoing	Bus Files

the state or tribal jurisdiction; and,				
(4) After a conditional employment offer to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishes that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.	BRHS bus drivers are required to get a CDL physical	CBD, Bus Instructor Bus drivers	Ongoing	Bus Files
(d) *Driver training*.				
(1) A program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year.	BRHS provides necessary training for bus drivers	CBD, Bus Instructor	Ongoing	Bus Files
(2) Training must include:				
(i) Classroom instruction and behind-the-wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and,	BRHS provides classroom instruction as well as behind-the-wheel instruction for all bus drivers.	CBD, Bus Instructor	Ongoing	Bus Files
(ii) Instruction on the topics listed in §1303.75 related to transportation	BRHS provides training on transportation for children with disabilities	CBD, Bus Instructor	Ongoing	Bus training

services for children with disabilities.				
(3) A program must ensure the annual evaluation of each driver of a vehicle used to provide such services includes an on-board observation of road performance.	BRHS conducts an annual evaluation of each bus driver and includes an on-board observation of road performance	CBD, Bus Instructor	Ongoing	Bus Files
(e) *Bus monitor training*. A program must train each bus monitor before the monitor begins work, on child boarding and exiting procedures, how to use child restraint systems, completing any required paperwork, how to respond to emergencies and emergency evacuation procedures, how to use special equipment, child pick-up and release procedures, how to conduct and pre- and post-trip vehicle checks. Bus monitors are also subject to staff safety training requirements in §1302.47(b)(4) of this chapter including Cardio Pulmonary Resuscitation (CPR) and first aid.	BRHS holds an annual bus training at pre-service where staff are trained on proper procedures.	CBD, Bus Instructor	Ongoing	Annual Bus Training
1303.73 Trip routing.				
(a) A program must consider the safety of the children it transports when it plans fixed routes.	BRHS maintains safety as a top priority when planning routes.	CBD, Bus Instructor	Ongoing	Bus Files
(b) A program must also ensure:				
(1) The time a child is in transit to and from the program must not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical;	BRHS does not transport children to and from the program.			
(2) Vehicles are not loaded beyond	BRHS buses maintain the allowed	T, TA	Ongoing	On the bus

maximum passenger capacity at any time;	capacity			
(3) Drivers do not back up or make U-turns, except when necessary for safety reasons or because of physical barriers;	BRHS bus drivers avoid unnecessary U-turns	T, TA	Ongoing	On the bus
(4) Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle;	BRHS buses do not stop at stops			
(5) When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle;	BRHS buses do not stop at stops			
(6) Either a bus monitor or another adult escorts children across the street to board or leave the vehicle if curbside pick-up or drop off is impossible; and,	Children are always with an adult since buses are used for field trips and not picking up and dropping them off.	T, TA	Ongoing	On the bus
(7) Drivers use alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing.	Drivers will use alternate routes as needed.	T, TA	Ongoing	On the bus
1303.74 Safety procedures.				
(a) A program must ensure children who receive transportation services are taught safe riding practices, safety procedures for boarding and leaving the vehicle and for crossing the street to and from the vehicle at stops, recognition of the danger zones around the vehicle, and emergency evacuation procedures, including participating in an emergency	All Head Start children are taught safe riding practices and procedures for the bus	CBD, Bus Instructor, T, TA	Ongoing	Bus Files

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evacuation drill conducted on the vehicle the child will be riding.				
(b) A program that provides transportation services must ensure at least two bus evacuation drills in addition to the one required under paragraph (a) of this section are conducted during the program year.	All BRHS children participate in at least two bus evacuation drills	CBD, Bus Instructor, T, TA	Ongoing	Bus Files
1303.75 Children with disabilities.				
(a) A program must ensure there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternate vehicles are used to transport the other children served under the home-based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.	BRHS are equipped to handle children with disabilities	CBD, Bus Instructor, DS	Ongoing	On the bus
(b) A program must ensure special transportation requirements in a child's IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary	BRHS will collaborate with the LEA and other appropriate agencies as needed to ensure all special transportation requirements in a child's IEP/IFSP are followed. Special training related to transportation services will be provided to the staff as needed.	CBD, Bus Instructor, DS, T, TA, LEA, CDC	Ongoing	IEP/IFSP, interagency agreements

training for bus drivers and monitors.				

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Mental Health & Social & Emotional Workplans

Bear River Head Start
Mental Health and Social and Emotional Work Plan

FOCUS AREA: Mental Health and Social and Emotional Well-Being 2026-2027				
Subpart D - Health and Mental Health Program Services				
1302.45 Supports for mental health and well-being				
Program-wide wellness support. to support a program-wide culture that promotes mental health, social and emotional well-being, and overall health and safety, a program must use a multidisciplinary approach that:				
OBJECTIVE	**ACTIVITY**	**WHO**	**WHEN**	**DOCUMENTATION**
(1) Coordinates support for adult mental health and well-being, including engaging in nurturing and responsive relationships with families, engaging families in home visiting services, and promoting staff health and wellness, as described in § 1302.93.	Staff receive a variety of training throughout the year in the different program options curricula, working with adults and families and supportive relationships. Staff receive training and support for self-care to avoid burnout and are referred to the agency's EAP services as needed.	Program Director, Teachers, Family Advocates, Family Educators	Ongoing	Curricula documentation for Conscious Discipline, Growing Great Kids/Families, Adult Learning Styles, Fostering Supportive relationships; Monthly Staff Health/Wellness newsletter and Employee Assistance Program (EAP) services. Child Plus
(2) Coordinates support for positive learning environments for all children; supportive teacher practices; and strategies for supporting children with social, emotional, behavioral, or mental health concerns.	BRHS coordinates support for positive learning environments by creating a classroom that is safe, welcoming, and inclusive for all children. Using developmentally appropriate practices and ensuring that routines, visuals, and expectations are clearly communicated and consistently followed to provide structure and	Disability Managers, Teachers, Family Advocates, EHS/PHS Center Based Managers, SET Team	Ongoing	Flyers, Handouts, Prenatal and Postpartum information, Educational resources, Health Checklist, HV forms, Prenatal information, Outcomes, observation forms,

	security. Supportive teacher practices are met by building strong, nurturing relationships with each child and using positive behavior support strategies. This includes acknowledging positive behaviors, modeling appropriate social interactions, and providing choices to help children feel empowered and engaged. For children with social, emotional, behavioral, or mental health concerns, Staff collaborate closely with families, teaching staff, mental health consultants, and other support professionals. Using individualized strategies, such as calm-down spaces, sensory tools, and social-emotional learning activities.			teacher/advocate meeting forms, training certificates for Conscious Discipline
(3) Secures ongoing mental health consultation services and examines the approach to mental health consultation on an annual basis to determine if it meets the needs of the program.	The agency has secured ongoing Mental Health consultation and training services from Bear River Mental Health, a local Mental Health counselling center. We work with a Licensed Mental Health Professional	Director, Coords and other staff as needed	Monthly online meetings	Standing Calendar meeting, training documentation, MOU contract with BRMH
(4) Ensures mental health consultation services are available at a frequency of at least once a month.	The agency has secured ongoing Mental Health consultation and training services from Bear River Mental Health, a local counselling service center.	Director, Coords and other staff as needed	Monthly online meetings	Standing Calendar meeting, training documentation
(i) If a mental health consultant is not available to provide	Same as above	Same as above	Same as above	Same as above

services at least once a month, programs must use other licensed mental health professionals or behavioral health support specialists certified and trained in their profession or recognized by their Tribal governments, such as peer specialists, community health workers, promoters, traditional practitioners, or behavioral health aides, to ensure mental health supports are available on at least a monthly basis.				
(ii) If the program uses other licensed mental health professionals or behavioral health support specialists, the program must ensure their regular coordination and consultation with mental health consultants.	Same as above	Same as above	Same as above	Same as above
(5) Ensures that all children receive adequate screening and appropriate follow up and the parent receives referrals about how to access services for potential social, emotional, behavioral, or other mental health concerns, as described in § 1302.33.	All enrolled children are screened with the Ages and Stages Questionnaire (ASQ and ASQSE2) within 45 days of enrollment. Screener results are shared with parents and any concerns noted. Parents may elect to do follow-up intervention with staff by setting child goals and/or rescreening, or may elect to move forward with a referral to the applicable agency for further evaluation. Referrals shall be made in a timely manner.	Directors, Coords, Managers, Disabilities, Teachers, Home Visitors	Within 45 days of enrollment	Part C and/or Part B referral form/release of information ASQ/ASQSE Score sheets Mental Health Referral forms

(6) Facilitates multidisciplinary coordination and collaboration between mental health and other relevant program services, including education, disability, family engagement, and health services.	BRHS has a meeting once a month with BRMH to collaborate and discuss any needs of the program staff or children. BRHS facilitates multidisciplinary coordination and collaboration by integrating mental health services across all program areas, including education, disabilities, family engagement, and health. We take a comprehensive, team-based approach to supporting children and families, ensuring that mental health is embedded in every aspect of service delivery. We hold monthly meetings where mental health consultants from BRHS collaborate with program coordinators, and disability specialists to share observations, discuss concerns, and plan individualized support. This ensures that all team members have a shared understanding of each child's needs. Our mental health professionals participate in staff training, and case reviews, and they help guide the development of behavior support plans. We also work closely with families to provide education on social-emotional development, reduce stigma around mental health, and connect them to community-based	Directors, Coords, Managers, Disabilities, Teachers, Home Visitors, Advocates	Ongoing	Standing Calendar meeting, training documentation, teacher advocate meeting forms, Cross Communication for Behavior and Mental Health Concerns document, Child Plus

	services when needed. This collaborative structure ensures that each child receives consistent, culturally responsive, and developmentally appropriate support that addresses their social, emotional, behavioral, and mental health needs, promoting school readiness and overall well-being."			
(7) Build community partnerships to facilitate access to additional mental health resources and services, as needed, including through the Health and Mental Health Services Advisory Committee in § 1302.40.	BRHS Collaborates with local mental health agencies, service providers, and community-based organizations to establish referral pathways for children and families in need of additional support beyond what the program can provide internally. A Health Advisory Committee meets together at least twice a year. to identify gaps in services, assess community needs, and coordinate with local agencies to improve access to appropriate mental health resources. As an agency we maintain Memoranda of Understanding (MOUs) with community mental health providers to ensure timely referrals, service coordination, and follow-up. Our staff and agency provides families with information about available mental health resources and supports them in navigating access to those services.	Directors, Coords and other staff as needed, Health & Wellness Manager, Health Specialists Health Advisory Services Committee	Ongoing	Standing Calendar meeting, MOU, HSAC agenda and meeting minutes

(b) Mental health consultants. A program must ensure that mental health consultants provide consultation services that build the capacity of adults in an infant or young child's life to strengthen and support the mental health and social and emotional development of children, including consultation with any of the following:				
(1) The program to implement strategies that promote a program-wide culture of mental health, prevent mental health challenges from developing, and identify and support children with mental health and social and emotional concerns;	BRHS has implemented a range of strategies to promote a program-wide culture of mental health and well-being. We focus on prevention by integrating social-emotional learning into daily classroom routines, using tools like feeling buddies, calm-down areas, and consistent, nurturing relationships. Staff receive ongoing training in trauma-informed care and positive behavior support to help prevent mental health challenges before they arise. Additionally, we use screening tools and classroom observations to identify children who may need extra support, and we collaborate with mental health consultants and families to develop individualized strategies that address social and emotional concerns early and effectively. We also have staff that work in the classroom to support teachers and students with challenging behaviors.	Director, Coords, Managers, Disabilities, Teachers, Home Visitors, Advocates	Ongoing	Outcomes, observation forms, teacher/advocate meeting forms, training certificates for Conscious Discipline ASQ/ASQSE Score sheets
(2) Child and family services staff to implement strategies that build nurturing and responsive relationships and create positive learning environments that promote the mental health and social and emotional	Education staff meet with families for home visits and parent teacher conferences to build relationships and connections with parents. Advocates meet the families where they are at and offer resources and referrals as needed. Parents can receive training	Advocates, Managers, Teachers	Ongoing	PCM attendance sheets, Parent Library Check Out/In, home visit and parent teacher conference sheets

development of all children;	on Conscious Discipline Parenting Curriculum at Parent Committee Meetings or individually on Home Visits. Parents can check out resources from our Conscious Discipline Parent Library. Staff work with parents/guardians to set family goals and they follow up with families about mental health.			
(3) Staff who have contact with children to understand and appropriately respond to prevalent child mental health concerns, including internalizing problems such as appearing withdrawn; externalizing problems such as behavioral concerns; and how exposure to trauma and substance use can influence risk;	Staff are trained in the Conscious Discipline curriculum/techniques to provide safe places for children and to be able to respond appropriately to children's distress and in navigating both internally and externally driven behavior concerns. Staff receive annual training and trauma informed care and building resilience for children and themselves.	Director, Coords., Managers, Centerbased, Homebased and Family Advocates	At a minimum, annual training	Training certificates Training sign in sheets and materials
(4) Families and staff to understand mental health and access mental health interventions or supports, if needed, including in the event of a natural disaster or crisis;				
(5) The program to implement policies to limit suspension and prohibit expulsion as described in § 1302.17; and				
(6) The program to support the well-being of children and families involved in any significant child health, mental	Communication across teams takes place to coordinate a plan to support a family or child with a significant need. Staff that have a closer tie with	Program Director, Disability Specialist,	Ongoing	Pamphlets, information, MOU's, Resources and Referrals, Weekly

health, or safety incident described in § 1302.102(d)(1)(ii).	the family may be asked to respond and assist the family first. Program procedures are followed to ensure the best outcomes and safety when addressing these concerns and incidents.	Managers, Teachers, Family Advocates, EHS/PHS Center Based Coordinator		meeting forms, CP documentation, Outcomes, observation forms, Child Behavior plan, Safety incident reports, CP notes
1302.81(b)(c) Prenatal and postpartum information, education and services				
(b) A program must support pregnant women, mothers, fathers, partners, or other family members to access mental health services, including referrals, as appropriate, to address concerns including prenatal and postpartum mental health concerns including but not limited to anxiety, depression, grief or loss, birth trauma, and substance use.	At the newborn visit, caregivers complete the Edinburgh Postnatal Depression Scale (EPDS). Staff discuss the scores with the caregivers and provide mental health resources and referrals, if needed. As appropriate, other family members are also offered a general depression screener.	Center Based Managers, Teachers, Family Educators	Ongoing, as needed	Ongoing Postpartum and general depression screeners, newborn visit documentation, mental health referrals.
(c) A program must also address pregnant women's needs for appropriate supports for social and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.	Staff provide educational materials that include: social and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.	Center Based Managers, Teachers, Family Educators	Ongoing	Ongoing Pregnant Woman teaching checklist, home visit lesson plans/GGk prenatal lessons.
1302.91 (e)(8)(ii) Mental Health Consultants Licensure				
(ii) A program must ensure all mental health consultants are licensed or under the supervision of a licensed mental	BRHS works with Bear River Mental Health and only with a Licensed Mental Health Professional.	Management	Monthly meetings and consultations, onsite trainings as needed.	Calendar schedule, MOU

health professional. A program must use mental health consultants with knowledge of and experience in serving young children and their families.				

Disabilities Workplans

Bear River Head Start
Disabilities Work Plan

FOCUS AREA: BRHS DISABILITIES SERVICE PLAN 2026-2027					
P.S.	**Objective**	**Activity**	**Who**	**When**	**Documentation**
1302.33 (a)(1)	Screening In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.	With written parental consent, Bear River Head start will conduct or obtain a current developmental screening for all children enrolled in the program within 45 days of their enrollment date. The ASQ-3 will be administered to identify concerns in the communication, gross motor, fine motor, problem solving, and personal-social skills domains. The ASQ-SE will screen for concerns in the social/emotional domain. The program will conduct vision and hearing screenings. All Bear River Head Start programs operate for more than 90 days.	T, TA, CDS,CP, DM, HS, FE, MC, MHS, LEA	Within 45 calendar days of enrollment	ASQ-3, ASQ-SE, Vision/Hearing screening form, Parental Consent Forms
1302.33 (a)(2)	A program must use one or more research based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.	The ASQ-3 and the ASQ-SE are research based developmental standardized screening tools. Additional information from family members, teachers, and relevant staff members is noted on the screener or/and on an ongoing concern form.	T, TA, CDS, CP, DM, FA, HS, FE, MC, LEA,	Ongoing	ASQ-3, ASQ-SE, ongoing concern form

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			MHS		
1302.33 (a)(3)	If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional, a program must, with parent consent, promptly and appropriately address any needs identified through: (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and, (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.	The Disability Manager and Child Development Specialist will review screenings and additional relevant information. If warranted through reports of concern and/or below average screening scores and with parental consent, Bear River Head Start will refer the child to the LEA for a formal evaluation. It is the responsibility of the child's parent to call the LEA to arrange a time and date for the formal evaluation. Bear River Head Start staff will support parents in making contact with the LEA as needed. Bear River Head Start will collaborate with the child's parent and the LEA to support families through the formal evaluation process.	CDS, CP, DM, FA, HBC, FE, LEA, MHS, T, TA	Ongoing	ASQ-3, ASQ-SE, Articulation Screener, vision/hearing screening form, Ongoing Concern form, Referral for Evaluation, Release of Information
1302.33 (a)(4)	If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F	Interagency agreements between Bear River Head Start the local agencies responsible for implementing IDEA will be created and updated annually. Bear River Head Start will collaborate with parents and the LEA to ensure that the services	CBD, CP, DM, FE, LEA, MHS,	Interagency agreements will be updated annually	Interagency Agreements, IEPs/IFSPs, Release of Information

2DS LEGEND (WHO): CBD – Center Based Director, CDS – Child Development Specialist, **CP – Child's Parent**, DM – Disabilities Manager, FA – Family Advocate, FDC – Family Development Coordinator, HBC – Home Based Coordinator, HS – Health Specialist, FE – Family Educator, MC- Mentor Coach, HWC – Health & Wellness Coordinator, LEA – Local Education Agency, MDT – Multi-Disciplinary Team, MHS – Mental Health Specialist, NS – Nutrition Specialist, PIS – Parent Involvement Specialist, FDS – Family Development Specialist, SDP – School District Personnel, T – Teacher, TA – Teacher Assistant, FES – Family Educator Specialist, FFC - Fiscal/Facilities Coordinator

	of this part.	described in subpart F are delivered appropriately.	T, TA	and collaboration will occur on an ongoing basis	
1302.33 (a)(5)	If, after formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must: (i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and, (ii) If the child has a significant delay, partner with parents to help the family access services and support to help	If, after formal evaluation, the LEA determines a child is not eligible for early intervention or special education and related services, then, with the appropriate release of information in place, the Disabilities Manager will collaborate with the parent, LEA, Child Development Specialist and/or Mental Health Specialist to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness. If a child has a significant delay Bear River Head Start will collaborate with the family as needed to access the needed services and supports. If a child satisfies the definition of disability in 29 U.S.C section 705(9)(b) of the Rehabilitation Act, and funding for the needed supports and services are not available through other means, such as the child's health insurance, the program will provide the needed services and supports using program funds as to remain in compliance with section 504 of the Rehabilitation Act and ensure that a child is not excluded	CDS, CP, DM, LEA, MHS	ongoing	Interagency agreements, ongoing concern form

	address the child's identified needs. (A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability (B) A program may use program funds for such services and supports when no	from the program on the basis of disability.			

	other sources of funding are available				
1302.33 (b)(1)	Assessment for Individualization. A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.	BRHS assesses children using the observation-based DRDP standardized assessment which provides ongoing monitoring of the child's developmental level and progress throughout their time at Head Start. Information is gathered daily and aggregated three times during the year at pre-determined checkpoints and provides valuable data for teachers, parents, and program use. BRHS uses the ASQ-3 and the ASQ-SE as standardized screeners to help identify individual child strengths and areas of concerns. These screeners provide usable information for teachers, parents, and the program. These screeners are done within 45 days of a child's enrollment date.	CBD, CDC, TA, T, DM	Checkpoints for DRDP within 45 days of enrollment for ASQ-3 and ASE-SE	Outcome data, parent reports, ASQ-3, ASQ-SE
1302.33 (b)(2)	A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and	The program makes regular use of child and classroom data, teacher observation, and family information to determine the child's strengths and needs. This information is used to adjust strategies implemented in the classroom to better support the child's learning and to improve teaching practices.	CBD, CDC, T, TA,	Ongoing	Observation, Lesson plans, program reports

	improve home visit strategies in home-based models.				
1302.33 (b)(3)	If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.	With parental consent, the information gathered from assessments and informal observations, along with any additional information from family or staff, will be used by mental health, child development, and/or disability professionals to determine if a referral to the Local Education Agency (LEA) for a formal evaluation is warranted.	CBD, CDC, DM, MHS, T TA, HBC, FE, LEA	Ongoing	IEP, Child goals, Anecdotal, parent consent, referral for disabilities form, ongoing concern form
1302.33 (c)(1)	Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.	Both the screenings (ASQ-3 and ASQ-SE) and the assessment tool (DRDP) are valid and reliable for children ages 0 -5 years old, and are administered by qualified and trained personnel. The ASQ-3, ASQ SE and assessment tools are translated in Spanish and English and are developmentally appropriate for children of different abilities.	DM, CDC, CBD	Ongoing	ASQ 3 and ASQ-SE
1302.33 (c)(2)	If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to: (i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in	When serving a child who speaks a language other than English, BRHS will use bilingual staff to assess a child's language skills in English and in the child's home language. If there is not a staff member who speaks the child's home language, BRHS will collaborate with contractors and consultants, when such personnel is available, to assess the child's language skills.	CBD, CDS, DM, HBC, T, TA	Ongoing	ASQ-3, ASQ-SE

6DS LEGEND (WHO): CBD – Center Based Director, CDS – Child Development Specialist, **CP – Child's Parent**, DM – Disabilities Manager, FA – Family Advocate, FDC – Family Development Coordinator, HBC – Home Based Coordinator, HS – Health Specialist, FE – Family Educator, MC- Mentor Coach, HWC – Health & Wellness Coordinator, LEA – Local Education Agency, MDT – Multi-Disciplinary Team, MHS – Mental Health Specialist, NS – Nutrition Specialist, PIS – Parent Involvement Specialist, FDS – Family Development Specialist, SDP – School District Personnel, T – Teacher, TA – Teacher Assistant, FES – Family Educator Specialist, FFC - Fiscal/Facilities Coordinator

	English language acquisition; (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and, (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.	The ASQ-3 and the ASQ-SE are translated in English and Spanish. When conducting screenings BRHS will collaborate with contractors and consultants, when such personnel is available, to best capture the child's development and skills in the specific domain. When conducting screenings, BRHS will use qualified bilingual staff who understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications whenever possible. If there is not a BRHS staff member who meets these requirements, then BRHS will collaborate with contractors and consultants, when such personnel is available, to conduct an accurate screening of the child's development.			
1302.33 (c)(3)	If a program serves a child who speaks a language other than English and qualified bi- lingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a	BRHS will use an interpreter in conjunction with qualified staff to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of these sections, when no qualified bilingual staff person, contractors, or consultants are available to conduct screenings and	CBD, CDS, DM, HBC, T, TA	Ongoing	ASQ-3, ASQ-SE

	qualified staff person to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of this section.	assessments.			
1302.33 (c)(4)	If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.	If there is not a qualified bilingual staff person or interpreter in the child's home language, then BRHS will conduct the screening and assessments in English and gather information related to the child's development and progress from observations, parent reports, and teacher reports.	CBD, CDS, DM, HBC, T, TA	Ongoing	ASQ-3, ASQ-SE, anecdotal notes, teacher reports, observation reports
1302.33 (d)	<u>Prohibition on the use of screening and assessment data:</u> The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purpose of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for providing rewards or sanctions for individual children or staff. A program must not use	Screening and assessment data is used to improve the learning environment, enhance child learning, evaluate teacher needs, and to provide targeted training and technical assistance for educators. Data will not be used to rank, compare, or evaluate children for any reason other than to improve individualization of services.	CBD, CDS, DM, HBC,	Ongoing	Program reports

	screening or assessments to exclude children from enrollment or participation.				
1302.60	A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under the IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and fully participate in all program activities.	The DM will collaborate with staff, as needed, to implement supports, accommodations, and modifications to the learning environment to ensure that all children have the opportunity to participate in all activities and program services in the least restrictive possible environment.	DM, CDS, T, TA, FE, CBD, CP, HBC, FA, MC	Ongoing	IEP/IFSP, lesson plans, ongoing concern form, class Service Plan Binder
1302.61 (a)	Additional services for children with disabilities: The program must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities. Programs must ensure all individuals with disabilities are protected from discrimination and provided with all the services and program modifications as required by	The DM will share goals, services, modifications, and support from enrolled children's IEP/IFSPs with the appropriate teaching team and provide support and resources to the teaching team as needed. The DM will collaborate with staff as needed in designing and implementing modifications to the environment, multiple and varied formats for instruction, and any other necessary individualized accommodations and supports to ensure full participation of children with disabilities. All individuals are protected from discrimination as required by section 504 of the Rehabilitation Act.	DM, CDS, T, TA, FE, CBD, CP, HBC, LEA	Ongoing	IEP/IFSP, ongoing concern form, lesson plans, Service Plan Binder

	section 504 of the Rehabilitation Act, and their implementing regulations.				
1302.61 (b)	Services during IDEA eligibility determination: while the local agency responsible for implementing IDEA determines a child's eligibility, a program must provide individualized services and supports, to the maximum extent possible, to meet the child's needs. Such additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705 (9)(b) of the Rehabilitation Act. When such supports are not available through alternative means, pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.	During the eligibility determination process, the Disabilities Manager will collaborate with a multidisciplinary team, including parents, to review all available information to determine the most appropriate delivery method of an individualized program in the least restrictive environment. In accordance with IDEA, children awaiting an eligibility determination for special education services will receive all appropriate educational services and supports to the maximum extent possible in order to meet their needs.	DM, T, TA, CDS, CP, FE, HBC, MC, FA	Ongoing	Ongoing concern form, LEA referral for evaluation, Head Start Service Plans
1302.61 (c)	Additional services for children with an IFSP or IEP: To ensure the individual needs of children eligible for services under IDEA are met, a program must:	1) Interagency agreements between Bear River Head Start and the local agencies responsible for implementing IDEA will be created and	DM, T, TA, CP, FE, LEA	Ongoing with annual updates to the	Interagency agreements, IEPs/IFSPs, goals and services sheets,

	(1) Work closely with local agency responsible for implementing IDEA, the family, and other service partners, as appropriate to ensure: (i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP (ii) Children are working towards the goals in their IFSP or IEP (iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists. (iv) IEPs are reviewed and revised as required by IDEA; and, (v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to	updated annually. These agreements will outline each agency's responsibilities for Child Find, evaluation, eligibility determination and classification, LRE placement, IEP/IFSP development, service delivery, and family involvement in order to ensure that services for a child with disabilities are planned and delivered as required by their IFSP or IEP. The DM will collaborate with the LEA to ensure that all elements of the IEP or IFSP are being supported through the appropriate agency, related service providers, and/or specialists. Should the child's LRE placement be determined by the IEP team to be a regular education classroom or family child care home, the DM will encourage facilitation of primary and related services in that environment. The DM will track IEP/IFSPs and collaborate with the LEA to ensure IEP/IFSPs are reviewed and revised as required by IDEA. The DM will collaborate with teaching teams to share IFSP/IEP goals and objectives, and to provide		Interagency agreements	IEP tracking sheet, IFSP tracking sheet, Kindergarten Transition Questionnaire

	the greatest extent possible. (2) Plan and implement the transition services described in subpart G of this plan, including at a minimum: (i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under part B of IDEA; and, (ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with parents, and the	assistance as needed to support children in their IFSP/IEP goals/objectives. Teachers will include a child's IFSP/IEP goals/objectives in that child's monthly school readiness goals. 2) The DM will monitor the transition of enrolled children with IFSPs and collaborate with parents and the local agency responsible for implementing IDEA to ensure that the appropriate steps are taken in an appropriate and timely manner to determine the child's eligibility for services under part B of IDEA. A representative from Head Start will attend transition meetings whenever possible. The DM will collaborate with the local agency responsible for implementing IDEA and parents of children with IEPs who will be transitioning out of Head Start and into kindergarten, as needed, to ensure that steps are undertaken in a timely and appropriate manner to provide information and resources that support the family as they			

	local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition into a new setting.	transition into a new setting.			
1302.62 (a)	Parents of all children with disabilities. 1) A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development; 2) A program must assist parents to access services and resources for their	1) The Disabilities Manager will collaborate with parents to address any concerns or questions they may have regarding their child's disability. The DM will also assist in educating parents by providing information and resources to support them in becoming advocates for their children. Parents will be given the contact information of the DM, teachers, and/or family educators and given the opportunity to ask questions to better understand their child's disability and how to support their development. 2) The DM will collaborate with the family and other appropriate outside agencies as needed to support the family in accessing services and resources, such as	DM, CP, FA, T, TA, FE, LEA	Ongoing	Ongoing concern forms, referral form disability form, DM contact cards, community resources contacts

	family, including securing adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, as needed and practicable.	adaptive equipment, services available through the child's health insurance and other entities, and family support programs.			
1302.62 (b)	Parents of children eligible for services under IDEA. For parents of children eligible for services under IDEA, a program must also help parents: 1) Understand the referral, evaluation, and service timelines required under IDEA; 2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in meetings; 3) 3) Understand the purpose and results of evaluations and services provided under an IFSP or IEP; and, 1) 4) Ensure their children's	The Disabilities Manager will provide parents with information and resources to help them understand the referral, evaluation, and service timelines required under IDEA. The Disability Manager will collaborate with the LEA to ensure parents understand the purpose and results of the evaluations and services provided. The Disabilities Manager will provide parents with the necessary resources and support to assist them in becoming active participants in the IFSP or IEP process and effectively advocating to ensure that their child's needs are accurately identified and addressed. Whenever possible, a Bear River Head Start representative will attend Eligibility and IEP/IFSP meetings to advocate for the child and their family.	DM, CP, LEA, T, TA, FE, FA, SDP	Ongoing	IEPs, IEP tracking sheet/IFSP tracking sheet, Procedural Safeguards

	needs are accurately identified in, and addressed through, the IFSP or IEP.				
1302.63 (a)	A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in 1302.33 (a)(3) and through participation in the local agency Child Find efforts.	The Interagency agreement between Bear River Head Start and the local agency responsible for implementing IDEA will include provisions for identifying children who are enrolled or intend to enroll in a program that may be eligible for services under IDEA. Head Start will conduct a developmental screening within 45 days of a child's enrollment date using the ASQ-3 or another appropriate measure. Staff will encourage parents to make a parent referral to the LEA. In compliance with Child Find, Head Start will refer students suspected of having a disability to the LEA when the parents refuse a parent referral. The LEA will be responsible for scheduling an appointment with the family for an individual evaluation.	DM, LEA, T, TA, FE, SDP	Interagency agreements will be reviewed prior to the start of each school year. Screenings will occur within 45 days of enrollment. Referrals will occur ongoing as needed.	Interagency agreements, ASQ-3 screeners, ASQ-3 tracking sheet, Referral for Evaluation form, LEA contact information/cards
1302.63 (b)	A program must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment	Bear River Head Start will meet annually or as needed with the local agencies responsible for implementing IDEA to review and update the interagency agreements and discuss how to improve service delivery to children eligible for services under IDEA. The interagency agreement will include provisions regarding the referral and evaluation process, service coordination, promotion of service provision in the least restrictive	DM, LEA, CDS, CBD, SDP	Interagency agreements will be reviewed prior to the start of each school year.	Interagency agreements

	which causes reduced time in a less restrictive setting, and transition services as children move from services provided under part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.	appropriate community-based setting, and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.			

1302.63(c)	A program must participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum the program must offer (1) To provide relevant information from its screenings, assessments, and observations to the team developing a child's IFSP or IEP; and, (2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review and IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.	With the appropriate release of information, Bear River Head Start will provide the LEA with relevant information from screenings, assessments, and observations when a child is referred to the LEA for an evaluation and eligibility determination or when requested by the LEA. With parent permission a representative from Bear River Head Start will participate in IEP or IFSP meetings for children being considered for Head Start enrollment, currently enrolled children, or a child transitioning from a program.	DM, LEA, T, TA, FE, HWC	As needed	ROIs, IEP/IFSPs, referral for disabilities form, ASQ-3 results, DRDP reports, Student Progress Reports, classroom observation data
1302.63(d)	A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the	The Disabilities Manager will collaborate with the LEA and parents to obtain a copy of the IEP or IFSP for	DM, LEA, P	As necessary	Interagency agreements, student files,

	program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.	any child enrolled in Head Start for the time the child is in the program.			Service Plan Binder, IEP/IFSP documents
1303.75(a)	A program must ensure that there are school buses or allowable alternative vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. This requirement does not apply to the transportation of children receiving home-based services unless school buses or allowable alternative vehicles are used to transport the other children served under the home-based option by the grantee. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start Programs.	BRHS does not provide transportation to or from a child's home and the Head Start site. School buses are used only for the purpose of field trips. Buses designed for transportation of children with disabilities, accommodations, and supports will be provided and used as needed to ensure that no child with a disability, as defined by section 504 of the Rehabilitation Act, is excluded from riding the bus to and from the field trip on the basis of having a disability.	CBD, DM, T, TA	Ongoing	IEPs/IFSP, lesson plans
1303.75(b)	A program must ensure special transportation requirements in a child's IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, and any assistance that may be required, and any necessary training for bus drivers and monitors.	Bear River Head Start will collaborate with the LEA and other appropriate agencies as needed to ensure all special transportation requirements in a child's IFSP/IEP are followed. Special training related to transportation services will be provided to the appropriate staff as needed.	CBD, DM, T, TA, LEA	Ongoing	IEP/IFSP, interagency agreements

EHS Homebased Workplans

Executive Summary

Early Head Start Homebased Workplans 2026-2027

Prepared by: ReNae Torbenson, Homebased Director

Changes: An addition was added to cover the 'Reporting Child Health and Safety Incidents' Information Memorandum

Bear River headSTART Workplan

95 West 200 South, Suite 200
Logan, Utah 84321

FOCUS AREA: EHS Homebased Option 2026-2027				
1302.22 Setting: The home-based option delivers the full range of services, consistent with §1302.20(b), through visits with the child's parents, primarily in the child's home and through group socialization opportunities in a Head Start classroom, community facility, home, or on field trips. For Early Head Start programs, the home-based option may be used to deliver services to some or all of a program's enrolled children. For Head Start programs, the home-based option may only be used to deliver services to a portion of a program's enrolled children.				
OBJECTIVE	**ACTIVITY**	**WHO**	**WHEN**	**DOCUMENTATION**
b) *Caseload*. A program that implements a home-based option must maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.	Family educators will maintain a caseload of 10 to 12 families.	HBD HBM ERSEA	Ongoing	Child Plus Family Reports
(c) *Service duration*. (1) *Early Head Start*. By August 1, 2017, an Early Head Start home-based program must: (i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year; and, (ii) Provide, at a minimum, 22 group socialization activities distributed over the course of the program year.	EHS will provide one home visit per week per family, and provide a minimum of 46 visits per year. Home visits will last at least 90 minutes EHS will provide at least 22 group socializations per program year.	HBD HBM FE	Ongoing	Quarterly HV Report Home Visit Monthly Report Lesson Plans/Case Notes Observation Socialization Calendar
(3) *Meeting minimum requirements*. A program that implements a home-	Family Educators will follow the Missed Home Visit Procedure and make up visits that were	HBD	Ongoing	Home Visit Monthly Report

based option must: (i) Make up planned home visits or scheduled group socialization activities that were canceled by the program, and to the extent possible attempt to make up planned home visits canceled by the family, when this is necessary to meet the minimums described in paragraphs (c)(1) and (2) of this section; and, (ii) Not replace home visits or scheduled group socialization activities for medical or social service appointments for the purposes of meeting the minimum requirements described in paragraphs (c)(1) and (2) of this section	cancelled by the program. Cancelled socialization groups will be rescheduled. Staff will also reschedule missed home visits that were cancelled by the parent, to the extent possible. The yearly program calendar is set up to provide extra weeks beyond the minimum required to be utilized for make-up visits. Home visits will be held primarily in the home, and will not be replaced by medical or social service appointments.	HBM FE		Quarterly HV Report Missed Home Visit Procedure Program Term Calendar Lesson Plans/Case Notes Socialization Calendar
(d) *Safety requirements*. The areas for learning, playing, sleeping, toileting, preparing food, and eating in facilities used for group socializations in the home-based option must meet the safety standards described in §1302.47(1)(ii) through (viii).	Facilities used for group socializations will meet all safety requirements and required fire and health inspection reports. Staff will conduct a safety check before each group socialization begins to ensure the areas are safe to use.	HWC HBC	Annually	Fire and Health Inspection Reports ADA Safety Checks
	1302.33 Child screenings and assessments			
(a) *Screening*. (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-	In collaboration with Head Start parents, a developmental screening will be conducted within 45 days of the child's enrollment. A parent consent form will be signed. Every effort will be taken to ensure that developmental screenings are sensitive to the child's cultural background and provided in the family's home language, to the extent possible.	DS HBD HBM FE	Within 45 days of enrollment	Parent Permission Form in CP ASQ3 Screener ASQSE Screener Translator List

based program option, receives a home visit. (2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior. (3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through: (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and, (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process. (4) If a child is determined to be eligible for services under IDEA, the program	The Ages and Stages Questionnaire (ASQ3 and ASQSE) Developmental Screeners meet all research-based and standardization requirements and cover all areas of development. The screeners provide questions and areas for parents to give additional input and observation of their child's development and behaviors. Screener results are shared with parents and any concerns noted. Parents may elect to do follow-up intervention with staff by setting child goals and/or rescreening, or may elect to move forward with a referral to the applicable agency for further evaluation. Referrals shall be made in a timely manner. At parents' request, staff may attend the IFSP/IEP meeting to support parent and give applicable information.	MH HBD HBM FE FE HBM DS MH	Within 45 days of enrollment As requested by Parents	Parent Input on Screeners Observation Lesson Plans Case Notes Health Info Part C and/or Part B referral form/release of information ASQ/ASQSE Score sheets Case notes Child Plus Child School Readiness Goals IEP/IFSP Goals/Service Plan Lesson Plans Part C Schedules

must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.	Staff assist parents in setting Child School Readiness goals that support progress towards meeting IFSP/IEP goals.		Quarterly	Part B and C Written collaborations
(b) *Assessment for individualization*. (1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the *Head Start Early Learning Child Outcomes Framework: Ages Birth to Five*. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year. (2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.	Child assessments are conducted jointly between parents and Family Educators to obtain a developmental baseline. School readiness goals (child goals) are then determined and a plan is developed for their achievement through home visit activities. Ongoing child observation notes are updated once per month. Family Educators encourage parents to be actively involved in planning and following through with activities that support child school readiness goals, and that are designed to meet the individual temperaments, interests, and learning style of each child while supporting and respecting the cultural background of families. Every effort will be made for home visits and group socialization activities to be conducted in the language preferred by parents. Family Educators will have access to resources, teaching materials, supplies, and curricula that will support the developmental needs of children and educational needs of parents. Family Educators will support and affirm the parents' role as the child's primary educator. Family Educators will assist and encourage parents to utilize the home as a learning	HBD HBM FE DS FA P MH	Ongoing Ongoing Ongoing	DRDP Health and Child Development Screenings School Readiness Goals IFSP/IEP Goals Lesson Plans Case Notes Socialization Lesson Plans Translator List Growing Great Kids Lending Library Referral/Release of Information Part C/B Referral Form

(3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.	environment, using daily routines and "incidental learning" as valuable teaching opportunities. Family Educators will receive training in child development, emergent literacy and numeracy, brain research and child temperament. Parents will be provided with ongoing information on child development, self-esteem, parenting skills, and positive reinforcement at home visits and socializations through curriculum handouts, agency newsletters, and advocate visits. Referrals to Part C/B may be made upon evaluation of assessment data and child progress.			Parent and Staff Observation Training Calendar Conscious Discipline Homebased Agreement
(c) *Characteristics of screenings and assessments*. (1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed. (2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:	The Ages and Stages Questionnaire (ASQ3 and ASQSE) Developmental Screeners meet all research-based and standardization requirements and cover all areas of development. The screeners provides questions and areas for parents to give additional input and observation of their child's development and behaviors. Bilingual staff or translators will be used to conduct the screening in the home language to the extent possible.	HBD HBM FE P DS Bilingual Staff	Within 45 days of enrollment Within 45 days of enrollment	Ages and Stages Questionnaires Staff Training Documentation CommGap DLL Learner Supports Parent Permission/Release of Information DLL Plan

(i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition; (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and, (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications. (4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.	Language skills are assessed through the developmental screener and ongoing assessment Bilingual staff or translators who are familiar with the culture will be used to conduct screenings in the home language to the extent possible. Staff receive training on the administration of screeners. Multiple sources of information may be used to gather data on a child's developmental status when no qualified staff or interpreter is available, with parent permission. Sources may include parental and family observations, ongoing staff observations of child's development and skill levels, and third parties who have knowledge of the child.			DRDP

	1302.35 Education in homebased programs			
(a) *Purpose*. A home-based program must provide home visits and group socialization activities that promote secure parent-child relationships and help parents provide high-quality early learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. A program must implement a research-based curriculum that delivers developmentally, linguistically, and culturally appropriate home visits and group socialization activities that support children's cognitive, social, and emotional growth for later success in school.	Staff, in collaboration with parents, implement a curriculum that is consistent with the Head Start Performance Standards. Curriculum is aligned to the Head Start Early Learning Outcomes Framework which supports each child's social-emotional, cognitive, language, literacy, approaches to learning, growth and physical development. The daily implementation of the curriculum is responsive to ongoing observations of children. Staff works with parents to support the goals of the child in the home The curriculum is centered on supporting attachment and strong Parent/Child relationships through empathic parenting. Based on sound, developmentally appropriate principles, and is well grounded in its approach and methods. Family Educators will incorporate observation and documentation of children's progress in all areas of development. The curriculum is developmentally appropriate and provides learning experiences that will be personally meaningful to children The curriculum provides guidance on providing a safe, non-threatening environment where parents and staff facilitate the child's learning. All curricula is researched based and developmentally appropriate.	HBD HBM FE P	Ongoing	Growing Great Kids Lesson Plans Child School Readiness Goals Socialization Lesson Plans Child Development Milestone Charts Parent Curriculum Review Child Outcomes/DRDP Growing Great Kids Research Documentation

	Parents provide input for activities and learning experiences for both home visits and socializations			
(b) *Home-based program design*. A home-based program must ensure all home visits are: (1) Planned jointly by the home visitor and parents, and reflect the critical role of parents in the early learning and development of their children, including that the home visitor is able to effectively communicate with the parent, directly or through an interpreter; (2) Planned using information from ongoing assessments that individualize learning experiences; (3) Scheduled with sufficient time to serve all enrolled children in the home and conducted with parents and are not conducted when only babysitters or other temporary caregivers are present	Family Educators will encourage parents to be involved in planning home visits using curricula that are developmentally appropriate for children birth to five. Parents and Family Educators will use an ongoing child assessment to determine each child's level of development Family Educators will support the parents in their role as primary teacher. Ongoing child assessment is discussed between parents and Family Educator. Data from assessments are used to develop school readiness goals for the child, and to plan for home visit and socialization activities. Family Educators will schedule home visits with sufficient time to allow for comprehensive services to be provided for enrolled children. Family Educators will conduct home visit only with parents, legal guardians, or a family member who is a primary caregiver to the child.	HBM FE P	Ongoing	Lesson Plans Case Notes Growing Great Kids Observations DRDP Homebased Agreement Home Visit Schedules Case Notes
(c) *Home visit experiences*. A program that operates the home-based option must ensure all home visits focus on promoting high-quality early learning	Parents and staff plan activities from researched based curricula that is built upon sound principles of child development, and which responds to each	HBD HBM	Ongoing	Lesson Plans Case Notes

experiences in the home and growth towards the goals described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and must use such goals and the curriculum to plan home visit activities that implement: (1) Age and developmentally appropriate, structured child-focused learning experiences; (2) Strategies and activities that promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development; (3) Strategies and activities that promote the home as a learning environment that is safe, nurturing, responsive, and language- and communication- rich; (4) Research-based strategies and activities for children who are dual language learners that recognize bilingualism and bi-literacy as strengths, and: (i) For infants and toddlers, focus on the development of the home language, while providing experiences that expose both parents and children to English; and,	child's needs and interests, and is aligned with the Head Start Early Learning Outcomes Framework. Learning and growth activities will be aligned with the 5 Domains of the Framework (Social-Emotional, Language & Literacy, Approaches to Learning, Cognition, and Physical Development. Weekly Home Visits will be individualized for each child by the Family Educator and parents that are based upon the child's developmental needs and interests. Family Educators will assist and encourage parents to utilize the home as a learning environment and to use daily routines as valuable learning opportunities. The Family Educator will provide information on language development of infants, toddlers and young children and how parents can support emerging language and literacy skills. Staff support the development and maintenance of the child's home language by: Using researched based strategies (such as Follow the Car) to sustain and expand the home language, while children are in the process of learning English. Encouraging parents to help children learn new vocabulary words from the child's home language and their English counterparts.	FE P		Child School Readiness Goals Parent Handouts Growing Great Kids/Alignment Language is the Key/CAR Strategy Observation IFSP/IEP/Service Plan Supporting Dual Language Learners Parent Handouts Lending Library Growing Great Kids/Cultural Humility

(ii) For preschoolers, focus on both English language acquisition and the continued development of the home language; and, (5) Follow-up with the families to discuss learning experiences provided in the home between each visit, address concerns, and inform strategies to promote progress toward school readiness goals.	Plan with parents to incorporate family stories, history and traditions into home visit activities. Providing books and toys that reflect the home language and culture FE's will demonstrate respect for each child's family, culture, and lifestyle. FE's will inquire how each family handles holidays, discipline, household duties, etc. Family Educators allow a specific time during the home visit where parents review and evaluate the home visit, child progress toward written school readiness goals and identify additional resources Parents are encouraged to observe their child throughout the week and to share these observations during the home visit. Parents will assist with the ongoing assessment of their child and will use this knowledge to help plan home visit activities.			Observation
(d) *Home-based curriculum*. A program that operates the home-based option must: (1) Ensure home-visiting and group socializations implement a developmentally appropriate research-based early childhood home-based curriculum that: (i) Promotes the parent's role as the child's teacher through experiences	Parents and staff plan activities from researched based curricula that is built upon sound principles of child development, and which responds to each child's needs and interests. Curricula provides parenting information that focuses on the parent-child relationship, and parent as primary teacher. The Homebased Option will utilize homebased curricula that aligns with the Early Learning	HBD HBM FE P	Ongoing	Growing Great Kids Lesson Plans Socialization Lesson Plans Homebased Agreement and Orientation

focused on the parent-child relationship and, as appropriate, the family's traditions, culture, values, and beliefs; (ii) Aligns with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and, as appropriate, state early learning standards, and, is sufficiently content-rich within the Framework to promote measurable progress toward goals outlined in the Framework; and, (iii) Has an organized developmental scope and sequence that includes plans and materials for learning experiences based on developmental progressions and how children learn. (2) Support staff in the effective implementation of the curriculum and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development. (3) If a program chooses to make significant adaptations to a curriculum or curriculum enhancement to better meet the needs of one or more specific populations, a program must:	Outcomes Framework and state early learning standards. The curricula will provide developmental sequence and contain plans for learning experiences across the five domain. Lesson Plans will be reviewed for proper implementation of the curriculum, and home visit observations/recordings will provide data for feedback to staff for continuous improvement The Homebased Option will partner with early childhood content partners as needed when making adaptations to a curriculum and will assess whether the adaptation is meeting school readiness goals.			School Readiness Goals GGK and DRDP Alignment to ELOF Home visit observations Parent Curriculum Review Curriculum Fidelity checklists

(i) Partner with early childhood education curriculum or content experts; and, (ii) Assess whether the adaptation adequately facilitates progress toward meeting school readiness goals consistent with the process described in §1302.102(b) and (c). (4) Provide parents with an opportunity to review selected curricula and instructional materials used in the program.	Parents will have the opportunity to review all curricula used and to give input.			Parent Curriculum Review
(e) *Group socialization*. (1) A program that operates the home-based option must ensure group socializations are planned jointly with families, conducted with both child and parent participation, occur in a classroom, community facility, home or field trip setting, as appropriate. (2) Group socializations must be structured to: (i) Provide age appropriate activities for participating children that are intentionally aligned to school readiness goals, the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and the home-based curriculum; and,	Parents will be involved in the planning of educational activities for group socializations. Parent input for ideas and activities is gathered at home visits and at socializations. Groups are offered at approved sites throughout the agency's service area. Activities and learning experiences are aligned with the Head Start Early Learning Outcomes Framework, curriculum, and incorporate the school readiness goals of the children.	HBD HBM FE P	Ongoing	Socialization Calendar Socialization Lesson Plans/ELOF/DRDP School Readiness Goals Growing Great Kids Parent Handouts Circle/Story Time Socialization Evaluation Observation Growing Great Kids Table Topic

(ii) Encourage parents to share experiences related to their children's development with other parents in order to strengthen parent-child relationships and to help promote parents understanding of child development; (3) For parents with preschoolers, group socializations also must provide opportunities for parents to participate in activities that support parenting skill development or family partnership goals identified in §1302.52(c), as appropriate and must emphasize peer group interactions designed to promote children's social, emotional and language development, and progress towards school readiness goals, while encouraging parents to observe and actively participate in activities, as appropriate.	Staff will encourage parents to share about their child and development during the Parent Education time during groups. Socializations provide opportunities for parents to lead and/or be actively involved in activities. Staff will encourage parents to focus one on one with their child during activities to support parent skill development. Staff will facilitate, and help parents facilitate peer social interaction during group activities. Staff will highlight skills and abilities that are being strengthened by activities and prepare children for school readiness.			
(f) *Screening and assessments*. A program that operates the home-based option must implement provisions in §1302.33 and inform parents about the purposes of and the results from screenings and assessments and discuss their child's progress.	Staff and Parents will partner together to assess child skills and update the ongoing child assessment observations. Staff share with parents screening scores and child outcomes progress at regular intervals throughout the program year.	HBD HBM FE	Within 45 days of Enrollment	Screening Results Child School Readiness Goals DRDP Child Outcomes
	1302.44 Child nutrition			
a) *Nutrition service requirements*. (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and	Light meals or snacks are provided family style at group socializations in accordance with CACFP and nutrition guidelines.	HWC HBC	Ongoing	CACFP food production forms Socialization Lesson Plan/Menu

accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31 (e)(2). (2) Specifically, a program must: (vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option	The nutritional needs and requirements of children needing menu accommodations are provided.			Observation Diet Statements
	1302.45 Child mental health and social and emotional well-being.			
(b) *Mental health consultants*. A program must ensure mental health consultants assist:				
(3) Other staff, including home visitors, to meet children's mental health and social and emotional needs through strategies that include observation and consultation; (4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and, (5) In helping both parents and staff to understand mental health and access mental health interventions, if needed.	Staff in partnership with parents complete a social-emotional screener on the enrolled child to identify possible behavioral concerns. Parents may also record their observations of child's behavior. Staff will provide parents with information on child behavior and discuss different strategies that may be implemented to address the behaviors. Information on mental health services will be shared. With parental consent, staff may refer the child/family for mental health services.	MH HBS FE FA P	Ongoing	Training Documentation Mental Health Referrals Ongoing Concerns Form Behavior checklist ASQ Social-Emotional Screener Parent Handouts Growing Great Kids
	1302.46 Family support services for health, nutrition, and mental health.			

(a) *Parent collaboration*. Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.	The home based curricula will support all areas of health, oral health, nutrition, and mental health through: activities, handouts, program activities, parent workshops, field trips, group socialization experiences and materials such as books, visual aids, and activity props.	HWC MH HBD FDC	Ongoing	Health Newsletters Tooth Tidbits Parent Handouts Second Step Lesson Plans Growing Great Kids
(b) *Opportunities*. (1) Such collaboration must include opportunities for parents to: (i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep; (ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs; (iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental	Home visit lesson plans will document topics covered during the home visit, i.e.: parent education, parent involvement, health, oral health, safety, disabilities, mental health, nutrition, and nutritional experiences Health and nutrition information will be shared during home visits and group socializations Staff will provide comprehensive pregnancy curriculum to pregnant women, fathers and family members that address all topics required by performance standards. These topics are tracked by the Pregnant Woman Teaching Checklist.	HWC MH HBD HBM FE FA DS	Ongoing Ongoing	Health Teaching Checklist Agency Website Lesson Plans Socialization Lesson Plans Tooth Tidbits Health Newsletters Pregnant Woman Teaching Checklist Observation Growing Great Kids

health or substance use problems, including perinatal depression; (iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and, (v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.	Staff in partnership with parents complete a social-emotional screener on the enrolled child to identify possible behavioral concerns. Parents may also record their observations of child's behavior. Staff will provide parents with information on child behavior and discuss different strategies that may be implemented to address the behaviors. Information on mental health services will be shared. Pedestrian and Traffic safety will be shared with parents as part of an initial home visit.			Ongoing Concerns Form Teaching Checklist Pedestrian Safety Handout ASQ-SE screener
	1302.47 Safety practices.			
(1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d); (ii) Clean and free from pests; (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety; (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and	In collaboration with the health team and facility contacts, all facilities utilized for group socializations will meet mandated safety standards and inspections before being used. Staff will conduct ongoing safety checks and observations. Local fire and health inspections will be obtained. Before each group, staff will conduct a safety sweep and check all areas being utilized for the group and address any unsafe conditions immediately. Monthly fire/disaster drills will be conducted during group socializations.	HWC HBD HBM FE	Ongoing	Fire and Health Inspections ADA requirements Socialization Agreements Safety Checks Playground Checks Socialization Observations Health Team Observations

drowning hazards, hazards posed by appliances and all other safety hazards; (v) Well lit, including emergency lighting; (vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies; (vii) Free from firearms or other weapons that are accessible to children; (viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and, (ix) Kept safe through an ongoing system of preventative maintenance.	Table topics and parenting education during group socializations will include safety topics. Each site will maintain a socialization kit which includes emergency family contacts, emergency numbers, evacuation plans, safety checks, first aid kits, and fire extinguisher and flashlights. Equipment, toys, and materials will be age appropriate, safe, and supportive of the abilities and development of each child and will be adapted, if necessary, for children with disabilities or special needs. Socialization environments will be accessible, attractive, and inviting to children. They will provide a variety of learning experiences. The toys will be safe, durable, and in good condition. They will also be made of non-toxic materials that can be sanitized after use.			Evacuation Plans Fire and Disaster Drills Socialization Lesson Plans Socialization kits Emergency Contact Forms Facility Layout Maintenance Records
(4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:	All newly hired staff will receive required health and safety training within 90 days of hire.	HWC HBD HBM FE	Within 90 days Ongoing	Training Calendar Training Sign In Sheets Health Trainings Test Outs Certification Cards New Employee Training Plan

(A) The prevention and control of infectious diseases; (B) Prevention of sudden infant death syndrome and use of safe sleeping practices; (C) Administration of medication, consistent with standards for parental consent; (D) Prevention and response to emergencies due to food and allergic reactions; (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic; (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (G) Emergency preparedness and response planning for emergencies; (H) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants; (I) Appropriate precautions in transporting children, if applicable; (J) First aid and cardiopulmonary resuscitation; and, (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section;	All staff will receive annual update training on health and safety trainings as required. These trainings may be delivered in various formats depending on the program option that staff work in.			First Aid/CPR Facility Safety Checklist Evacuation Plans Emergency Plans Emergency Procedures Food Handler's Permit

	1302.50 Family engagement.			
(b) *Family engagement approach*. A program must: (1) Recognize parents as their children's primary teachers and nurturers and implement intentional strategies to engage parents in their children's learning and development and support parent-child relationships, including specific strategies for father engagement; (2) Develop relationships with parents and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community;	Parents will read and sign the home based agreement upon entering the program. Family Educators will verbally go over the agreement to ensure that parents understand their role as primary educator in the home visits. During one of the initial home visits, Family Educators provide an orientation that outlines the homebased program, parent and staff roles and home visit goals and expectations. Family Educators will positively reinforce parents in their role as their child's primary educator, and their role in the home visits. Staff will demonstrate respect for each child's family, culture, and lifestyle. Staff will inquire how each family handles holidays, discipline, household duties, etc. Family Educators will communicate with parents in a way that is open, honest, and respectful and sensitive to cultural and community traditions	HBS FE P	Annually	Homebased Agreement Homebased Orientation Lesson Plans Case Notes Child Plus Observation Parent Feedback/Parent surveys Code of Conduct
	1302.61 Additional services for children with disabilities			
(c) *Additional services for children with an IFSP or IEP*. To ensure the individual needs of children eligible for services under IDEA are met, a program must:	Staff follow each IFSP/IEP carefully when individualizing the child development and education approach for children with disabilities. Staff and Parents will:	DS HBD HBM	Ongoing	Child School Readiness Goals/DRDP outcomes IEP/IFSP Goals/Service Plan

(1) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure: (i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate; (ii) Children are working towards the goals in their IFSP or IEP; (iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists; (iv) IFSPs and IEPs are being reviewed and revised, as required by IDEA ; and, (v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible. (2) Plan and implement the transition services described in subpart G of this part, including at a minimum: (i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure	• Develop learning environments that are varied and interesting so that children can choose from several learning activities. • Use routines, activities, and daily experiences to achieve the goals of the IFSP/IEP. • Participate in meetings with specialists in disabilities and health, and with other appropriate personnel, to plan and implement the IFSP/IEP. • Draw upon the principles of adult education to guide the staff and parents in implementing the IFSP/IEP. Staff will also receive training on inclusion and will fully implement children with disabilities in to all program activities. Staff will seek guidance from the Disabilities Specialist for individual assistance when the need arises while working with children with disabilities. Parents will receive information on their rights and responsibilities as stated in the Individuals with Disabilities Education Act (IDEA). Head Start works closely with both Part B and C providers, the local school districts, and parents to ensure that the appropriate services and	FE P		Child Outcome Reports Part C, Part B Written Agreements IEP/IFSP Document/Goals Joint Home Visits Part C Child Calendars Child Transition Plans/Goals Parent IEP Handbook Parental Rights Handout Transition Intent Forms School District Written Collaborations Information Release Forms Training Calendar

appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and, (ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.	meetings are occurring in relation to the transitioning of children with IFSP's and IEP's. With parent consent, appropriate staff may attend transition and other Part C and B meetings to support parents and to provide relevant information.			
	1302.70 Transitions from Early Head Start.			
(a) *Implementing transition strategies and practices*. An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.	Family Educators in collaboration with parents develop a child transition plan, with activities and goals to help prepare both family and child for their next educational setting.	FDC HBD HBM FE P	Six months before child's third birthday	Transition Procedure Child Transition Plan
c) *Family collaborations*. A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.	Family Educators review with families their child's progress throughout their time in the program and share with parents information on how they can advocate for their child as they interact with new educational settings and teachers.	HBD HBS FE P	Six months before child's third birthday	Child Transition Plan Advocacy Information Child Outcomes

	1302.72 Transitions between programs.			
(a) For families and children who move out of the community in which they are currently served, including homeless families and foster children, a program must undertake efforts to support effective transitions to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, the program should assist the family to identify another early childhood program that meets their needs.	Program staff will work with parents who are leaving the service area to locate another Head Start or Early Head Start program. The program will provide assistance and communication with other Head Start programs to facilitate transitions. Parental release of information will be obtained. Staff will assist families in locating other early childhood programs according to their preferences and needs of the family.	HBD FDC FE FA ERSEA	Ongoing	Child Transition Plan/Goals Child Plus Head Start Website and Program Locator Release of Information
(b) A program that serves children whose families have decided to transition them to other early education programs, including public pre-kindergarten, in the year prior to kindergarten entry must undertake strategies and activities described in §1302.71(b) and (c)(1) and (2), as practicable and appropriate.	Staff will assist families in locating other early childhood programs according to their preferences and needs of the family. Family Educators in collaboration with parents develop a child transition plan, with activities and goals to help prepare both family and child for their next educational setting.	HBD FDC FE FA ERSEA P	Ongoing	Child Transition Plan Child Plus Public Pre-Kindergarten list Special Ed programs
	1302.81 Prenatal and postpartum information, education, and services.			
a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information,	Staff will provide comprehensive pregnancy curriculum to pregnant women, fathers and family members that address all topics required by performance standards. These topics are	HBD HBM HWC FE	Ongoing throughout pregnancy	Pregnant Woman Teaching Checklist and Handouts

education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding	tracked by the Pregnant Woman Teaching Checklist. Staff will also assist in referring pregnant women to community resources as needed to meet individual needs and situations to ensure a healthy pregnancy outcome for mother and child.	FA P		Growing Great Kids Prenatal Referral forms Pregnant Woman Health History
b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.	Staff conduct a health history with pregnant women that covers physical and mental/emotional health issues and identifies risk factors for the wellbeing of the mother. Follow- up and referrals may be made according to the needs of the mother.	HBD FDC FE FA P	Ongoing throughout pregnancy	Mental Health referrals/Information Pregnant Woman Health History
	1302.82 Family partnership services for enrolled pregnant women.			
(a) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in §1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health	Staff will provide comprehensive pregnancy curriculum to pregnant women, fathers and family members that address all topics required by performance standards. These topics are tracked by the Teaching Checklist.	FDC HBD HBM FE FA P	Ongoing	Pregnant Woman Teaching Checklist Growing Great Kids Curriculum Family Partnership Agreement
(b) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate.	Family Educators will work with expectant mothers and families to define a transition plan for themselves and their child into program services after birth and to identify needed supports and resources for a successful transition.	HBD HBM FE P	Ongoing, before birth occurs	Pregnant Woman Transition Plan
	1302.90 Personnel policies.			
(d) *Communication with dual language learners and their families*. (1) A program must ensure staff and	Families being enrolled into the program will be assigned to a Family Educator that speaks their primary home language. If no staff are able to	All Directors	Ongoing	Hiring Documents

program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency. (2) If a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak such language.	speak the home language, translators/interpreters will be utilized to communicate with families. All efforts will be made to secure qualified staff, interpreters or volunteers that are able to communicate in the preferred language. Program forms will be translated into the various languages to the extent possible. In the homebased program where over half of the children and families speak the same language, all effort to provide a Family Educator that speaks that language will be made.	and Managers ERSEA		Translator List Enrollment Reports/Class Lists Translated forms Phone Translation Child Plus
	1302.91 Staff qualifications and competency requirements.			
(2) *Education management*. As prescribed in section 648A(a)(2)(B)(i) of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialists, have a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.	The Homebased Education Director will meet the minimum standards required by performance standards.	HBD	Ongoing	Job Announcement and Job Educational Requirements Applicant educational documentation Personnel files/school transcripts
(6) *Home visitors*. A program must ensure home visitors providing home-based education services:	All Family Educators will meet the minimum standards for educational requirements/credentialing.	HBD MC HBM FE P	Ongoing	Job Announcement and Job Educational Requirements Personnel files

(i) Have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree; and, (ii) Demonstrate competency to plan and implement home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children's progress across the standards described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families	In house training and mentoring to obtain the CDA will be provided. Training and monitoring of family educators include: Regular home visit observations and evaluations Setting of professional goals for improvement Mentor Coach individualized trainings Supervisor guidance and feedback Parent surveys			CDA training/Credential FE training plan Growing Great Kids Certification Observation Home visit video Professional goals Parent Surveys Practice-based Coaching
(f) *Coaches*. A program must ensure coaches providing the services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field.	The Early Head Start Mentor Coach will meet the minimum standards required by performance standards.	MC	Ongoing	Job Announcement and Job Educational Requirements Personnel files/transcripts
	1302.92 Training and professional development.			
(a) A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented.	All new hires receive a thorough new employee training. Training may occur by various methods, including face to face, online, reading materials, and observation of other staff doing their jobs. Head Start philosophy, goals and systems for implementation are covered at this time.	All Directors, HBD HBM	At New Employee Training	New Employee Training Test Outs Growing Great Kids Training

				Child Plus
(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include: (1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act. (2) Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws; (3) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part; (4) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge,	Staff follow a yearly training calendar which provides them with the minimum number of hours required for professional development requirements. Family Educator set self-selected professional/mentor coaching goals to increase quality home visit service delivery within the Practice-based Coaching model. All staff receive annual training on Child Abuse and Neglect and reporting procedures. Staff receive training and coaching on developing relationships with families and facilitating home visits and parent involvement that will lead to positive outcomes for children and families. Staff receive training on the ELOF (Early Learning Outcomes Framework) and the child assessment tool DRDP (Desired Results Developmental Profile)	All Directors, HBD HBM MC FE	Ongoing	New Employee Training Test Outs Job Training Home Visit Observation Training Calendar Professional/Mentor Coaching Goals Training Sign In Sheets Individual and small group focus training documentation (TLC) Child Plus Practiced Based Coaching ITM documentation Curriculum Implementation Training HSELOF Training Conscious Discipline

experience, and competencies to improve child and family outcomes; and, (5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.	In addition to the required trainings, family educators received individualized feedback from the mentor coach and supervisors to improve their knowledge and skill in delivering services to children and families that will have a positive effect on outcomes. Required focus trainings are scheduled into the yearly training calendar. Program specialists and guest speakers/trainers are included in the varied forms for instruction. Documentation is recorded for all trainers and participants.			Cultural Competency/Humility Big 5 for All Training Workshops and Conferences Language is the Key/Follow the CAR Outcomes Reports Mentor Coaching Documentation

				Training Sign In Documentation
(c) A program must implement a research-based, coordinated coaching strategy for education staff that: (1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching; (2) At a minimum, provides opportunities for intensive coaching to those education staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and modeling of effective teacher practices directly related to program performance goals; (3) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals; (4) Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:	The Homebased option will utilize the Practice Based Coaching researched based strategy for mentoring the Family Educators. Staff will do a self-assessment of their work and identify strengths and areas they would like to improve. All Family Educators will receive practice-based coaching, with those identified for more intensive coaching to receive more frequent and focused mentor coaching as indicated. The default will be all family educators will be included in Practiced Based Coaching. Coaching will be aligned and support the program's strategic goals The Homebased Mentor Coach will meet the minimum standards required by performance standards, and will have demonstrated the ability to work with adults to drive progress.	HBD HBM MC	Ongoing	Practiced Based Coaching Staff MC Self-Assessment/GGK Competencies MC Goals Individual and small group training documentation (TLC) Observation schedule Mentor Coach Education Documentation Status Reports/Tracking Mentor Coach Implementation Procedure Program Strategic Goals CP Mentor Coaching Module

(i) Align with the program's school readiness goals, curricula, and other approaches to professional development; (ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals; (iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and, (iv) Include clearly articulated goals informed by the program's goals, as described in §1302.102, and a process for achieving those goals; and, (5) Establishes policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.	Mentor Coaching will align with the fidelity and implementation of the curriculum and professional development guidelines The Homebased Management team will ensure regular communication between relevant staff to monitor implementation and progress toward the program's goals. Program procedure will clearly define that child assessment and outcome results will not be used for punitive actions. Staff will be given ample time to practice, improve, and make progress toward their goals.			GGK Fidelity Guidelines Staff transcripts and training certificates Mentor Coaching in Homebased Procedure
	1302.102 Achieving Program Goals	**WHO**	**WHEN**	**DOCUMENTATION**
	C. Using Data for Continuous Improvement			

(c) *Using data for continuous improvement*. (1) A program must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section. (2) This process must: (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas; (ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except in programs operating fewer than 90 days, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program	Bear River Head Start Homebased Option collects, aggregates and monitors program data on an ongoing basis to identify program strengths and needs, monitor compliance with Program Standards, and progress in achieving short term goals and school readiness goals for children. BRHS compiles an annual Program Improvement Report that contains feedback from staff and parents, identifies areas for improvement, school readiness goals/child outcome reports, training and T&TA planning. BRHS compiles Child outcome data and reports on status and areas of focus for improvement in staff training and mentoring for child growth three times per year and are presented to Board and Policy Council.	HBD HBM MC	Ongoing	Program Performance Report Program Information Report Program Improvement Report Child Outcomes Annual Parent Survey Training Calendar Short Term Goals Monthly and Quarterly Attendance Reports Curriculum Fidelity Observations Child Goals/IFSP/IEP Mentor Coaching and Professional Development ERSEA data/Waitlist T&TA plans Updated Procedures

design and other program decisions, including changing or targeting scope of services; and, (iii) For programs operating fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services; (iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,	All Data is reviewed and analyzed and short term goals are set for program improvement within the Homebased Option.			Male Involvement Tracking Same as above

(v) Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-group	Homebased data is used to create and implement short term goals, determine if a change of program scope is indicated and to monitor ongoing compliance with Performance Standards			Homebased Short Term goals, training plans, Observation Schedules, Updated Procedures, ERSEA data, HB Attendance
	Reporting Child Health and Safety Incidents IM 11-24	**WHO**	**WHEN**	
The Head Start Program Performance Standards (the Performance Standards) at 45 CFR §1302.102(d)(1)(ii), updated on August 21, 2024, require programs to submit reports, as appropriate, to the responsible U.S. Department of Health and Human Services (HHS) official immediately, but no later than seven calendar days, following an incident. This includes reports of any significant incident that affects the health or safety of a child. Where:	Staff will be trained and report child health and safety incidents that occur in the homebased or group socialization setting as outlined in the IM. **"Responsible HHS Official" to Whom Programs Submit Incident Reports** For reporting significant incidents regarding the health and safety of children in settings where Head Start services are provided, the responsible HHS official is the program specialist assigned to the grant or any OHS regional leadership official. OHS regional leadership officials include supervisory	HBD HBM All Staff	Ongoing, year round	Reports Childplus Training Documentation

Any setting where Head Start services are provided. Examples include a learning setting, bathroom, playground, facility parking lot, and program-approved transportation and excursions And WHO A child that receives services fully or partially funded by a Head Start grant, or a child that participates in a classroom at least partially funded by a Head Start grant. OR A staff member, contractor, or volunteer that participates in either a Head Start program or classroom at least partially funded by a Head Start grant, regardless of whether the child involved receives Head Start services.	program specialists, regional program managers, and regional program directors.			

Family & Community Engagement Program Services Workplans

Executive Summary
Family & Community Engagement Program Services Workplans 2026-2027

Prepared by: Kristie Curtis
Bear River Head Start Family Services Director

Attached are the Family & Community Engagement Program Services Workplans for review and approval.

Family & Community Engagement Program Services Workplans updated and revised to follow Performance Standards.

Family Services Coordinator was changed to Family Services Director throughout the workplans.

Bear River headSTART **Workplan**

Focus Area: FAMILY & COMMUNITY ENGAGEMENT Program Services

1302.50 Purpose
A program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. Programs are encouraged to develop innovative multi-generation approaches that address prevalent needs of families across their program that may leverage community partnerships or other funding sources. This includes communicating with families in a format that meets the needs of each individual family.

Objective	Activity	Who	When	Documentation
(a) *Purpose*. A program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. Programs are encouraged to develop innovative multi-generation approaches that address prevalent needs of families across their program that may leverage community partnerships or other funding sources. This includes communicating with families in a format that meets the needs of each individual family. (b) *Family engagement approach*. A program must: (1) Recognize parents as their children's primary teachers and nurturers and implement intentional strategies to engage parents in their children's learning and development and support parent-child relationships, including specific strategies for father engagement; (2) Develop relationships with parents and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the	Build strong, goal-oriented partnerships with families to support children's learning, development, and well-being. Engage families as partners from enrollment onward. Collaborate on setting and achieving family goals. Respect each family's culture, language, and preferences. Support family well-being, parent-child relationships, and connections to peers and community. Integrate family engagement into all program services. Community resources to support families. Follow Performance Standards and program policies and procedures.	Family Advocate Family Development Managers Family Services Director Staff	Ongoing	Family Partnership Agreements, Family Goals, Child Plus, Follow-ups, Parent Committee Meetings Attendance, Parent Newsletters, In-kind, Policy Council and Parent Committee Meeting Reports

program and community; (3) Collaborate with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability; (4) Provide parents with opportunities to participate in the program as employees or volunteers; (5) Conduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe; and, (6) Implement procedures for teachers, home visitors, and family support staff to share information with each other, as appropriate and consistent with the requirements in part 1303 subpart C, of this chapter; FERPA; or IDEA, to ensure coordinated family engagement strategies with children and families in the classroom, home, and community.				
Objective	Activity	Who	When	Documentation
1302.51 Parent activities to promote child learning and development. (a) A program must promote shared responsibility with parents for children's early learning and development, and implement family engagement strategies that are designed to foster parental confidence and skills in promoting children's learning and development. These strategies must include: (1) Offering activities that support parent-child relationships and child development	Staff support families in achieving their goals through individualized, strengths-based services and ongoing partnerships. Staff work with families to identify and prioritize family goals across multiple areas (education, employment, health, housing, parenting, etc.). Provide supportive services and referrals to community resources that help families achieve their family goals. Develop family partnership agreements that are written,	Family Advocate Family Development Managers Family Services Director Staff	Ongoing	Family Partnership Agreements, Family Goals, Child Plus, Follow-ups, Parent Committee Meetings Attendance, Parent Newsletters, In-kind, Community Resources, Referrals

including language, dual language, literacy, and bi-literacy development as appropriate; (2) Providing parents with information about the importance of their child's regular attendance, and partner with them, as necessary, to promote consistent attendance; and, (3) For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy. (b) A program must, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.	individualized, and measurable. Follow up regularly to track progress and adjust goals or support as needed. Document all interactions and progress to demonstrate services are provided and goals are addressed. Engage families respectfully and collaboratively, honoring culture, language, and family priorities.			
Objective	Activity	Who	When	Documentation
1302.52 Family partnership services. (a) *Family partnership process*. A program must implement a family partnership process that includes a family partnership agreement and the activities described in this section to support family well-being, including family safety, health, and economic stability, to support child learning and development, to provide, if applicable, services and supports for children with disabilities, and to foster parental confidence and skills that promote the early learning and development of their children. The process must be initiated as early in the program year as possible and continue for as long as the family participates in the	Staff support families in achieving their goals through individualized, strengths-based services and ongoing partnerships. Staff work with families to identify and prioritize family goals across multiple areas (education, employment, health, housing, parenting, etc.). Provide supportive services and referrals to community resources that help families achieve their family goals. Develop family partnership agreements that are written, individualized, and measurable. Follow up regularly to track progress and adjust goals or support as needed. Document all interactions	Family Advocate Family Development Managers Family Services Director Staff	Ongoing	Family Partnership Agreements, Family Goals, Child Plus, Follow-ups, Parent Committee Meetings Attendance, Parent Newsletters, In-kind, Community Resources, Referrals

program, based on parent interest and need. (b) *Identification of family strengths and needs*. A program must implement intake and family assessment procedures to identify family strengths and needs related to the family engagement outcomes as described in the Head Start Parent Family and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders. (c) *Individualized family partnership services*. A program must offer individualized family partnership services that: (1) Collaborate with families to identify interests, needs, and aspirations related to the family engagement outcomes described in paragraph (b) of this section; (2) Help families achieve identified individualized family engagement outcomes; and, (3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary. (d) *Approaches to family partnerships services.* A program must: (1) Ensure the family assignment process takes into account the varied interests, urgency, and intensity of identified family needs and goals.	and progress to demonstrate services are provided and goals are addressed. Engage families respectfully and collaboratively, honoring culture, language, and family priorities.			

(2) Ensure the planned number of families assigned to work with staff that conduct the family partnership process and work on family, health and community engagement services is no greater than 40:1. A program must maintain this ratio, except: (i) When the responsible HHS official grants a waiver if the program can demonstrate staff competencies at § 1302.92(b)(4); program outcomes at paragraph (b) of this section; and reasonable staff workload as described in paragraph (d)(3) of this section. (ii) During temporary periods of staff absence or attrition; changes in daily operations related to start-up or transitional activities; or extenuating circumstances related to emergency response and recovery. (3) Ensure meaningful employee engagement practices address family services workload experiences, in accordance with § 1302.101(a)(2). (e) *Existing plans and community resources.* In implementing this section, a program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strengths, and goals, in order to avoid duplication of effort.				
Objective	Activity	Who	When	Documentation
(a) *Community partnerships*. (1) A program must establish ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate, to	Establish and maintain ongoing Community Partnerships and resources to support families. Follow Performance Standards and program policies and procedures.	Family Advocate Family Development Managers Family Services	Ongoing	Family Partnership Agreements, Family Goals, Child Plus, Follow-ups, Parent Committee Meetings Attendance, Parent Newsletters, In-kind,

facilitate access to community services that are responsive to children's and families' needs and family partnership goals, and community needs and resources, as determined by the community assessment. (2) A program must establish necessary collaborative relationships and partnerships, with community organizations that may include: (i) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers; (ii) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services; (iii) Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law; (iv) Educational and cultural institutions, such as libraries and museums, for both children and families; (v) Temporary Assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset-building education, products and services to enhance family financial stability and savings; (vi) Housing assistance agencies and providers of support for children and		Director Staff		Community Resources, Referrals, Community Directory, MOUs, Presentations, Sign-in Sheets

families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq*.); (vii) Domestic violence prevention and support providers; and, (viii) Other organizations or businesses that may provide support and resources to families. (b) *Coordination with other programs and systems*. A program must take an active role in promoting coordinated systems of comprehensive early childhood services to low-income children and families in their community through communication, cooperation, and the sharing of information among agencies and their community partners, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws. (1) *Memorandum of understanding*. To support coordination between Head Start Preschool and publicly funded preschool programs, a program must enter into a memorandum of understanding with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of the program, as described in section 642(e)(5) of the Act. (2) *Quality Rating and Improvement Systems*. A program, with the exception of American Indian and Alaska Native programs, should participate in its State or local Quality Rating and Improvement System (QRIS)), to the extent practicable, if a State or local QRIS has a strategy to support Head Start participation without				

requiring programs to duplicate existing documentation from Office of Head Start oversight. (3) *Data systems*. A program, with the exception of American Indian and Alaska Native programs unless they would like to and to the extent practicable, should integrate and share relevant data with state education data systems, to the extent practicable, if the program can receive similar support and benefits as other participating early childhood programs. (4) *American Indian and Alaska Native programs*. An American Indian and Alaska Native program should determine whether or not it will participate in the systems described in paragraphs (2) and (3) of this section.				

Health & Mental Health Program Services Works Plans

Executive Summary
Health & Mental Health Program Services Workplans 2026-2027

Prepared by: Cherie Pierce & Kristie Curtis
Bear River Head Start Health & Wellness Manager, Bear River Head Start Family Services Director

Attached are the Health & Mental Health Program Services Workplans for review and approval.

Health & Mental Health Program Services Workplans revised to follow Performance Standards.

Coordinators was changed to Directors throughout the workplans. CACFP Specialist changed to EHS Center Based, CACFP & Facilities Coordinator throughout the workplans. HSAC (Health Services Advisory Committee) was changed to HMHSAC (Health & Mental Health Services Advisory Committee) throughout the workplans.

Bear River headSTART **Workplan**

Focus Area: Health & Mental Health Program Services

1302.40 Purpose

(a) (a) A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

(b) A program must establish and maintain a Health and Mental Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

Objective	Activity	Who	When	Documentation
1302.41 Collaboration and communication with parents. (a) For all activities described in this part, programs must collaborate with parents as partners in the health, mental health, and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health and mental health needs and development concerns in a timely and effective manner. (b) At a minimum, a program must: (1) Obtain advance authorization from the parent or other person with legal authority for all health, mental health, and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health and mental health services; and, (2) Share with parents the policies for health or mental health emergencies that require rapid response on the part of staff or immediate medical attention.	Enhance collaboration and communication with parents regarding child health and mental health needs. Communication plan to have regular, timely, and culturally/linguistically appropriate communication with parents. Integrate mental health communication (e.g., parent-teacher conferences, intake, newsletters, home visits). Train staff on effective communication strategies for discussing sensitive topics like mental health with parents. Provide parents with written materials explaining Head Start's approach to mental health, the role of mental health consultants, and resources available in the program and community.	Health Specialist Family Advocate Teacher Family Educator	At enrollment, Ongoing with updates to communication and follow-up	Health History, Release of Information, Health Plan, Parent Handbook, Family Partnership Packet. Health & Mental Health information and resources provided in English and Spanish. Translation services provided as needed. Mental Health Referrals

Objective	Activity	Who	When	Documentation
1302.42 Child health status and care.	Ensure all enrolled children are on age-appropriate preventive and primary medical, mental health, and oral health	Health Specialist Family Educator Family Advocate	At Enrollment, and Ongoing Within 30/45/90	Release of Information, Health History, Child Plus, Obtaining

(a) *Source of health care*. (1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage. (2) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible. (b) *Ensuring up-to-date child health status*. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical, mental health, and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health and Mental Health Services Advisory Committee that are based on prevalent community health problems; and (ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in	care as outlined by the EPSDT regulations and other health recommendations. Includes addressing nutritional health, and developmental or mental health concerns. Obtain determinations from health and oral health professionals. Meet the 30/45/90 day deadlines. Tracking system to collect health information and screenings within the designated timeframes. Review tracking systems for completeness and timeliness of data collection; ensure all children have an ongoing source of care and health insurance. Staff ensure that documentation is kept up to date and confidential. Provide staff training on Performance Standards, Policies & Procedures and responsibilities with health and mental health services. Establish and maintain partnerships with medical, dental, and mental health professionals to ensure access to services for children. Integrate Mental Health Consultants into program services, including at least monthly availability for collaboration and consultation. Collaborate with the Health & Mental Health Services Advisory Committee to address community health concerns and incorporate their recommendations.	Teacher EHS Center Based, CACFP & Facilities Coordinator CACFP Assistant Health & Wellness Manager Health & Mental Health Services Advisory Committee	calendar days	documentation form Health Providers, Nutrition Assessment, Daily Health Checks, Fluoride Varnish Treatments, Tracking Sheets, Funding Checklist, Blue Slips, PO's, Receipts,

§1302.41(b)(1). (2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings. (3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section. (4) A program must identify each child's nutritional health needs, taking into account available health information, including the child's health records, relevant development or mental health concerns, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health and Mental Health Services Advisory Committee. (c) *Ongoing care.* (1) A program must help parents continue to follow recommended schedules of well-child and oral health care. (2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns. (3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional. (d) *Extended follow-up care*. (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up				

plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior. (2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem. (3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions. (e) *Use of funds*. (1) A program must use program funds for the provision of diapers and formula for enrolled children during the program day. (2) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grant recipient and delegate agencies must have written documentation of their efforts to access other available sources of funding.				
Objective	Activity	Who	When	Documentation
1302.43 Oral health practices. A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.	Oral health care practices are followed. Follow Performance Standards, Policies & Procedures.	Teacher Teacher Assistant Health & Wellness Manager	Ongoing	Child Plus, Health Supplies

Objective	Activity	Who	When	Documentation
1302.44 Child nutrition. (a) *Nutrition service requirements*. (1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in § 1302.31 (e)(2). (2) Specifically, a program must: (i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs; (ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program day; (iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt; (iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; (v) Ensure bottle-fed infants are never laid down to sleep with a bottle; (vi) Serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast; (vii) Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option; (viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for	Ensure that meals and snacks provide the appropriate proportion of daily nutritional needs based on the program length. Provide age appropriate meals and snacks in accordance w/ CACFP and USDA requirements. Family style meals to promote healthy eating habits, language development, and social skills. Families are connected with relevant food assistance programs and community resources, such as WIC and food banks, to support family nutrition. Provide ongoing training to staff on Performance Standards, including child nutrition requirements, mental health support strategies, and staff wellness initiatives.	EHS Center Based, CACFP & Facilities Coordinator CACFP Assistant Teacher Teacher Assistant Center Based Coordinator	Ongoing	Child Plus

mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and, (ix) Make safe drinking water available to children during the program day. (b) *Payment sources*. A program must use funds from USDA Food, Nutrition, and Consumer Services Child Nutrition programs as the primary source of payment for meal services. Head Start funds may be used to cover those allowable costs not covered by the USDA.				
Objective	Activity	Who	When	Documentation
1302.45 Supports for mental health and well-being. (a) *Program-wide wellness supports*. To support a program-wide culture that promotes mental health, social and emotional well-being, and overall health and safety, a program must use a multidisciplinary approach that: (1) Coordinates supports for adult mental health and well-being, including engaging in nurturing and responsive relationships with families, engaging families in home visiting services, and promoting staff health and wellness, as described in § 1302.93. (2) Coordinates supports for positive learning environments for all children; supportive teacher practices; and strategies for supporting children with social, emotional, behavioral, or mental health concerns. (3) Secures ongoing mental health consultation services and examines the approach to mental health consultation on an annual basis to determine if it meets the needs of the program. (4) Ensures mental health consultation services are available at a frequency of at least once a month. (i) If a mental health consultant is not available to provide services at least once a month, programs must use other licensed mental health professionals or behavioral health support specialists certified and trained in their profession	Promote a program-wide culture of mental health. Establish and maintain a supportive environment that prioritizes mental well-being for children, families, and staff. Engage in nurturing and responsive relationships with families. Support staff health and wellness. Coordinate strategies for effective classroom management, supportive teacher practices, and interventions for children with social, emotional, or behavioral concerns. Meetings and work with the Mental Health Consultant to empower parents, guardians, and staff to support children's mental health and social-emotional development. Staff have ongoing training on child development, social-emotional learning, trauma informed care, and mental health. Ensure families and staff understand mental health issues and know how to access mental health interventions or supports, including in crisis situations. Provide information to families about mental health and well-being, and community mental health resources.	SET Team Teacher Family Advocate Family Educator Mangers Directors	Ongoing	Mental Health Referral, Child Plus, Conscious Discipline, Community Resources, Mental Health Consultant Meetings, Performance Standards, Policies & Procedures, Trainings, EAP resources

or recognized by their Tribal governments, such as peer specialists, community health workers, promotores, traditional practitioners, or behavioral health aides, to ensure mental health supports are available on at least a monthly basis. (ii) If the program uses other licensed mental health professionals or behavioral health support specialists, the program must ensure their regular coordination and consultation with mental health consultants. (5) Ensures that all children receive adequate screening and appropriate follow up and the parent receives referrals about how to access services for potential social, emotional, behavioral, or other mental health concerns, as described in § 1302.33. (6) Facilitates multidisciplinary coordination and collaboration between mental health and other relevant program services, including education, disability, family engagement, and health services. (7) Build community partnerships to facilitate access to additional mental health resources and services, as needed, including through the Health and Mental Health Services Advisory Committee in § 1302.40. (b) *Mental health consultants*. A program must ensure that mental health consultants provide consultation services that build the capacity of adults in an infant or young child's life to strengthen and support the mental health and social and emotional development of children, including consultation with any of the following: (1) The program to implement strategies that promote a program-wide culture of mental health, prevent mental health challenges from developing, and identify and support children with mental health and social and emotional concerns; (2) Child and family services staff to implement strategies that build nurturing and responsive relationships and create positive learning environments that promote the mental health and social and emotional development of all children; (3) Staff who have contact with children to understand and appropriately respond to prevalent child mental health concerns, including internalizing				

problems such as appearing withdrawn; externalizing problems such as behavioral concerns; and how exposure to trauma and substance use can influence risk; (4) Families and staff to understand mental health and access mental health interventions or supports, if needed, including in the event of a natural disaster or crisis; (5) The program to implement policies to limit suspension and prohibit expulsion as described in § 1302.17; and (6) The program to support the well-being of children and families involved in any significant child health, mental health, or safety incident described in § 1302.102(d)(1)(ii).				
Objective	Activity	Who	When	Documentation
1302.46 Family support services for health, nutrition, and mental health. (a) *Parent collaboration*. Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy. (b) *Opportunities*. (1) Such collaboration must include opportunities for parents to: (i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep; (ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs;	Promote child and family well-being through comprehensive health, nutrition, and mental health education, support services, and parent collaboration, focusing on addressing mental health concerns and increasing health literacy. Community resources that support access to mental health services for parents and children. Education and support regarding healthy pregnancy, postpartum care, parental mental health, etc. Ensure health, nutrition, and mental health information and resources are understandable to all families. Follow Performance Standards, Policies & Procedures.	Health Specialist Family Advocate Teacher Teacher Assistant SET team Managers Directors	Ongoing	Mental Health Referral, Child Plus, Pamphlets, Educational Information, Community Resources

(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health, including depression, anxiety, and substance use concerns; (iv) Discuss information related to their child's mental health with staff, including typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and, (v) Learn about appropriate vehicle and pedestrian safety for keeping children safe. (2) A program must provide ongoing support to assist parents' navigation through health and mental health systems to meet the general health and specifically identified needs of their children and must assist parents: (i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods; (ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; (iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care; and, (iv) In providing information about how to access mental health services for young children and their families, including referrals if appropriate.				
Objective	Activity	Who	When	Documentation
1302.47 Safety practices. (a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at https://www.acf.gov/ecd/caring-our-children-basics, for additional information to develop and implement adequate safety policies and practices described in	Ensure facilities, equipment, and materials meet licensing and safety standards, and are regularly cleaned and maintained. Conduct ongoing training for staff on safety topics. Establish and implement health and mental health practices that ensures the safety and well-being of all children and staff, and promotes a program-wide culture of wellness and support. Mental Health Consultation, Follow Performance	Health Specialist Health & Wellness Manager Teacher Teacher Assistant Family Advocates	Ongoing	Child Plus, Child Abuse & Neglect (CA&N) Training, CA&N Report form, Training sign-in sheets, Safety checks, First aid kits, 72-hour kits, Shelter in place kits, Background checks, New employee training, Medication Administration form,

this part. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with § 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (1) *Facilities*. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (i) Meet licensing requirements in accordance with §§ 1302.21(d)(1) and 1302.23(d); (ii) Clean and free from pests; (iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety; (iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards; (v) Well lit, including emergency lighting; (vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies; (vii) Free from firearms or other weapons that are accessible to children; (viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and, (ix) Kept safe through an ongoing system of preventative maintenance. (2) *Equipment and materials*. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials,	Standards, Policies & Procedures.	Family Educators SET team All staff Mangers Directors HMHSAC		Health Plan, Release of Information, Health History, Exclusion Policy, Infectious Control Policy, Family Partnership Packet, Child Abuse and Neglect Policy, Evacuation Plan, etc.

International (ASTM). All equipment and materials must at a minimum: (i) Be clean and safe for children's use and are appropriately disinfected; (ii) Be accessible only to children for whom they are age appropriate; (iii) Be designed to ensure appropriate supervision of children at all times; (iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and, (v) Be kept safe through an ongoing system of preventative maintenance. (3) *Background checks*. All staff have complete background checks in accordance with § 1302.90(b). (4) *Safety training*. (i) *Staff with regular child contact*. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: (A) The prevention and control of infectious diseases; (B) Prevention of sudden infant death syndrome and use of safe sleeping practices; (C) Administration of medication, consistent with standards for parental consent; (D) Prevention and response to emergencies due to food and allergic reactions; (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic; (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (G) Emergency preparedness and response				

planning for emergencies; (H) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants; (I) Appropriate precautions in transporting children, if applicable; (J) First aid and cardiopulmonary resuscitation; and, (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section. (ii) *Staff without regular child contact*. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures. (5) *Safety practices*. All staff, consultants, contractors, and volunteers follow appropriate practices to keep children safe during all activities, including, at a minimum: (i) Reporting of suspected or known child abuse and neglect, as defined by the Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5101 note), including that staff comply with applicable Federal, State, local, and Tribal laws; (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used; (iii) Appropriate supervision of children at all times; (iv) Only releasing children to an authorized adult; an (v) All standards of conduct described in § 1302.90(c)(1)(ii). (6) *Hygiene practices*. All staff systematically and routinely implement hygiene practices that at a minimum ensure: (i) Appropriate toileting, hand washing, and				

diapering procedures are followed; (ii) Safe food preparation; and, (iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration. (7) *Administrative safety procedures*. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: (i) Emergencies; (ii) Fire prevention and response; (iii) Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness; (iv) The handling, storage, administration, and record of administration of medication; (v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and, (vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served. (8) *Disaster preparedness plan*. The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs. (9) *COVID-19 mitigation policy*. The program has an evidence-based COVID-19 mitigation policy developed in consultation with their Health Services Advisory Committee (HSAC) that can be scaled up or down based on the impact of COVID-19 in the community to protect staff, children, and families from COVID-19 infection. (10) *Exposure to lead in water and paint prevention practices*. A program must develop a plan to prevent children from being exposed to lead in water and paint in Head Start facilities. In facilities				

where lead may exist, a program must implement ongoing practices, including testing and inspection at least every two years, with support from trained professionals. As needed, a program must pursue remediation or abatement to prevent lead exposure. (c) A program must report any safety incidents in accordance with § 1302.102(d)(1)(ii).				