

# **MEMORANDUM OF UNDERSTANDING**

## **(Template)**

### **Stanislaus County Office of Education (SCOE)**

Early Head Start (EHS)

Regional Head Start (RHS)

State Funded Child Care Programs

### **Central California Migrant Head Start**

Migrant Seasonal Head Start

Migrant Early Head Start

Central California Child Development Services (delegate)

### **Stanislaus County Office of Education delegated programs**

Central California Child Development Services (CCCDS) (*RHS*)

Ceres Unified School District (CUSD) (*EHS & RHS*)

Empire Union School District (EUSD) (*EHS & RHS*)

Keyes Union School District (KUSD) (*EHS & RHS*)

Modesto City Schools (MCS) (*RHS*)

Salida Union School District (SUSD) (*EHS & RHS*)

Turlock Unified School District (TUSD) (*RHS*)

Waterford Unified School District (WUSD) (*EHS & RHS*)

**AND**

**(Agency)**

# MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is made between Stanislaus County Office of Education grantee operated and delegated Head Start and State funded programs, Central California Migrant Head Start grantee operated and delegated programs, hereafter referred to as SCOE, as indicated on the cover sheet, and **(agency)** hereafter referred to as \_\_\_\_\_.

## I. PURPOSE

The purpose of the MOU between SCOE and **(agency)** is to \_\_\_\_\_.

## II. BACKGROUND

## III.- IV. RESPONSIBILITIES OF MOU PARTNERS

**Agency will:**

Enter agency's responsibilities

**SCOE will:**

Enter SCOE's responsibilities

## V. FUNDING

Enter funding information as applicable

## VI. RECORDS RETENTION

Enter records information as applicable

## VII. CONFIDENTIALITY

SCOE and **(agency)** will ensure that all safeguards, including confidentiality of records, family eligibility and identification of continuity of services will be provided to each family. Based on the program and identified needs of each family and upon the family's written consent, each agency will provide the other with program updates, changes, and/or other information regarding the co-enrolled families.

## VIII. TERMS OF AGREEMENT

This Agreement between SCOE and **(agency)** will remain in effect until one or more parties identify changes that need to be made. The MOU will be reviewed annually by involved parties. The annual review will be documented by date and signature of both the **(Enter appropriate director/coordinator)** (CFS) and the Program Manager of **(agency)**.

## IX. SCOE & AGENCY CONTACTS

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Name of Agency

Contact name

Title

Phone

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Stanislaus County Office of Education

Contact name

Title

Phone

## X. EFFECTIVE DATE AND ADMINISTRATOR SIGNATURES

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Janet Orvis-Cook  
Executive Director, Child/Family Services  
Stanislaus County Office of Education

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Date

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Name

Title

Agency

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Date

### ANNUAL REVIEW

**(Agency) Program Manager**

**Child/Family Services**

**2013:**

Signature / Date

Signature / Date

**2014:**

Signature / Date

Signature / Date

**2015:**

Signature / Date

Signature / Date

**2016:**

Signature / Date

Signature / Date