

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>Subpart B—Early Childhood Development and Health Services</p> <p>§1304.20 Child Health and Developmental Services</p>			
<p>1304.20(a)(1) Determining child health status. In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child’s entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), “entry” means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:</p>	<p>Refer to strategies below:</p>	<p>Refer to time frame below:</p>	<p>Refer to documentation below:</p>
<p>1304.20(a)(1)(i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;</p>	<ol style="list-style-type: none"> 1. Determine and document if families have updated medical/dental homes. 2. Assist parents in obtaining medical/dental coverage information. 3. Assist family in accessing health care clinics, doctors, etc. 4. Assist families in securing a dental/medical home. 	<p>Within 30 days of enrollment</p> <p>As needed</p>	<p>Health History Form</p> <p>Case Notes</p> <p>Case Notes Social Service Referral Form</p> <p>COPA Report</p>
<p>1304.20(a)(1)(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental, and mental health. Such a schedule must incorporate the requirements for a schedule of well care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and</p>	<ol style="list-style-type: none"> 1. Obtain immunization records. 2. Review and document child’s immunization record and review child’s immunization status to determine if additional immunizations are needed. Advise parents of any immunizations needed and that the child must have current immunization status prior to enrollment. 	<p>At application</p> <p>Prior to enrollment</p>	<p>Copy of Immunization Record Notice of Needed Information/Exclusion Form</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;</p>	<p>(3.101220.1 Title 22 – Prior to admission to a child care center, children shall be immunized against diseases; California code of regulations Title 17 commencing with section 6000.)</p> <p><i>Exceptions: Per The McKinney-Vento Act and AB 709, children who are homeless or in foster care will be enrolled without immunization records. Designated staff will work with the family to ensure child obtains up to date immunizations.</i></p> <p>3. Obtain complete health history and immunization data from parent.</p> <p>4. Designated Health Staff will arrange for and/or conduct required health screening procedures. For health screenings that need to be conducted by health care and/or dental provider (i.e. blood lead testing), designated health staff will refer child for screening.</p> <p>5. Provide information to parents about the purpose of dental office procedures, typical child behavior, and ways to support and reassure that child before and during the dental appointment as age appropriate.</p> <p>6. Ensure that each child has a completed Dental Exam at either a dental office or the Head Start Center. Children under three years old to have current Well Baby Check Exam, based on EPSDT Schedule.</p>	<p>Within 30 days of child attendance</p> <p>Prior to first day of attendance</p> <p>Within 45 calendar days (30 days for programs operating 90 days or less) of child’s first day of attendance</p> <p>Prior to each scheduled office procedure and at parent meeting</p> <p>Within 45 calendar days of child’s first day of attendance (30 days for programs operating 90 days or less)</p>	<p>Declaration of Homelessness Social Services Referrals Case Notes</p> <p>Completed Health History Form Immunization Record Regional Immunization information</p> <p>Results indicated on Physical Exam COPA Report Vision/Hearing Screening forms Dental Care Report</p> <p>Meeting Agenda & Minutes Parent Handout File Family Contact Logs</p> <p>Physical Exam COPA Report Dental Exam Results Dental Care Report</p>
	<p>(a) Refer children who require immediate attention</p>	<p>Within 90 calendar days (30 days</p>	<p>Health Referral</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

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	<p>(i.e., painful teeth and/or gums, badly decayed teeth/obvious large cavities, swelling, and bleeding or pus formation around the gums) for dental services.</p> <p>(b) Assist parents in scheduling children with observable decayed teeth/cavities and/or mouth pain for treatment.</p> <p>(c) Refer (and assist parents with scheduling) children with no observable disease/pain who require a dental examination/cleaning and/or fluoride application.</p> <p>7. All programs review each child's individual social emotional developmental screening and discuss class composite at scheduled case conference meeting.</p> <p>(a) Identify children who have: parent/teacher concerns and/or social emotional development screening results that indicate a concern.</p> <p>(b) Ensure case conference team discusses areas of concern on order to identify ways to support child/family/teacher.</p> <p>(c) When a multidisciplinary team is needed to identify strategies/ interventions and community referrals to support the child/family/teacher, a Child Success Team (CST) Meeting will be scheduled/ held.</p>	<p>for programs operating 90 days or less)</p> <p>Immediately upon identification of need</p> <p>Within 2 weeks after screening</p> <p>As needed</p> <p>Within 45 calendar days of child's first day of attendance (30days for programs operating 90 days or less)</p> <p>Monthly</p> <p>Ongoing</p>	<p>Dental Care Report Case Notes COPA Report</p> <p>Dental Exam Results Case Notes Dental Folder COPA Report</p> <p>Dental Exam Form COPA Report</p> <p>ASQ:SE</p> <p>Case Conference Documentation</p> <p>Child Success Team Request COPA Referral Notification of Child Success Team meeting Results of Child Success Team Meeting Social Service Referral</p>
<p>§1304.20(a)(1)(ii)(A) For children who are not up-to-date on an age-</p>	<p>1. If child does not have a regular health/dental</p>	<p>Within 30 calendar days of child's</p>	<p>Case Notes</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;</p>	<p>care provider. Staff will assist family with finding a medical/dental home.</p>	<p>first day of attendance, ongoing as needed for follow-up</p>	<p>COPA Report Health History Completed Physical Exam Social Services Referral Form</p>
	<p>2. Staff will assist parent in scheduling and keeping appointments, as necessary. Staff will provide transportation information to the family and assist with transportation when no other arrangements are possible.</p>	<p>Within 30 calendar days of child's first day of attendance /ongoing as needed for follow-up</p>	<p>COPA Critical Notes Case Notes</p>
	<p>3. Staff will review immunizations with parent/guardian and refer to primary care physician for required immunizations.</p>	<p>At time of registration and ongoing</p>	<p>Copy of Immunization Card Notice of Needed Information</p>
	<p>4. Provide verbal/written reminder to parent/guardian prior to needed Immunization.</p>	<p>As needed</p>	<p>Case Notes COPA Critical Notes Notice of Needed Information/Exclusion Form</p>
	<p>5. Staff will make verbal contact with parent/guardian and send "Immunization Exclusion" notice if immunizations are not obtained according to EPSDT Schedule. Children enrolled in the home based option will only be excluded from socializations. Home visits and other comprehensive services will continue and the Home Based Educator will work in collaboration with the parent and health staff to bring the child up to date with immunizations.</p>	<p>As needed</p>	<p>Notice of Needed Information/Exclusion Case Notes COPA Critical Notes Case Conferencing Notes Family Home Visit Plan</p>
	<p>6. Designated health staff will provide information to parent/guardian about child's dental care needs.</p>	<p>Immediately following exam</p>	<p>Case Notes Dental Exam Results</p>
	<p>7. Assist parent/guardian in obtaining dental treatment.</p>	<p>As needed</p>	<p>Dental Care Report Case Notes COPA Referral</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	8. Remind parent/guardian of dental appointment; provide transportation information to parent/guardian and assist with transportation when no other arrangements are possible.	As needed	Case Notes COPA Critical Notes Appointment Reminder Notice of Needed Information/Exclusion Case Conferencing Notes
1304.20(a)(1)(ii)(B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and	1. Assist parent/guardian in scheduling and keeping the medical/dental appointment as necessary. 2. If the child has received a physical exam that is up to date based on EPSDT schedule, designated health staff will work with the family to obtain a copy.	30 calendar days prior to exam expiration per EPSDT guidelines As needed	Physical Exam Case Notes COPA Critical Notes Notice of Needed Information/Exclusion Copy of results on file COPA Report
1304.20(a)(1)(ii)(C) Grantee and delegate agencies must establish procedures to track the provision of health care services.	1. Agencies will develop and implement procedures to track children’s health care services. 2. Child’s health files must include: <ul style="list-style-type: none"> • Medical/developmental history • Screening results • Medical exam data and evaluation • Dental exam data and evaluation • Information about treatment and follow-up • California Immunization Record • Parent Consent forms 	At enrollment and throughout program year	Child’s Health File Consent for Screening COPA Report

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<ul style="list-style-type: none"> • Growth Chart/BMI • Individualized Medical Plan (as appropriate) 		Individual Health Care Plan, Seizure Plan, or Asthma Plan
<p>1304.20(a)(1)(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and</p>	<ol style="list-style-type: none"> 1. Staff will obtain parental consent to conduct sensory and developmental screenings for children. 2. Staff will conduct necessary sensory and developmental screenings to identify possible areas of health or developmental concern. 3. Staff will also conduct on-going observation/assessments, and early intervening services (such as educational strategies) prior to referring children for special education assessment. 4. When concerns are noted, concerns will be discussed at case conferencing to determine if current classroom strategies are effective and whether a multidisciplinary team should meet to identify strategies/interventions/referrals. 5. When a multidisciplinary team is needed a Child Success Team (CST) Meeting will be scheduled/conducted. 6. Child Success Team members will determine necessary strategies/interventions and appropriate referrals to address the child/family needs. 	<p>Upon enrollment</p> <p>Within 45 calendar days of child's first day of attendance (30days for programs operating 90 days or less)</p> <p>As identified in assessment timelines</p> <p>Ongoing as required</p> <p>As required</p> <p>As required</p>	<p>Child/Family Services Consent form Health History</p> <p>ASQ-3 ESI-R Hearing & Vision Screening</p> <p>Individual child observation DRDP</p> <p>Case Notes COPA Critical Notes Case Conferencing Notes</p> <p>Child Success Team Request COPA Referral Results of Child Success Team Meeting</p> <p>Notification of Child Success Team Meeting Social Services Referral Part C/Part B Agency Referral</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.20(a)(2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child’s entry into the program.</p>	<ul style="list-style-type: none"> • Determine growth, height, weight, and head circumference in children below 2 years of age. • Obtain visual acuity beginning at age 3 and every year thereafter. • Obtain hearing screening as age appropriate. • Attempt to obtain Audiometric Hearing Screening Results and Photoscreener/Vision Testing for child 0-3 identified with developmental concerns from child’s physician as indicated by “Well Baby Check, “ physical per CHDP guidelines. • Retest for vision and hearing test failures. Failed attempts would include but are not limited to the following: <ul style="list-style-type: none"> ➢ Absenteeism ➢ Illness ➢ Child refusal • Include hemoglobin/hematocrit determination during child’s physical examination according to California Health Disabilities Prevention (CHDP) Guidelines. • Physician to complete TB Risk Assessment questionnaire and arrange for TB clearance when age appropriate or when risk factors are identified as determined by CHDP guidelines or on recommendations from local county Health Departments if they deem test should be done at an earlier age. 	<p>Within 30 calendar days of child’s first day of attendance</p> <p>Within 30 calendar days of child’s first day of attendance</p> <p>Within 30 calendar days of child’s first day of attendance</p> <p>Within 30 calendar days of child’s first day of attendance</p> <p>Within 2 weeks of original test</p> <p>Within 30 calendar days of child’s first day of attendance</p> <p>Within 30 calendar days of child’s first day of attendance</p>	<p>Physical Exam Growth Chart Case Notes</p> <p>Physical Exam Family Contact Log COPA Report</p> <p>Physical Exam Family Contact Log COPA Report</p> <p>Vision/Hearing Forms Family Contact Log COPA Report Physical Exam</p> <p>Screening Form Family Contact Log COPA Report</p> <p>Physical Exam Family Contact Log COPA Report</p> <p>Physical Exam California State Immunization record (CSIR) Copy of Immunization Card COPA Report Child Health History</p>
	<ul style="list-style-type: none"> • Obtain clearance for positive TB screenings 	<p>Within 30 calendar days of</p>	<p>Immunization Card</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>according to local county Health Department.</p> <ul style="list-style-type: none"> Children at 12 and 24 months of age will be referred to CHDP, medical provider and/or WIC-- for lead screening. <p><i>(Note: for children under 36 months of age who have never received blood lead testing, refer to physician/EPSTDT for guidance/ recommendations. Children enrolled after their fourth birthday do not need lead testing per CHDP periodicity/EPSTDT)</i></p>	<p>attendance.</p> <p>0-3 year olds as needed per CHDP periodicity/EPSTDT Schedule at 12 mo/24 mo</p>	<p>X-Ray Screening Clearance Doc. from Public Health</p> <p>Health Exam Physical Form Referral Form COPA Report Lead Questionnaire Case Notes</p>
<p>1304.20(b)(1) Developmental, sensory, and behavioral screening. In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate developmental, sensory and behavioral screenings of motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3)and 642(f)(5)&(6) for additional information). To the greatest extent possible, these screenings must be sensitive to the child’s cultural background.</p> <p>642(f)(5) & (6) Screening and assessment methods must be research-based, standardized, reliable, and valid for the child being assessed, and be reflective of the characteristics of measures described in 641A(b)(2)of the Head Start Act; i.e., (A) Are developmentally, linguistically, and culturally appropriate for the population served; (B) are reviewed periodically, based on advances in early childhood development; (C) are consistent with relevant, nationally recognized professional and technical standards related to the</p>	<ol style="list-style-type: none"> Staff will obtain parental consent to conduct developmental, sensory and behavioral screenings for children. Staff will inform parent/guardian of the type and purpose of the developmental, sensory, and behavioral screening prior to conducting the screening. All developmental and behavioral screenings will be administered in the child’s primary language. The screening tool administered to children will be: researched based, standardized, reliable, and valid for the age group. Children with a disability currently receiving special education services as part of their IFSP/IEP will participate in sensory and behavioral screening and are exempt from participating in developmental screening. 	<p>Upon enrollment</p> <p>As required</p> <p>Within 45 calendar days of child’s first day of attendance (30days for programs operating 90 days or less)</p> <p>Upon enrollment</p>	<p>Child/Family Services Consent Form</p> <p>Parent Contact Record Family Home Visit Plan</p> <p>ASQ-3 ASQ:SE ESI-R</p> <p>IFSP/IEP document ASQ SE Hearing and vision results</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.20(b)(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.</p>	<ol style="list-style-type: none"> 1. Parents and other close family members (as appropriate, for example living w/or providing care to child) provide information regarding child's development and behavior. 2. Observations by staff are completed on a regular basis. 3. Case conferencing is conducted monthly. During case conferencing staff share information and staff strategize staff support that will be provided to individual children and families. 	<p>During enrollment process 45 calendar days of child's first day of attendance (30 days for programs operating 90 days of less)</p> <p>Ongoing</p>	<p>Health History Case Notes ASQ-SE ASQ-3 ESI-R Parent Contact Record</p> <p>Family Home Visit Plan</p> <p>Observations Desired Results Developmental Profile- Preschool (<i>hereinafter referred to as DRDP-PS</i>) Desired Results Developmental Profile- Infant/Toddler (<i>hereinafter referred to as DRDP-IT</i>)</p>
<p>1304.20(c)(1) Extended follow-up and treatment. Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.</p>	<ol style="list-style-type: none"> 1. Ensure that parents receive and understand the child's follow-up treatment and care needs (if any) from the child's medical provider, and that there is an acceptable plan of action for follow-up care. 2. Assist families in obtaining needed treatment from regular source of health care or community health resources. 3. Send results of child's screening and related data with parents to treatment source. 	<p>Immediately following child's exam</p> <p>As needed throughout program year</p>	<p>Case Notes Release of Information Notice of Need/Exclusion Form</p> <p>Case Notes Social Service Referral</p> <p>Case Notes Health Referral</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	4. Utilize local community resources for follow-up treatment. 5. Staff to assist family with transportation. 6. Check with parent to ensure needed care was obtained and/or to determine if additional assistance is required.		Case Notes Community Resource Lists Case Notes COPA Report Case Notes COPA Report
1304.20(c)(2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids, or equipment for medical and dental conditions.	1. Provide individualized assistance to parents in areas of need: (a) Provide resource information to parents about how to obtain any prescribed medication, aids, or equipment for medical and dental conditions. (b) Assist families with needed services, i.e. transportation information and accessing local health systems. (c) Check with parent to be sure needed care was obtained and/or to determine if additional assistance is required.	As needed	Social Service Referral Form Case Notes COPA Report
1304.20(c)(3)(i) Dental follow-up and treatment must include: Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and	1. With parent/guardian consent, beginning at eruption of first tooth, staff will provide a pea-size smear of fluoride toothpaste for children as recommended by the American Academy of Pediatrics. Infants without initial tooth eruption shall have gums wiped with water moistened gauze.	Daily upon enrollment in conjunction with a meal and/or formula feeding	CFS Consent Form Daily classroom schedule Infant Needs/Service Plan
1304.20(c)(3)(ii)			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>Other necessary preventive measures and further dental treatment as recommended by the dental professional.</p>	<ol style="list-style-type: none"> 1. Provide classroom demonstrations and discussions on correct brushing techniques as age appropriate. 2. Demonstrate and discuss age appropriate correct brushing technique with parent and child. 3. Provide children with age appropriate toothbrushes and replace when needed. 4. Children's teeth are brushed once daily for all programs, as age appropriate. Full day programs may offer brushing 2 times per day. 	<p>As scheduled by I/T, preschool staff and FCCH providers.</p> <p>As scheduled for I/T, preschool staff and FCCH providers.</p> <p>Throughout program year</p> <p>Daily</p>	<p>I/T Activity Plans FCCH Activity Plans Preschool Activity Plan Site visit reports</p> <p>Parent Social Minutes Family Home Visit Plan</p> <p>Daily classroom schedule</p> <p>Daily classroom schedule</p>
<p>1304.20(c)(4) Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program and the Individualized Family Service Plan (IFSP).</p>	<ol style="list-style-type: none"> 1. Staff will attend IEP/IFSP meeting as requested, by parent. 2. Health staff will assist family with referral for follow-up health/medical treatment as identified in the IEP/IFSP document. 3. Staff will support the family's transportation needs to child medical/dental appointments by providing: transportation information to parents and transportation assistance when no other transportation arrangements are possible. 4. Check with parents to ensure related services were obtained and/or to determine if additional assistance is required. 	<p>As scheduled</p> <p>As needed</p> <p>As needed</p> <p>Ongoing</p>	<p>IEP/IFSP Document</p> <p>Case Notes COPA Report</p> <p>Case Notes COPA Report</p> <p>Case Notes</p>
<p>1304.20(c)(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of</p>	<ol style="list-style-type: none"> 1. Staff will provide non-insured children's parents medical/health coverage information. 2. Upon request by parent, staff will assist parents in completing medical/dental insurance 	<p>As needed</p> <p>As needed</p>	<p>Case Notes Social Service Referral COPA Report</p> <p>Case Notes</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
funding.	application paperwork. 3. Staff will arrange payment for medical/dental follow-up by Early Head Start/Head Start if child is not covered by Medi-Cal or other funding sources.	As needed	Case Notes Invoice
1304.20(d) Ongoing care. In addition to assuring children’s participation in a schedule of well child care, as described in §1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include; periodic observations and recordings, as appropriate, of individual children’s developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.	<ul style="list-style-type: none"> • Staff will review, receive training on and follow written health and education policies and procedures. . 	Ongoing	Training Plan Agendas Sign-Ins Child Health File Asthma & IHCP Orientation documentation
1304.20(e) Involving parents. In conducting the process, as described in §1304.20(a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:	Refer to performance standards below:	Refer to performance standards below:	Refer to performance standards below:
1304.20(e)(1) Consult with parents immediately when child health or developmental problems are suspected or identified;	1. Staff will facilitate sharing of information regarding child’s health history, hearing/vision	Throughout program year	Case Conferencing Case Conferencing

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>screening results, developmental screening results and current health status between health and teaching staff.</p> <p>2. Staff will use a coordinated approach to work with parents in order to ensure a child’s health need is met.</p> <p>3. Health staff will specify any limitations that should be placed on the child’s activities based on health need.</p> <p>4. When a health and/or developmental problem is suspected, staff will share this information with parents immediately and complete necessary referrals to community agencies.</p> <p>5. Staff will follow-up with parent and inquire on referral outcome.</p>	<p>As needed</p> <p>As needed</p> <p>As needed</p> <p>Within 2 weeks of providing the referral</p>	<p>Documentation</p> <p>Case Notes COPA Critical Notes</p> <p>Individualized Health Care Plan Asthma Plan</p> <p>Social Services Referral Child Success Team Request COPA Referral</p> <p>Social Services Referral COPA Critical Notes Case Notes</p>
<p>1304.20(e)(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;</p>	<p>1. Discuss screening/exam procedures with parents during individual conferences and group meetings. Explain the purpose of the planned screenings, procedures used, ways to prepare the child for screening/exams not conducted in the Center/FCCH, possible child reactions, and how to reassure the child.</p> <p>2. Staff will obtain written parent/guardian consent prior to Head Start staff and/or contracted medical/dental professionals that will conduct screening/exam.</p> <p>3. Encourage parent/guardian to discuss any concerns with the doctor or other health care providers and to ask questions.</p>	<p>Prior to screening/exam</p> <p>Prior to screening/exam</p> <p>Prior to screening/exam</p>	<p>Case Notes Parent Orientation Agenda</p> <p>CFS Consent Form Community Agency Consent Form</p> <p>Case Notes Parent Meeting/Orientation Agenda</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	4. Provide parent/guardian with a summary of medical information obtained during child's enrollment if needed. <i>(Note: Parent/guardian will receive health education throughout program year in order to understand the importance of keeping child's individual health records throughout child's school years.)</i>	End of year/leaving program as requested	Informational Hand out COPA Report Case Notes
1304.20(e)(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;	1. Provide information to parents/guardian about purpose of all procedures, typical child behavior during procedures, and ways to support and reassure the child before, during, and after the health appointments/procedures.	Prior to procedure/appointment	Parent Meeting/Orientation Agenda Informational Handout Meeting Minutes Case Notes
1304.20(e)(4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and	1. Instruct and assist parents how to conduct and follow through with obtaining health services from appropriate agencies. 2. Work with family to identify concerns, barriers, etc. preventing use of health services. 3. Utilize problem solving and team approach to encourage use of services. 4. Provide lists of community health agencies and types of community resources available.	As needed throughout program year As needed As needed	Case Notes Case Notes COPA Critical Notes Case Notes COPA Critical Notes
1304.20(e)(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.	1. Staff will obtain written documentation of parent/guardian's refusal for health services for their child and document in case notes.	As needed	Social Service Directory Case Notes Social Service Referral COPA Critical Notes
			Case Notes Consent Form Written Notification from parent Physical Examination Form

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
			Personal Beliefs Exemption Form
<p>1304.20(f)(1) Individualization of the program. Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to each child’s individual characteristics, strengths, and needs.</p>	<ol style="list-style-type: none"> 1. Develop individual plans, which include school readiness goals and strategies, for each child with parent input which includes information from: <ul style="list-style-type: none"> • Developmental Screening and Assessment • Observations (Staff/ Parent) based on child’s individual strengths and needs • Medical/dental evaluations as appropriate 2. Individualization and goals will be outlined in the School Readiness Plan. Individualized plans for each child will be adopted/updated at minimum 3 times per year (2 times per year for programs operating 90 days or less). 	<p>Programs use child assessment interval timelines for school readiness goals, as appropriate for program days of service. I/T, FCCH, and Preschool Activity Plans are developed weekly.</p> <p>Child School Readiness Plans are developed and reviewed with parents 3 times per year (2 times for programs operating 90 days or less) as identified in school readiness procedure.</p> <p>Ongoing</p>	<p>DRDP-ASQ-3 ASQ:SE ESI-R I/T Activity Plan FCCH Activity Plan Preschool Activity Plan Medical/Dental Reports Observations COPA Reports Transitional School Readiness Goal (RHS/EHS Centerbased only)</p> <p>DRDP Rating Record Child’s School Readiness Plan</p> <p>DRDP Rating Record ASQ-3 ASQ-SE ESI</p>
	<ol style="list-style-type: none"> 3. Analyze assessment/screening observations and IFSP/IEP goals to determine children’s strengths and areas of need. 		

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	4. Use school readiness goals to plan curriculum activities and make changes to learning environments. 5. Review/update school readiness goals and strategies for each child with parent input.	As needed Ongoing Up to 3 times per year based on program days of service (2 times for programs operating 90 days or less)	Child's School Readiness Plan I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Socialization Plan Child's School Readiness Plan
1304.20(f)(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:	Refer to strategies below:	Refer to time frame below:	Refer to documentation below:
1304.20(f)(2)(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;	1. Assist families with collaboration between health providers, part C agencies and local education agencies to ensure services are being provided. 2. Review completed IFSP with parents and staff to ensure expected outcomes are addressed appropriately. 3. Provide necessary modifications to the environment, individualized routines and learning experiences to support child's growth and development. 4. Provide follow-up documentation of strategies accomplished to meet expected outcomes.	As needed Transition into Program or upon IFSP document completion Ongoing As met	Family Contact Log Results of Child Success Team Meeting IFSP document Results of Child Success Team Meeting IFSP Document Child's School Readiness Plan I/T Activity Plan FCCH Activity Plan Parent Contact Record Family Home Visit Plan Child's School Readiness Plan

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.20(f)(2)(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;</p>	<ol style="list-style-type: none"> 1. Staff will obtain parental consent to conduct developmental screening, inform parent/guardian of the type and purpose of the linguistically appropriate developmental screening, and will administer development screening. 2. Staff will meet with parent in a timely manner to review "refer" screening results to discuss next steps which include individualized strategies. Parent will be offered a Child Success Team meeting if they agree to get additional support with strategies. 3. To refer a child for special education assessment: <ol style="list-style-type: none"> (a) A Child Success Team meeting will be held. The meeting's purpose will be to discuss child's development and the appropriateness of special education assessment. (b) Per parent/guardian consent, child will be referred to Part C agency when conditions are noticed and documented; parent/guardian is informed and provides written consent at Child Success Team Meeting for their child to be referred. 3. Staff will attend IFSP meetings when notified of meeting date/time. 4. Staff will obtain copy of: professional diagnosis, special education assessment results and IFSP document, per parent consent, and will utilize document in order to modify classroom environment and to provide individualized care. 	<p>45 calendar days of child's first day of attendance (30 days for programs operating 90 days or less)</p> <p>Within 2 weeks of completion of screening</p> <p>As scheduled</p> <p>As scheduled</p> <p>Within 2 weeks of completed IFSP Meeting</p>	<p>Parent Contact Record</p> <p>Request for Child Success Team Meeting Parent Meeting Notification Results of Child Success Team Meeting Part C Agency Referral Social Services Referral</p> <p>Family Contact Log</p> <p>Parent Release of Information Special Education Assessment Reports IFSP Document</p>
<p>1304.20(f)(2)(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and</p>	<ol style="list-style-type: none"> 1. Staff will meet with the family to develop a transition plan that will include: completing a Head Start application, scheduling of transition visits to a preschool setting (preferably the 	<p>Begin up to 6 months prior to child's 3rd birthday and not later than 30 days prior to transition</p>	<p>Parent Contact Record Family Home Visit Record IFSP Transition Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	setting to which they will transition), support to parent/guardian in obtaining necessary special education assessment to determine child's special education eligibility at age 3. 2. Head Start staff will attend IFSP transition meeting and initial IEP meeting to share child's present levels of performance and to support the parent/guardian.	As scheduled	IFSP/IEP Document
1304.20(f)(2)(iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.	1. The LEA/SELPA/Part B agency will develop the IEP document with the child's parent(s)/guardian. 2. Head Start staff will attend IEP meeting to share child's present levels of performance and to support the parent/guardian. 3. Head Start staff will support IEP goals through planned activities/learning experiences. 4. Staff will document individualization on the activity plan in the appropriate developmental domains.	Within 60 days of parent signed consent of LEA/Part B Assessment Plan As scheduled Upon enrollment or within 14 days of development of IEP, and ongoing Upon enrollment or within 14 days of development of IEP, and ongoing	IEP document FCCH Activity Plan Preschool Activity Plan IEP Document FCCH Activity Plans Preschool Activity Plans Child's School Readiness Plan FCCH Activity Plans Preschool Activity Plans Child's School Readiness Plan
§1304.21 Education and Early Childhood Development			
1304.21(a) Child development and education approach for all children. 1304.21(a)(1) In order to help children gain the social competence, skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:	Refer to strategies below:	Refer to time frames below:	Refer to documents below:

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.21(a)(1)(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;</p>	<p>Provide information and educational opportunities to staff and parents to increase their knowledge and understanding of developmentally appropriate activities for children, focused on language development and multicultural education utilizing research based Grantee approved curriculum, multicultural principles for Head Start programs and Program for Infant Toddler Care (PITC) practices as described in the written School Readiness Plan and SCOE/CCMHS DLL Position Statement.</p>	<p>Throughout program year</p>	<p>I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Home Based Socialization Plans</p>
<p>1304.21(a)(1)(ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 45 CFR 1308.19);</p>	<ol style="list-style-type: none"> 1. Head Start staff will support IFSP/IEP goals through planned activities/learning experiences and necessary classroom modifications. 2. Staff will document individualization on the activity plan in the appropriate developmental domains (physical, health, social and emotional, approaches to learning, language and literacy, cognitive and general knowledge) and as part of the child's school readiness plan. 3. Head Start staff will ensure that the indoor/outdoor learning environment considers the child's individualized needs so that the child has access to learning experiences. 4. In home-based settings home educators will introduce learning experiences that consider the child's individualized needs. 	<p>Upon child's 1st day of attendance or upon receipt of IFSP/IEP</p> <p>Upon child's 1st day of attendance or upon receipt of IFSP/IEP</p> <p>Ongoing</p> <p>Upon child's 1st day of attendance or within receipt of IEP</p>	<p>I/T Activity Plan Preschool Activity Plan FCCH Activity Plan</p> <p>Child's School Readiness Plan IT/Activity Plan Preschool Activity Plan FCCH Activity Plan</p> <p>Family Home Visit Plan Home Based Socialization Plan</p>
<p>1304.21(a)(1)(iii) Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity, and family composition;</p>	<ol style="list-style-type: none"> 1. Staff show acceptance of each child. Names are used and pronounced as their parents pronounce them. 	<p>Daily</p>	<p>Monitoring Instrument Observations</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>2. Staff demonstrates respect and acceptance without judgment or bias for each child and their parents. Staff uses responsive language and speaks to children at their eye level, identifies music, songs, food and dances from cultures and languages of children and families and incorporates them as part of planned teaching strategies and learning opportunities for children.</p>	<p>Ongoing</p>	
	<p>3. Children are encouraged to share objects or verbalize events of importance from their home in small groups or during activity times (to minimize wait time when all children participate, for example, large group / circle time).</p>	<p>Throughout program year</p>	<p>Observations I/T Activity Plans Preschool Activity Plans FCCH Activity Plans Family Home Visit Plan Child’s School Readiness Plan</p>
	<p>4. A variety of educational materials are used to demonstrate similarities and individual strengths.</p>	<p>Daily</p>	<p>Inventory Records</p>
	<p>5. Promote non-sexist attitudes by ensuring that all learning materials and experiences are equally accessible to boys and girls, purchasing or making materials that are non-sexist, using language that is free of gender-specific implications (e.g., using terms such as postal worker vs. postman, police officer vs. policeman).</p>	<p>Ongoing</p>	<p>Observations Child’s School Readiness Plan Site visit reports</p>
	<p>6. Celebrations, including cultural holiday “themes,” should be limited to the cultures represented in the classroom community. Learning experiences related to holiday activities should reflect the context of people’s daily life and beliefs by connecting them to specific children and families in your community. Holiday celebrations should be limited in focus/theme and a multicultural/anti-bias approach based on child’s interest any time that holiday activities are part of learning experiences.</p>		<p>Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Home-based Socialization Plan I/T Activity Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p><i>Note: celebrations should not lead to the exclusion of any child from the program.</i></p>		
<p>1304.21(a)(1)(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and</p>	<p>1. Provide age appropriate activities for children that are balanced between child-initiated and staff directed activities; large group, small group, and individual activities; quiet and active; listening and talking.</p> <p>(a) Incorporate the “developmental domains” of physical development and health, social and emotional development, approaches to learning, language and literacy, cognitive and general knowledge.</p> <p>2. Staff will develop and utilize schedules and plans to ensure time and opportunities are provided for the child to explore and discuss things of interest to him/her, both in one-on-one and small group settings, through planned and spontaneous activities & learning experiences.</p> <p>3. Allow sufficient time and include individual considerations for the following routines as appropriate:</p> <ul style="list-style-type: none"> • Arrival and departures; Meals and snacks, • Diapering, Sleeping/resting • Cleanup; Transitions from one activity to another indoor/outdoor • Self-help skills such as toileting, dressing, washing hands/face, tooth brushing <p>4. The daily classroom schedule is developmentally appropriate, illustrated with photos for children’s understanding. Lining up and wait time are kept to a minimum (1-4</p>	<p>Throughout program year</p> <p>Daily, weekly</p> <p>Daily</p> <p>Daily</p>	<p>Preschool Activity Plan Child’s School Readiness Plan Daily Classroom Schedule Monitoring Instrument Observations</p> <p>Family Home Visit Plan Child’s School Readiness Plan I/T Activity Plan FCCH Activity Plan Home Based Socialization Plan</p> <p>Daily Classroom Schedule Observations Preschool Activity Plan I/T Activity Plan FCCH Activity Plan Family Home Visit Plan</p> <p>Home Based Socialization Child’s School Readiness Plan Monitoring Instrument</p> <p>Observations Monitoring Instrument</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>minutes max). Transition periods should be utilized as learning opportunities.</p> <p>5. Children are alerted to transitions to allow adequate time to prepare. Indoor / outdoor activity periods are long enough to give children time to select materials and activities, plan what they want to do, and cleanup afterward without feeling rushed.</p> <p>6. Changes to the Activity Plan, Home-Based Socialization Plan or inclusion of spontaneous activities and children’s interest will be written on the plan throughout the week to reflect actual activities (for example in changes to environment or “Notes” section).</p> <ul style="list-style-type: none"> • Programs may choose to utilize their own activity plan but it must include the following components: • Daily Activities, • Completed Weekly, • Interest Areas (Preschool), • Based on study/sheme topic, • Include Large and Small Group Activities, • Individualized care routines (Infant/Toddler) • Indoor/Outdoor Activities, • Child Initiated Activities, • Individualized for all children. 	<p>Daily</p> <p>Ongoing</p>	<p>Observations Monitoring Instrument</p> <p>Observations I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Child’s School Readiness Plan Home Based Socialization Plan</p>
<p>1304.21(a)(1)(v) Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents</p>	<p>1. No child will be denied enrollment because s/he has not learned to use the toilet.</p> <p>2. Necessary accommodations will be made in center-based environments to meet the individual needs of children learning to use the toilet.</p>	<p>Prior to enrollment</p>	

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<ol style="list-style-type: none"> 3. Children are free to access toilet facilities at any time. 4. When developmentally appropriate and child shows readiness staff in collaboration with the parent will develop an individualized toileting plan. For children with a disability, staff will review the IFSP/IEP document for any goals that might address toileting skills and include goals into the individualized toileting plan. 5. Update and implement individualized toileting plan. 6. Communicate with parents on ways to encourage toilet learning practices when developmentally appropriate, for example: dress children in clothing that allows for independent toileting. 	<p>Daily</p> <p>As appropriate</p> <p>Ongoing No less than every 3 months for I/T</p> <p>As appropriate</p>	<p>Observations</p> <p>I/T Needs and Service Plan Parent Contact Record Diaper Chart Child's School Readiness Plan IFSP/IEP</p> <p>Parent Contact Record I/T Needs and Services Plan</p>
<p>1304.21(a)(2)(i) Parents must be invited to become integrally involved in the development of the program's curriculum and approach to child development and education;</p>	<ol style="list-style-type: none"> 1. Obtain parent knowledge of the likes, temperament, and skills of their children. 2. Provide parents with an overview of adopted curriculum. 3 Staff will share with parents of planned classroom studies and activities. Staff will request parent input on the upcoming study topics and document on the Activity Plans. 4. Staff meets with parents to review individual children's developmental data to establish individualized goals and learning experiences. 	<p>At first home visit</p> <p>At time of orientation and at monthly parent meetings</p> <p>As appropriate</p> <p>At parent conference/home visit</p>	<p>Parent Contact Record (30 day pre assessment goal)</p> <p>Parent meeting agendas and sign-in sheets</p> <p>Activity Plans Parent Meeting Records</p> <p>Parent Contact Record Child's School Readiness Plan Child School Readiness Summary</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	5. Invite parents to suggest nutritious snack or celebration foods for classroom activities, parent meetings, and socializations which follow Nutrition Wellness policy based on Head Start Nutrition Guidelines.	As appropriate	DRDP I/T Menus I/T Activity Plans PS Activity Plans FCCH Activity Plans Parent Meeting Minutes
	6. Staff and parents shall meet to discuss, plan, and review the educational program at: (a) Site Level (meetings, conferences, home visits). (b) Delegate Policy Committee or grantee Parent Advisory Committee meetings (as appropriate).	Ongoing	Parent Committee Minutes Policy Committee Minutes Parent Advisory Committee Minutes
1304.21(a)(2)(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and	1. Provide information and educational opportunities to parents about early childhood development to enhance their own observation skills; (for example, parent orientation, home visits / conferences, periodic handouts / parent meetings/trainings). Include the developmental domains of physical development and health social and emotional development, and approaches to learning, language and literacy, cognitive and general knowledge. 2. Exchange information with parents about child's growth, development and periodically update the child's individual strengths, goals and strategies with parent input as the child's needs change.	Ongoing 3 times a year, during home visits and/or conferences. For program operating 90 days or less, 2 times a year during home visits and/or conferences.	Parent Contact Record Child's School Readiness Plan Child's School Readiness Plan Meeting/Training Agendas and Sign-In Sheets In Kind Forms Monthly Parent Newsletters Child's School Readiness Plan Parent Contact Record Child's School Readiness Plan DRDP-PS DRDP-I/T

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>(C) Encouraging self-control by setting clear, consistent limits, and having realistic expectations; (D) Encouraging respect for the feelings and rights of others; and</p>	<p>pursue their interests independently.</p>		<p>Plan I/T Activity Plan Preschool Activity Plan FCCH Activity Plan HB Socialization Plan</p>
	<p>2. Greet each child upon arrival by name. Give each child attention and respect.</p>	<p>Daily</p>	<p>Site visit reports Observations</p>
	<p>3. Establish and post at children’s eye level, a regular daily classroom schedule of activities with pictures for the children to refer to as age appropriate (i.e., circle time, snack time, activities indoors and outdoors, meal times, tooth brushing, etc.). This may be used to assist children with transitions and expectation of daily events.</p>	<p>Daily</p>	<p>Posted Schedule</p>
	<p>4. Display photographs of children and their families that are visually accessible to children throughout sites (classrooms/offices or child homes and FCCHs) and/or have photo albums accessible.</p>	<p>Daily</p>	<p>Posted Photos Site visit reports</p>
	<p>5. Display creative artwork at children’s eye level. Change it regularly and include the child’s name.</p>	<p>Daily</p>	<p>Posted creative art Site visit reports</p>
	<p>6. Provide activities, varied materials/media and equipment that are easily accessible and may also promote the children’s self-awareness (e.g., mirrors, photo albums, books, dolls, people colors representing racial and ethnic diversity, crayons/paper, etc.).</p>	<p>Daily</p>	<p>Activity Plan Observations Family Home Visit Plan Child’s School Readiness Plan I/T Activity Plan HB Socialization Plan</p>
	<p>7. Facilitate conflict resolution and problem solving between children as age appropriate.</p> <p>(a) Develop brief classroom rules with children through discussions. Established rules will</p>	<p>Daily</p>	<p>Family Home Visit Plan I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Observations</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>tell children what to do, reflect care and kindness for others and themselves.</p> <p>(b) Teach social/emotional skills such as self-regulation and self-efficacy through the use of intentional teaching.</p>		<p>Child's School Readiness Plan Site Visit Reports</p>
	<p>8. Primary care givers are assigned to small groups of no more than 4 infants and toddlers.</p> <ul style="list-style-type: none"> • Provide infants and toddlers with meaningful experiences through daily routines and interactions with peers and caregivers. <ul style="list-style-type: none"> (a) Use individualized daily routines (e.g., diapering, feeding) as learning opportunities. (b) Plan age appropriate learning experiences that promote cognitive, language, social, emotional and motor development. • Provide for one-on-one interactions and small group learning experiences/activities. <p>9. Model an anti-bias philosophy encouraging children to learn about themselves, families, and their community (as age appropriate) through:</p> <ul style="list-style-type: none"> (a) Discussion of the children's home and families. (b) Visitors to the center who talk about the work they do (e.g., farm worker, police officer, nurse, artist). (c) Stories and dramatic play opportunities in the classroom. (d) Planned field trips appropriate for preschool 	<p>Ongoing</p> <p>Daily</p> <p>Throughout program year</p>	<p>Child's School Readiness Plan</p> <p>Site Visit Reports I/T Activity Plan FCCH Activity Plan</p> <p>Child's School Readiness Plan</p> <p>Site Visit Documentation I/T Activity Plan FCCH Activity Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	children and parents whenever possible.		
<p>1304.21(a)(3)(i)(E) Supporting and respecting the home language, culture, and family composition of each child in ways that support the child’s health and well-being; and</p>	<ol style="list-style-type: none"> 1. Follow guidance in the School Readiness Plan and SCOE/CCMHS Dual Language Learner (DLL) Position Statement. 2. Support children’s cultural background through the inclusion and respect of their home language and culture. Identify music, songs, and stories from cultures and languages of the children and families to incorporated into a planned language approach. 3. Teaching staff use children’s home language to provide reassurance and support children’s development of a strong sense of identity. <ol style="list-style-type: none"> (a) Proactively support children’s home language, while supporting the development of English including opportunities for children to see, use and discuss the written home language. (b) When a majority of children speak the same language, at least one teacher/provider interacting regularly with the children should speak their same language whenever possible. (c) Parents are provided information and educational opportunities to expand their knowledge and understanding of the process of second language acquisition and the importance of maintaining the home language. Families are encouraged to continue to support their child’s development of their home language. 4. Incorporate classroom profiles and teaching 	<p>Daily</p> <p>Daily</p> <p>Throughput the program year</p> <p>Annually</p> <p>Ongoing</p>	<p>I/T Activity Plan</p> <p>Preschool Activity Plan FCCH Activity Plan Site visit reports Observations Child’s School Readiness Plan Preschool Activity Plan</p> <p>Training agendas, Sign in sheets</p> <p>Site Visit Reports</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>4. Ask open-ended questions in home language to encourage children to predict the outcome of various events and draw conclusions from their experiences as age appropriate.</p> <p>5. Offer children learning experiences that allow them to develop math skills and concepts, for example:</p> <p>(a) Counting (b) One to one correspondence (c) Size (d) Measuring (e) Graphing (f) Number concept (g) Classifying</p> <p>6. Provide concrete hands-on play opportunities to engage children and encourage expression of their ideas, thoughts, and feelings in their home language.</p> <p>7. Name the objects, concrete actions, and concepts the children cannot yet verbalize within a meaningful context. Create vocabulary lists of “new words” based on current study or theme and post in preschool classrooms. If group is predominantly Spanish speaking, offer vocabulary list in Spanish and introduce some words in English at the beginning of the year. Offer more vocabulary words in English and Spanish as children progress.</p>	<p>Daily</p> <p>Daily/Weekly</p> <p>Daily</p> <p>Throughout program year</p>	<p>Observations</p> <p>Preschool Activity Plan FCCH Activity Plan Observations DRDP-PS DRDP-I/T I/T Activity Plan HB Socialization Plan Child’s School Readiness Plan</p> <p>Family Home Visit Plan I/Activity Plan Preschool Activity Plan FCCH Activity Plan DRDP DRDP I/T Child’s School Readiness Plan</p> <p>Observations DRDP-PS DRDP-I/T I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Child’s School Readiness Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>Child’s School Readiness Plan to provide home activities/strategies that support individual child’s development of school readiness skills.</p> <p>11. Provide a meaningful print rich organized environment that includes labeling of interest areas and other environmental print that is relevant to the group of children utilizing the environment. Labels may include pictures and/or words in English as well as the home languages of the children enrolled (whenever possible).</p> <p>12. Preschool teachers will regularly plan opportunities to chart or graph children’s responses to inquiries for example graph types of pets, likes/dislikes and ask “What is your favorite activity?” “What did you do over the weekend?” etc.</p> <p>13. Provide children with a variety of writing experiences at writing centers and throughout classrooms including the opportunities to sign in daily, write or dictate their own stories (e.g., letters, journals w/ blank paper, notepads/clipboards and dictated stories or narratives added to art, photos etc.).</p> <p>14. Children’s personal space (“cubbies” or plastic bins) within classroom will be labeled with his/her name, symbol and/or photograph to facilitate recognition.</p> <p>15. Staff support Dual Language Learners understanding with gestures, props and repetition and encourage bilingual children to translate for other children using the same means when appropriate.</p>	<p>At the beginning of the program year and ongoing as changes are made to the environment</p> <p>Weekly</p> <p>Daily</p> <p>Upon enrollment</p> <p>Ongoing</p>	<p>Child’s School Readiness Plan</p> <p>Site Visit Reports</p> <p>Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Posted Charts Site visit reports</p> <p>Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Children’s Sign in Sheets, Journals, Portfolios Site visit reports Cubbies labeled</p> <p>I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Site visit reports</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	16. Conversations and contact between children of varying languages and abilities is encouraged in large and small groups.	Daily	Site Visit Reports
	17. Caregivers communicate with infants and toddlers in their home language in an intentional and consistent manner to support individualized planned language approach.	Ongoing	Site Visit Reports
	18. Classrooms shall be observed and routinely monitored by teaching staff, management staff, and monitors to assess the effective facilitation of instructional learning, and child engagement in learning experiences within the classroom environment. There is evidence of adjustments being made as needed and progress being made in the developmental domains of physical development and health, social and emotional development, approaches to learning, language and literacy, cognitive and general knowledge (School Readiness Goals).	Weekly	Site visit reports I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Child's School Readiness Plan Observations DRDP-PS DRDP -IT
	19. Plan and provide open ended activities which allow children to develop their thinking skills and use their imaginations by focusing on process rather than a set outcome or product.	Daily	Observations I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Child's School Readiness Plan I/T Activity Plan
	20. Provide training opportunities and support for staff and parents to increase their understanding, knowledge and skills of how to effectively support child growth and development to ensure expectations of current levels of development are appropriate.	Throughout program year	Participant Sign-In Sheet, Agendas Parent Contact Record Training Plan Parent Meeting Plan
	21. Provide training opportunities and support to teaching staff that increase their knowledge and understanding of how to implement effective	Throughout program year	Agendas Participant Sign-in sheets Evaluations

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>strategies that promote children’s concept development in a way which fosters experiential learning to support the development of child’s problem solving and reasoning skills by incorporating practices that align to adopted curriculum (including the inappropriateness of using precut patterns or “dittos”).</p>		<p>Training Plan Site visit reports</p>
<p>1304.21(a)(5) In center-based settings, grantee and delegate agencies must promote each child’s physical development by: (i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills; (ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child’s developmental level; and (iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.</p>	<ol style="list-style-type: none"> 1. Plan and provide indoor and outdoor materials and activities or games to provide planned and spontaneous opportunities for children to use large muscles through activities such as crawling, pulling, walking, running, skipping, hopping, throwing, catching, jumping, climbing, and balancing as age appropriate. 2. Plan and provide movement exploration experiences to help develop the child’s balance, endurance, and flexibility. 3. Plan and provide indoor and outdoor activities that support the child’s small muscle development to refine their hand-eye coordination and their sense of directionality as age appropriate. For example, stringing beads, line up or pick up small items, use a zipper or buttons on a self-help frame, crossing the midline to reach for items. 4. Plan and provide opportunities for children to develop a variety of age appropriate self-help skills (hanging up their coat/sweaters; snapping pants, passing serving food, wiping own nose, 	<p>Daily</p> <p>Daily</p> <p>Daily</p> <p>Daily</p>	<p>Observations I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Child’s School Readiness Plan Site visit reports</p> <p>Observations I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Child’s School Readiness Plan DRDP-PS DRDP-I/T</p> <p>Observations I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan Child’s School Readiness Plan DRDP- PS DRDP-IT</p> <p>Observations Family Home Visit Plan Child’s School Readiness Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>toileting).</p> <p>5. Implement IFSP or IEP goals and strategies to support the physical development of children with special needs by:</p> <ul style="list-style-type: none"> (a) Adapting materials and equipment so that all children can share in activities. (b) Providing spaces that make play equipment and materials accessible to all children. (c) Assisting children, if necessary, in using play materials by modeling. (d) Adapting activities, make accommodations, and use other strategies that integrate children socially and enable them to participate in all activities, regardless of abilities. 	<p>Daily</p>	<p>DRDP-PS DRDP-IT I/T Activity Plan Preschool Activity Plan FCCH Activity Plan</p> <p>IFSP/IEP Document I/T Activity Plan Preschool Activity Plan FCCH Activity Plan Observations Site visit reports Family Home Visit Plan</p> <p>Child's School Readiness Plan</p>
<p>1304.21(a)(6) In home-based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials.</p>	<p>1. Encourage parents to provide sufficient physical development opportunities for their children.</p> <ul style="list-style-type: none"> (a) Incorporate gross and fine motor activities during Home Visits. (b) Plan in collaboration with parents, gross and fine motor activities for parents to do in between Home Visits. (c) Use materials/objects from within the 	<p>Weekly (planned the week prior with evidence of parent input)</p>	<p>Parent Contact Record Site visit reports Family Home visit Plan Parent Education Training agendas Child's School Readiness Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>home.</p> <p>(d) Enhance home environment as needed by bringing props and equipment such as tricycles, table toys, scissors, scarves, etc.</p> <p>2. Provide parents with information and educational opportunities to increase their knowledge and understanding of home safety, child development, and age-appropriate guidance techniques.</p> <p>3. Model proper children supervision techniques for parents and encourage parents to assist with supervision during group experiences.</p>	<p>Weekly</p> <p>Weekly</p>	<p>Parent Contact Record Site visit reports Family Home Visit Plan Parent Contact Record Monthly – “News to You”</p> <p>Site visit reports Family Home Visit Plan Socialization Plan I/T Activity Plan FCCH Activity Plan</p>
<p>1304.21(b)(1)(i) Child development and education approach for infants and toddlers. (1) Grantee and delegate agencies’ program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5)): The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child’s family culture and, whenever possible, speak the child’s language (see 45 CFR 1304.52(g)(4));</p>	<p>1. Provide a developmentally appropriate environment that supports all aspects of School Readiness Goals for infants and toddlers.</p> <p>2. Provide a primary caregiving system of care where caregivers are assigned no more than 4 Infants/toddlers over an extended period of time and who speak the child’s home language (whenever possible based on staff assignment).</p> <p>3. Communicate with parents and staff on the development of secure relationships in out-of-home care settings for infants and toddlers, and understanding of the child’s family culture.</p>	<p>Daily</p> <p>Annually, and as children enroll</p> <p>Annually, as children enroll Ongoing</p>	<p>Primary Caregiver Assignments Child’s School Readiness Plan</p> <p>Parent Contact Record I/T Activity Plan FCCH Activity Plan</p> <p>Training Agenda Sign-in Sheets Evaluations Child’s School Readiness Plan Parent Contact Record</p>
<p>1304.21(b)(1)(ii) Trust and emotional security so that each child can explore the environment according to his or her</p>	<p>1. Provide educational opportunities and support to parents and staff to increase their knowledge</p>	<p>Ongoing</p>	<p>Training Agenda Sign-in Sheets</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
developmental level;	and understanding on the emotional growth of infants and toddlers. 2. Establish environments that are responsive to the child’s individual developmental level according to the Program for Infant Toddler Care (PITC) and adopted curriculum guidelines. 3. Modify and change environment as individual needs change to continually stimulate growth.	Daily Daily or as needed	Evaluations Parent Contact Record Child’s School Readiness Plan Observations Child’s School Readiness Plan Site visit reports DRDP-I/T Observations Child’s School Readiness Plan I/T Activity Plan FCCH Activity Plan
1304.21(b)(1)(iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.	1. Offer learning experiences that include a variety of developmentally appropriate sensory / motor experiences with support and stimulation from caregivers and family members (for example, water play or bath time play, finger foods, balls, climbing apparatus etc.). 2. Modify and change equipment and activities as individual needs change to continually stimulate growth.	Daily	Child’s School Readiness Plan Observations DRDP-I/T I/T Activity Plan FCCH Activity Plan HB Socialization Plan
1304.21(b)(2)(i) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that: Encourages the development of self-awareness, autonomy, and self-expression ; and	1. Plan and offer age appropriate activities, materials, and equipment responsive to caregiver interactions to encourage the development of self-awareness, autonomy, and self-expression of infants and toddlers (e.g., mirrors, books, photos, dolls, art/sensory media,	Daily	Child’s School Readiness Plan Observations DRDP-I/T I/T Activity Plan FCCH Activity Plan

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>developmentally appropriate experiences in emerging communication skills (re: songs, puppets, interactive toys, peek-a-boo, etc.).</p> <p>5. Caregivers talk to and read to their children daily and encourage parents to read to their children as well.</p> <p>6. Communicate with parents and staff on emerging communication skills of infants and toddlers.</p>	<p>Daily</p> <p>As needed or scheduled</p>	<p>DRDP-I/T HB Socialization Plan</p> <p>Child's School Readiness Plan Observations I/T Activity Plan FCCH Activity Plan HB Socialization Plan</p> <p>Training Agenda Sign-in Sheets</p>
<p>1304.21(b)(3)(i) (3) Grantee and delegate agencies must promote the physical development of infants and toddlers by: (i) Supporting the development of the physical skills of infants /toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, climbing;</p>	<p>1. Plan and offer learning experiences supporting development in grasping, pulling, pushing, crawling, walking, and climbing skills.</p> <p>2. Modify and change materials as individual needs and interests change to continually stimulate growth.</p>	<p>Daily</p> <p>Ongoing</p>	<p>Parent Contact Records Child's School Readiness Plan I/T Activity Plan FCCH Activity Plan HB Socialization Plan DRDP-I/T Observations</p>
<p>1304.21(b)(3)(ii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.</p>	<p>1. Plan and offer learning experiences that include a variety of developmentally appropriate materials that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.</p> <p>2. Modify and change materials as individual needs change to continually stimulate growth.</p>	<p>Daily</p> <p>As needed</p>	<p>Child's School Readiness Plan I/T Activity Plan FCCH Activity Plan HB Socialization Plan</p> <p>DRDP Observations</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.21(c)(1)(i) Child development and education approach for preschoolers. Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum (see 45 CFR 1304.3(a)(5) that: Supports each child’s individual pattern of development and learning;</p> <p>642(f)(3)(B) is based on scientifically valid research and has standardized training procedures and curriculum materials to support implementation;</p> <p>642(f)(3)(E) Is aligned with the Head Start Outcomes Framework and State early learning standards;</p>	<ol style="list-style-type: none"> Agency will develop program goals for improving school readiness of children participating in a program which includes alignment with the Head Start Early Learning Outcomes Framework. Staff fully implement adopted curriculum practices for preschool classrooms which are consistent with Head Start Performance Standards and Head Start Act. Children are free to make choices among many individualized options throughout learning environments. Activities are based on assessment of developmental domains of physical development and health, social and emotional development, approaches to learning, language and literacy, cognitive and general knowledge, and individual school readiness goals which are developed in conjunction with parents (School Readiness Goals and Child Outcomes). 	<p>Annually</p> <p>Daily Home-Base program planning is conducted the week prior with evidence of parent input.</p> <p>Throughout program year</p>	<p>School Readiness Goals School Readiness Data</p> <p>DRDP Preschool Activity Plan FCCH Activity Plan Observations Site visit reports</p> <p>Child’s School Readiness Plan Preschool Activity Plan FCCH Activity Plan Family Home Visit Plan HB Socialization Plan</p>
<p>1304.21(c)(1)(ii) Provides for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success;</p>	<ol style="list-style-type: none"> Include a variety of experiences addressing individual developmental levels at planned activities or interest areas to reflect varied degrees of difficulty in the developmental domains of physical development and health, social and emotional development, approaches to learning, language and literacy and cognitive and general knowledge. Provide instructional support in the dimensions of concept development, quality of feedback and language modeling by: 	<p>Daily Home-Base program planning is conducted the week prior with evidence of parent input.</p>	<p>Preschool Activity Plan Observations Family Home Visit Plan FCCH Activity Plan Site visit reports DRDP SRC Outcomes</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
individual and as a member of a group;	<p>(i.e., child-initiated, staff directed; large group, small group listening and talking activities; quiet and active) throughout the indoor/outdoor environments.</p> <p>2. Plan and provide learning concepts throughout the classroom interest areas to offer a variety of ways for children to gain knowledge (for example offer sorting, counting and measuring items in the house corner vs. requiring them to come to a table activity).</p> <p>3. Provide a place in the room for children to be by themselves on a regular basis or establish as needed during the day.</p> <p>4. Provide individual identified space (cubbies) for personal belongings of each child.</p> <p>5. Display photos of families and children participating in activities on their own and in group play.</p> <p>6. Engage in cooperative play activities that help children respect others; recognize strengths and model respect and encouragement to attempt new things.</p>	<p>Throughout the program year</p> <p>Ongoing</p> <p>Daily</p> <p>Ongoing</p> <p>Daily</p>	<p>FCCH Activity Plan Child's School Readiness Plan DRDP-PS Site visit reports Observations</p> <p>Observations Site visit reports</p> <p>Cubbies</p> <p>Photos Site visit reports</p> <p>Preschool Activity Plan FCCH Activity Plan Observations DRDP-PS</p>
<p>1304.21(c)(1)(vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning; and</p>	<p>1. Planned activities are based on developmental assessment and interests of children to include input from parents and IEP/IFSP goals and strategies, as appropriate. Children are free to make choices among many options.</p>	<p>Daily</p>	<p>Family Home Visit Plan Preschool Activity Plan FCCH Activity Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>2. Age appropriate materials are accessible at child height.</p> <p>3. Positive guidance strategies are used to guide and redirect children.</p> <p>4. Value and respect cultural differences and provide positive experiences that foster self-esteem. Convey the message that differences are valuable and interesting, for example learn words in the child's home language, have parents share family songs, stories or recipes. Provide meaningful print rich environments that include all languages of children in the classroom, which teachers can refer to frequently and incorporate in learning experiences.</p>	<p>Daily</p> <p>Daily</p> <p>Throughout program year</p>	<p>Observations Child's School Readiness Plan HB Socialization Plan IEP/IFSP Document Site visit reports Observations</p> <p>Observations Site visit reports</p> <p>Observations Site visit reports Preschool Activity Plan FCCH Activity Plan HB Socialization Plan</p>
	<p>5. Plan and provide activities that offer different developmental levels at tables and interest areas to allow maximum opportunities for successful experiences (for example, puzzles of varying levels of difficulty, writing and cutting activities offer varying levels of media, sequenced activities, etc.).</p> <p>6. Ensure that children with disabilities are integrated into the program by incorporating-IEP goals as well as their interests. Provide positive reinforcement for children's efforts to master new skills.</p>	<p>Daily</p> <p>Daily</p>	<p>Preschool Activity Plan FCCH Activity Plan Observations DRDP-PS</p> <p>Family Home Visit Plan Preschool Activity Plan FCCH Activity Plan IEP Document Observations DRDP-PS</p>
<p>1304.21(c)(1)(vii)</p>			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>Provides individual and small group experiences both indoors and outdoors.</p>	<ol style="list-style-type: none"> 1. Provide time and opportunities for the child to explore and discuss things of interest to him/her, both in one-on-one and small group setting, through planned and spontaneous activities. 2. Plan and organize the indoor environment into interest areas: blocks, house corner, table toys, art, sand and water, library corner, music and movement, computers, outdoors, and cooking (may be added as needed) in which children can work alone or with others. 3. Ensure interest areas have a variety of age appropriate, play based stimulating activities. 4. Offer new additions/changes to interest area every week. Encourage parents to bring items from home for house corner, etc. 5. Plan and organize the outdoor environment into areas where children can engage in individual and small group activities (for example, equipment for large muscle activity such as tricycles, basketball hoops, obstacle course, books/blankets, easels, music /movement, dramatic play props, etc.). 	<p>Daily</p> <p>Throughout program year</p> <p>Throughout program year</p> <p>Weekly</p> <p>Daily</p>	<p>Preschool Activity Plan FCCH Activity Plan Child’s School Readiness Plan Site visit reports</p> <p>Observations Site visit reports</p> <p>Site visit reports Observations</p> <p>Preschool Activity Plan FCCH Activity Plan Family Contact Log Parent Contact Record</p> <p>Observations Preschool Activity Plan FCCH Activity Plan Child’s School Readiness Plan</p>
<p>1304.21(c)(2) Staff must use a variety of strategies to promote and support children’s learning and developmental progress based on the observations and ongoing assessment of each child (see 45 CFR 1304.20(b), 1304.20(d), and 1304.20(e)).</p>	<ol style="list-style-type: none"> 1. Provide training, support and follow up to staff on the administration, interpretation, and utilization of developmental assessments including how to prepare individual education goals based on School Readiness Goals Data Analysis and School Readiness Plan for Continuous Improvement. 	<p>Throughout program year</p>	<p>Training Plan Meeting Plan Meeting Agendas Sign-In Sheets Site visit reports SR Outcomes Plan for Continuous Improvements</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>2. Administer an observation-based developmental assessment for each infant/toddler and preschool child. Observations, photos and samples of work should support skill level documented for each measure on assessment tool.</p> <p>3. Obtain general classroom observations/recommendations from nurse, psychologist, speech therapist, child development professional, in addition to teaching staff, obtain parental consent as needed.</p> <p>4. Prepare written observations of each child’s (e.g., use of language, interest/skill in activities, physical abilities, patterns of interaction with adults and children, eating habits, taped voice samples, conversations with parents about child’s progress at home, etc.).</p>	<p>All Programs use the child assessment interval timelines for child assessments (as appropriate for program days of service).</p> <p>Throughout program year</p> <p>Begin at enrollment and ongoing throughout program year</p>	<p>DRDP Observations Child Portfolios</p> <p>Observations Consent for Assessment form DRDP</p> <p>Observations DRDP</p>
	<p>5. Create portfolios for each child by collecting dated examples of child’s work (i.e., artwork, dictated stories, photographs, journals, child’s responses on charts and cutting/writing samples, etc.). Include child in selection of materials for their portfolio and incorporate dictated responses to why the materials were chosen.</p> <p>6. Prepare school readiness goals based on the assessment results with parent input which includes specific classroom and home activities or strategies to support individualized goals.</p>	<p>Throughout program year</p> <p>Complete goals at 90/180/270 days of enrollment.</p>	<p>Portfolios DRDP</p> <p>Child’s School Readiness Plan Parent Contact Record I/T Activity Plan Preschool Activity Plan FCCH Activity Plan DRDP Child’s School Readiness Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<p>7. Develop and utilize a system to link education goals and planned activities for use in classroom or child's home. Activity Plans for individuals and groups of children on a weekly basis.</p> <p>8. Use agency summary reports to analyze, aggregate and plan for program improvements and to build on strengths to enhance children's progress in learning and development, as identified in the School Readiness Plan. Share plans with parents at Parent Committee/Council meetings.</p>	<p>Throughout program year</p> <p>After each collection period</p>	<p>Child's School Readiness Plan I/T Activity Plan FCCH Activity Plan COPA Reports Child's School Readiness Plan</p> <p>Preschool Activity Plan Family Home Visit Plan DRDP Child School Readiness Plan School Readiness Goal Composite</p>
<p>§ 1304.22 Child Health and Safety</p> <p>1304.22(a) Health emergency procedures. Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:</p> <p>1304.22(a)(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;</p>	<p>1. Prepare written emergency plan/procedures for each site; discuss procedure with all staff members; post plan.</p> <p>2. Delegate procedures detailing emergency preparedness, including fire, earthquake, storms, floods or accidents, will be available to staff, and posted within each classroom and FCCH.</p> <p>3. All center/FCCH Staff to be trained in pediatric first aid/CPR, seizure emergencies and inhaled medication use (asthma).</p>	<p>Prior to centers opening</p> <p>Upon hire and prior to program opening</p> <p>Annually and as needed for new enrollees/staff</p>	<p>Medical Emergency Plan Staff Meeting Minutes Training Plan</p> <p>Staff Orientation Agenda Written Procedures First Aid Manual/Flip Chart Asthma Procedure Seizure Protocol</p> <p>Training Plan Participant Sign in Consent/Verification for Nebulizer Care (LIC 9166) Asthma Care Plan Individual Health Care Plan Medication Administration /Consent Form</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.22(a)(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;</p>	<ol style="list-style-type: none"> 1. Obtain emergency information from parent/guardian (e.g., consent forms to secure care, transport child, etc.); explain emergency procedures to parent. 2. Have parent/guardian complete emergency care authorizations. Authorizations may be in Spanish; however, an English copy must be attached. 	<p>At enrollment</p> <p>At enrollment As needed if parent information changes</p>	<p>Signed Emergency Card Daily Sign-In Roster</p> <p>Signed Emergency Card</p>
<p>1304.22(a)(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);</p>	<ol style="list-style-type: none"> 1. Review written safety procedures and evacuation plans for emergencies (e.g., fire, earthquake or weather related). 2. Fire and earthquake drills will be conducted monthly at Head Start Centers and every 6 months at FCCH's. 3. Post safety procedures and evacuation plans/drills. 4. Post a schematic drawing of the evacuation route for children and adults including waiting or holding area location upon exiting the building at all designated exits. 5. Include name(s) of staff responsible for special needs children on evacuation plans. 	<p>Annually</p> <p>Monthly (Center) Every 6 months (FCCH)</p> <p>At the beginning of program year. Update as necessary and after every drill conducted</p> <p>At the beginning of program year</p> <p>At the beginning of program year and as needed</p>	<p>Safety Procedures</p> <p>Evacuation Plans Evacuation Drill Form</p> <p>Emergency Care and Disaster Plan (LIC 610) Earthquake Preparedness Checklist (LIC 9148) Evacuation Drill Form</p> <p>Schematic Drawing</p> <p>Emergency Care and Disaster Plan (LIC 610)</p>
<p>1304.22(a)(4) Methods of notifying parents in the event of an</p>	<ol style="list-style-type: none"> 1. Ensure person notifying parent/guardian of 	<p>Immediately</p>	<p>Family Contact Log</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
emergency involving their child; and	emergency is well informed about emergency and condition of child. (i.e., Center Supervisor, FSW). 2. Relay pertinent information to parent/guardian.		Incident Report Emergency Card
1304.22(a)(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.	1. Ensure that signs of child abuse are recognized and appropriately referred and reported to authorities according to established child abuse reporting procedures. (a) Provide trainings and written information to staff about signs of abuse, reporting procedures and how to work with parents/guardians. (b) Provide information and parent education relative to child abuse.	When observed Annually and as needed Annually Ongoing as requested	Child Abuse Report Training Plan Agenda Participant Sign-In Meeting Plans Minutes Sign-In Sheets
1304.22(b)(1) Conditions of short-term exclusion and admittance. Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based/FCCH activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.	1. Provide training to parents and staff on daily health screening, injury, and contagious illness. 2. Review and distribute the Daily Health Screening and Exclusion Policy to parent/guardian and staff. 3. Screen each child for visible signs of contagious diseases prior to parent leaving the child. 4. Isolate children who become ill during the school day from other children and notify parent to pick child up from center. 5. Post copy of daily health screening and exclusion policy on parent boards and classrooms in language reflective of population	At enrollment; ongoing At enrollment Daily As needed At beginning of program year	Daily Health Check Training Agenda Sign-In Sheet Parent Orientation Agenda Parent Handbook Sign-In Form Daily Health Screening Checklist Case Notes Exclusion Policy Daily Health Screen

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	served.		
<p>1304.22(b)(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements <u>unless</u> keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency’s policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.</p>	<ol style="list-style-type: none"> 1. Provide care for all children in accordance with California community licensing guidelines. 2. Designated Staff will meet with parent/guardian to determine child’s health needs. 	<p>Ongoing</p> <p>As needed</p>	<p>Title XXII Requirements IFSP/IEP where appropriate 504/ADA plan</p> <p>Application Medication Consent/Administration Form Inhaled Medication Form Seizure Plan</p> <p>Individual Health Care Plan Asthma Care Plan Special Meal Accommodation Form Case Notes</p> <p>Child Success Team Request Child Success Team Results</p> <p>Social Services Referral Case Notes IFSP/IEP where appropriate 504/ADA plan</p>
<p>1304.22(b)(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program’s confidentiality policy.</p>	<ol style="list-style-type: none"> 1. Obtain complete health history and immunization data from parent/guardian 	<p>At enrollment</p>	<p>Application Health History California School Immunization Record (CSIR)</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
Designating a trained staff member(s) or school nurse to administer, handle and store child medications;	<ol style="list-style-type: none"> 1. Provide training on administering, handling, and storing child medications to designated staff members. 2. Provide follow up training as needed to meet current regulations and practices. 	<p>As needed</p> <p>As needed</p>	<p>Training Agenda Sign-in sheets</p> <p>Training Agenda Sign-in sheets</p>
1304.22(c)(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;	<ol style="list-style-type: none"> 1. Obtain a physician's written instructions and physician's signature with signed parent consent to administer medication (Asthma Care Plan for children with Asthma) from parent for all medications administered by staff. 2. Keep documentation on file at center. 	<p>As needed</p> <p>As needed</p>	<p>Medication Administration/ Consent Form Asthma Care Plan</p> <p>Medication Administration/ Consent Form Asthma Care Plan</p>
1304.22(c)(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;	<ol style="list-style-type: none"> 1. Maintain medication release, authorization forms, and individual records of all medications dispensed at the center. 2. Review individual records of all medications dispensed with parent of child at the end of each day. 	<p>As needed</p> <p>Daily or as Needed for PRN (as needed) medication</p>	<p>Medication Administration/ Consent Form Asthma Care Plan Inhaled Medication Form (Licensing)</p> <p>Family Contact Log Medication Chart</p>
1304.22(c)(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and	<ol style="list-style-type: none"> 1. Train staff and parents on possible side effects of medications. 2. Obtain and read side effect disclosure on medications. 3. Notify Primary Caregivers of any child taking medication and possible side effects of the specific medications. 	<p>As needed</p> <p>Upon receipt of medication</p> <p>Ongoing</p>	<p>Training Plan Asthma Care Plan Individual Health Care Plan</p> <p>Family Contact Log Medication Chart</p> <p>Family Contact Log Medication Chart Asthma Care Plan Individual Health Care Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	4. Document changes in child behavior believed to be related to medicine and report to Health Staff, FSW, and parent. 5. Assist parent in contacting physician regarding effect of medicine.	As needed	Family Contact Log Medication Chart COPA Critical Notes Family Contact Log COPA Critical Notes
1304.22(c)(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.	1. Provide training to staff on proper techniques for administering, handling, and storing of medication.	Annually Ongoing	Training Agenda/Sign In Training Plan Asthma Care Plan
1304.22(d)(1) Injury prevention. Grantee and delegate agencies must: Ensure that staff and volunteers can demonstrate safety practices; and	2. Ensure staff members demonstrate proper techniques for administering, handling, and storing of medications.	Ongoing	Individual Health Care Plan Inhaled Medication Form (Licensing) Observations Site visit reports
1304.22(d)(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.	1. Discuss with parents emergency procedures to follow in the home (e.g., post emergency phone numbers, sources of care, etc.).	As scheduled	Parent Education Calendar Meeting Plan Minutes Sign-Ins Agendas Monthly Parent Handouts

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.22(e)(1)(i-iv) Hygiene. Staff, volunteers, and children must wash their hands with soap and running water at least at the following times: (i) After diapering or toilet use; (ii) Before and after food preparation, handling, consumption, or any other food-related activity (e.g., setting the table); (iii) Whenever hands are contaminated with blood or other bodily fluids; and (iv) After handling pets or other animals.</p>	<p>1. Provide training to staff on child health observation, symptoms of common childhood diseases, importance of hand washing, dental hygiene, safety precautions, and basic first aid.</p>	<p>Throughout program year</p>	<p>Training Plan Agendas Sign-Ins Evaluations Literature Policies</p>
<p>1304.22(e)(2)(i) Staff and volunteers must also wash their hands with soap and running water: (i) Before and after giving medications;</p>	<p>1. Provide training for staff and volunteers on appropriate hand washing procedures. 2. Post visuals to remind all staff to wash their hands with soap and running water, before and after eating, after diapering or toileting children and when using the bathroom. 3. Those designated to administer medication will wash their hands before and after giving medication and between each child.</p>	<p>Annually Ongoing Annually as needed As required</p>	<p>Training Plan Hand washing Hygiene/ Diapering Procedure Observation Site visit reports Hand Washing Charts Observations Site visit reports</p>
<p>1304.22(e)(2)(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and</p>	<p>1. Provide training to staff and parents on proper procedures for use of gloves. 2. Provide training to staff and parents on blood borne pathogens.</p>	<p>Annually Ongoing Annually</p>	<p>Training Plan Sign-in Sheets Training Agenda Sign-In Sheets</p>
<p>1304.22(e)(2)(iii) After assisting a child with toilet use.</p>	<p>1. All staff must wash their hands with soap and running water, before and after eating, before and after diapering or toileting children and when using the bathroom.</p>	<p>As needed throughout the day</p>	<p>Observations Site visit reports</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.22(e)(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.</p>	<ol style="list-style-type: none"> 1. Provide nonporous latex free (ie: nitrile) gloves (to prevent latex allergic reaction) and ensure availability of gloves to all staff. 2. Provide training on glove use and disposal procedures. 	<p>Ongoing</p> <p>Annually and ongoing</p>	<p>Observations</p> <p>Training Agendas Sign-in Sheets</p>
<p>1304.22(e)(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.</p>	<ol style="list-style-type: none"> 1. Provide training on blood borne pathogens. 2. Establish a procedure that includes the following: <ol style="list-style-type: none"> (a) All blood and body fluids are to be treated as if they are infected. (b) Clean any soiled surface with an EPA approved sanitizing agent (i.e. Oxivir TB) and follow the manufacturer’s safety and use instructions immediately. If using bleach to sanitize, bleach must contain 8.25% sodium hypochlorite solution. (c) A disinfectant will be used daily to clean child and staff rest rooms. (d) Garbage cans used for disposal of any body fluids will be lined with a plastic bag and covered with a lid. Bags will be tied securely before disposal. (e) Gloves will be worn by staff if there is any possible contact with these fluids (blood, stool, urine, and vomitus). 	<p>Annually</p> <p>Review annually</p> <p>Ongoing</p>	<p>Training Agenda Sign-In Sheets</p> <p>Training Plan</p> <p>Monitoring Documentation Observations</p> <p>EPA Link: http://iaspub.epa.gov/apex/pesticides/f?p=PPLS:</p>
<p>1304.22(e)(5)</p>			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.</p>	<ol style="list-style-type: none"> 1. Develop written sanitation and hygiene procedures. 2. Provide training to staff on proper diapering procedures with return demonstration. Post written procedures. 	<p>Annually</p> <p>Annually and as needed</p>	<p>Hygiene/Diaper Procedure</p> <p>Training Agenda Sign-In Sheets</p>
<p>1304.22(e)(6) Potties that are utilized in a center-base program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.</p>	<ol style="list-style-type: none"> 1. Provide training to staff on proper cleaning and disinfecting procedures. 	<p>Annually and as needed</p>	<p>Training Plan</p>
<p>1304.22(e)(7) Grantee and delegate agencies operating programs for infants must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.</p>	<ol style="list-style-type: none"> 1. Provide training to staff, parents, and volunteers on crib/cot spacing requirement. 2. Develop individual floor plan to accommodate crib/cot space requirement. 	<p>Annually and as needed</p> <p>Annually and as needed</p>	<p>Training Plan Observations</p> <p>Room Arrangement Diagram Observation</p>
<p>1304.22(f)(1) First aid kits. Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.</p>	<ol style="list-style-type: none"> 1. Each class will maintain and have access to a first aid kit reflective of ages and class size. 2. All kits will be accessible to staff at all times, but kept out of the reach of children. 3. Children with specific health needs will be considered and the first aid kit will be supplied accordingly. 4. Location of first aid kit will be clearly marked/labeled with a Red Cross Sign. 	<p>Ongoing</p> <p>Ongoing</p> <p>As needed</p>	<p>Observations Site Monitoring</p> <p>Observations Site Monitoring</p> <p>IFSP/IEP Document Observations Site visit reports IHCP-Individualized Health Care Plans</p> <p>CST Documentation COPA Critical Notes</p>
<p>1304.22(f)(2) (2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.</p>	<ol style="list-style-type: none"> 1. Restock first aid kits. 	<p>Annually and as needed</p>	<p>First Aid Kit Inventory Checklist</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	2. Inventory first aid kits.	Every Other Month	
<p>§ 1304.23 Child Nutrition</p> <p>1304.23(a)(1) Identification of nutritional needs Staff and families must work together to identify each child’s nutritional needs, taking into account staff and family discussions concerning: Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);</p>	<p>1. Staff shall utilize forms that appropriately document the nutritional status of infants/toddlers/preschoolers in the areas of height and weight.</p> <p>2. The health staff shall procure and document hemoglobin/ hematocrit data on all children as age appropriate.</p>	<p>Within 45 calendar days of child’s first day of attendance. Within 30 calendar days for programs operating less than 90 days.</p> <p>Within 45 calendar days of child’s first day of attendance. Within 30 calendar days for programs operating less than 90 days.</p>	<p>Infant & toddler Needs and Service Plan Growth Assessment Health History/Nutrition Assessment COPA Reports</p> <p>Health History/Nutritional Assessment Child’s Health Records Child’s Physical Exam Form/Documentation from Medical Doctor Health History/Nutritional Assessment COPA Reports</p>
<p>1304.23(a)(2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 45 CFR 1308.20);</p>	<p>1. Explain purpose and use of nutrition assessment tool (located within the Health History form) to parents.</p>	<p>At Orientation/Enrollment and ongoing</p>	<p>Meeting Plan Minutes of Meetings Family Contact Log Orientation Health History/Nutritional Assessments Infant and Toddler Needs and Service Plan</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	2. Complete a nutrition assessment (located in Health History form) for each child. 3. Review results of the assessment with parents with regard to home dietary needs and specific nutritional needs; set specific goals for improving family's nutrition status if needed.	At enrollment Time of data collection	Health History Nutritional Assessment Family Contact Log Health History Special Meals Accommodation Referral Form Individual Health Care Plan
1304.23(a)(3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and	1. Obtain a 24 hour nutrition evaluation given by parent at time of enrollment. 2. Develop a complete Infant Needs and Services Plan for each child with parent. Plan is an ongoing tool that teacher and parent can adapt as child's needs change.	At enrollment Ongoing Update as frequently as necessary; at least every 3 months	Infant Toddler Needs and Services Plan Health History Form Nutritional Assessment Infant toddler Needs and Services Plan
1304.23(a)(4) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.	1. Identify major community nutrition problems (based on nutrition assessment and other feedback from parents) by: (a) Informing parents and assessing family's nutritional needs. (b) Hosting Health and Disabilities Advisory Committee Meetings. (c) Building collaborations with local nutrition services program (i.e.: WIC). 2. Invite participation from selected community nutrition agencies to a Parent Committee Meeting.	As needed As needed A Minimum of 2 times per year As needed Ongoing	Nutrition Assessments Parent Contact Record Parent Handouts Folder Sign In Sheet Meeting Agenda MOU Inter-agency agreements Parent Meeting minutes Agendas Correspondence
1304.23(b)(1)			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>Nutritional services. Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child’s food experience.</p>	<ol style="list-style-type: none"> 1. Arrange for participation in CACFP and reimbursement from CACFP program. 2. Complete forms that document compliance with ACF Head Start Program Child Care Food Program regulations. 3. Each agency shall maintain statements restricting the consumption of food to enrolled children, staff and volunteers only. 	<p>Ongoing</p> <p>Daily and Ongoing</p> <p>Annually</p>	<p>Approved CACFP Contract Eligibility Forms</p> <p>CACFP Forms/Reports Menus</p> <p>CACFP Site Visit Monitoring Toot</p>
<p>1304.23(b)(1)(i) All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.</p>	<ol style="list-style-type: none"> 1. CACFP revenue will be netted against CACFP expenses. 2. Remaining expenses will be applied to program based on funded child enrollment during the month. 	<p>Monthly</p> <p>Monthly</p>	<p>COPA report</p> <p>Program Service Plans (PSP’s)</p>
<p>1304.23(b)(1)(ii) (ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least \1/3\ of the child's daily nutritional needs. Each child in a center-based full-day program must receive 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.</p>	<ol style="list-style-type: none"> 1. Cycle menu which will include breakfast, snacks and lunch, in accordance with Child and Adult Care Food Program guidelines and regulations. 2. Menus including snacks and meals will be posted. 3. Menus changes will be documented by crossing out the original menu item and hand-writing the food item actually served. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Menus</p> <p>Menus</p> <p>Menus</p>
<p>1304.23(b)(1)(iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.</p>	<ol style="list-style-type: none"> 1. During health check, staff will ask parent/guardian if child has eaten breakfast that morning. 2. Provide breakfast, or an early hearty snack, to children in morning sessions who have not 	<p>Daily/as Identified</p>	<p>Menus</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	received breakfast at home.		
<p>1304.23(b)(1)(iv) Each child in a part-day center-based setting must receive meals and snacks that provide at least one-third of the child's daily nutritional needs. Each child in a center-based full-day program must receive 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. Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226. For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7CFR parts210, 220, and 226.</p>	<ol style="list-style-type: none"> 1. Complete an individualized plan for each child to meet his/her nutritional needs. 2. Prepare and Post menus that comply with USDA Meal Patterns. 3. Provide transition of foods when child is ready and as appropriate. 	<p>Prior to enrollment/as Child's nutritional needs change</p> <p>Monthly</p> <p>In accordance with CACFP guidelines; direction by primary health care provider and parent(s)</p>	<p>Infant Toddler Needs and Services Plan Special Meals Accommodation</p> <p>Menus</p> <p>Infant Toddler Needs and Services Plan Menus</p>
<p>1304.23(b)(1)(v) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to the recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.</p>	<ol style="list-style-type: none"> 1. Arrange for participation in and reimbursement from National School Lunch Program or Child and Adult Care Food Program. 2. Arrange for meal service at each site either by employing a Head Start cook or through delegate agency's food service program. 3. Provide copies of Head Start Performance Standard and Head Start Nutrition and Wellness Policy to district food service personnel during 	<p>Daily</p> <p>Annually</p> <p>Annually</p>	<p>National School Lunch Program and child care application Child Care and Adult Food Program application</p> <p>Contract with vendor</p> <p>Site visit reports</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	Site Visit.		
<p>1304.23(b)(1)(vi) For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.</p>	<ol style="list-style-type: none"> 1. Ensure that menus provide meals high in nutrients and low in fat, sugar, and salt. 2. Provide meals and group experiences high in nutrients and low in fat, sugar, and salt. 3. Menus must be reviewed by registered dietician. 	<p>Annually</p> <p>Daily</p> <p>Prior to meal service</p>	<p>Menus Nutrition & Wellness Policy</p> <p>Menus Observations Site visit reports</p> <p>Approved Menus</p>
<p>1304.23(b)(1)(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible or at appropriate intervals.</p>	<ol style="list-style-type: none"> 1. Schedule regular snack and meal periods, assuring that AM snack/breakfast is at least 2 hours before lunch. Allow ample time for children to eat. 2. Infants and toddlers will be fed according to their Infant/Toddler Needs and Service Plan (INSP) and upon demand. 	<p>Daily</p> <p>Daily</p>	<p>Daily Meals/Snacks Schedule Infant Meal Record</p> <p>Infant Meal Record Infant Needs Service Plan</p>
<p>1304.23(b)(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).</p>	<ol style="list-style-type: none"> 1. Provide healthy snacks/meals that are high in nutrients as age appropriate during group socializations. 	<p>Ongoing</p>	<p>Socialization Menu</p>
<p>1304.23(b)(3) Staff must promote effective dental hygiene among children in conjunction with meals.</p>	<ol style="list-style-type: none"> 1. Provide classroom, FCCH and Home demonstrations and discussion of correct tooth brushing techniques as age appropriate. 2. Caregivers and teachers aid toddlers and preschoolers in brushing their teeth after AM or noon meal. Caregivers wipe infants' gums with 	<p>Daily</p> <p>Daily</p>	<p>Daily classroom schedule Observations Toothbrushing Log</p> <p>Daily classroom schedule Observations</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	gauze as age appropriate.		
	3. Provide children with toothbrushes, and replace every 3 months. Demonstrate and discuss correct brushing technique with parent and child.	Throughout program year	Site visit reports Observations
1304.23(b)(4) Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the Agency's nutritional services.	1. Menus to be available to parents for review and comment; their recommendations shall be incorporated into the menus as appropriate. 2. The Health and Disabilities Advisory Committee shall review and advise on nutrition policies.	Ongoing As scheduled	Posted Menus Health Advisory Minutes Nutrition & Wellness Policy
1304.23(c) Meal service. Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:	See Strategies Below:	See Time Frames Below:	See Documentation Below:
1304.23(c)(1) A variety of food is served which broadens each child's food experiences;	1. Review data regarding the ethnic distribution of families served. 2. The staff shall ask parents for ideas and recipes that can be incorporated into the daily menu. 3. The educational staff shall incorporate ethnic food materials into curriculum activities as age appropriate.	At enrollment Throughout program year Weekly	Application Monthly Attendance Minutes Agendas Family Contact Log Observations Menus I/T Activity Plan Preschool Activity Plan
1304.23(c)(2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;	1. Provide a variety of foods, textures, and ethnically diverse dishes, during lunch and snack.	Daily/weekly	Menus Observations

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	<ol style="list-style-type: none"> 2. Introduce new foods gradually; encourage children to taste new foods and those prepared in new ways. 3. Accept their likes and dislikes. 4. Do not use food as a punishment or reward. 5. The staff shall refer children to the nurse/Health Coordinator/Nutrition Consultant who exhibit nutrition-related problems. 	<p>Daily</p> <p>Daily</p> <p>Daily</p> <p>As needed</p>	<p>Observations I/T Needs and Service Plan I/T Activity Plan Preschool Activity Plan FCCH Activity Plan HB Socialization Plan</p> <p>Observations</p> <p>Observations</p> <p>Nutrition Concern Form COPA Report</p>
<p>1304.23(c)(3) Sufficient time is allowed for each child to eat;</p>	<ol style="list-style-type: none"> 1. The classroom staff shall schedule meal service considering the needs of all children (slow and faster eaters). A minimum of one-half hour will be allowed. 	<p>Daily</p>	<p>Daily classroom schedule Observations</p>
<p>1304.23(c)(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;</p>	<ol style="list-style-type: none"> 1. Written procedures shall outline staff requirements to eat with children and model appropriate family style meals. 2. The education staff shall receive orientation and inservice training on nutrition education topics. 3. Daily menus shall reflect food diversity in color, texture, ethnic origin, etc., so as to assist staff in stimulating language development. 4. Program compliance monitoring shall be conducted. 	<p>Ongoing</p> <p>Annually Ongoing</p> <p>Ongoing</p> <p>Throughout program year</p>	<p>Observations Written Procedures in Parent Handbook</p> <p>Training Plan Staff Meetings/Agendas Sign-In Sheets Evaluations</p> <p>Daily Menu Observations</p> <p>Site visit reports</p>
<p>1304.23(c)(5)</p>			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>Infants are held while being fed and are not laid down to sleep with a bottle;</p>	<ol style="list-style-type: none"> 1. Train staff and parents on proper infant bottle feeding practices. 2. Provide written information to staff and parents on baby bottle mouth tooth decay. 3. Ensure infants are held while being fed and are not laid down to sleep with a bottle. 	<p>Annually as needed</p> <p>Annually</p> <p>Daily</p>	<p>Training Plan Sign-In Sheets Observations</p> <p>Training Plan Sign-In Sheets Pamphlets</p> <p>Observations Monitoring Report</p>
<p>1304.23(c)(6) Medically-based diets or other dietary requirements are accommodated; and</p>	<ol style="list-style-type: none"> 1. Children’s documentation shall include information on children’s food allergies. Staff shall monitor and comply by excluding known food allergies from the child’s daily diet. 2. Coordinate special dietary needs of any child. 	<p>Daily</p> <p>Completion of assessment/ ongoing as dietary needs change or are identified</p>	<p>Child Emergency Cards Special Meals Accommodation Form Confidential Child’s Files Posted List</p> <p>Posted Dietary Needs Medical Statement to Request Special Meals Nutrition Referral</p>
<p>1304.23(c)(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.</p>	<ol style="list-style-type: none"> 1. Classroom staff ensure that: <ol style="list-style-type: none"> (a) Children may help set the table on a routine basis as age appropriate. (b) Appropriate utensils and paper goods are evident. (c) Children serve themselves. (d) Children help in cleanup. (e) Children are able to have second servings. 	<p>Daily</p>	<p>Observations</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	2. Activity plan format shall include nutrition education activities during structured/unstructured play as age appropriate. 3. Provide opportunities for children to participate in food preparation activities. 4. Discuss informally the relationship of food to health during snack and meal times as age appropriate. 5. Provide games, stories, songs, flannel board stories, and activities specifically designed to increase child’s awareness of good nutrition as age appropriate.	Throughout program year At least Monthly Throughout program year Throughout program year	I/T Activity Plan Preschool Activity Plan FCCH Activity Plan HB Socialization Plan Observations I/T Activity Plan Preschool Activity Plan FCCH Activity Plan HB Socialization Plan I/Activity Plan Preschool Activity Plan FCCH Activity Plan HB Socialization Plan Observations Site visit reports Child’s School Readiness Plan I/T Activity Plan Preschool Activity Plan FCCH Activity Plan HB Socialization Plan
1304.23(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.	1. Information on food ideas for infants/toddlers/ preschoolers and consumer education topics shall be routinely distributed to all parents in Spanish and English. 2. Resource materials, publications, and periodicals that share nutrition information for families shall be provided. 3. Schedule education sessions on high interest nutritional topics for inclusion in parent meetings.	Ongoing Throughout program year During Year	Bulletin Boards Copy of Handouts Handout file Parent Meeting Agendas, Minutes, Sign-in Sheets
1304.23(e)(1) Food safety and sanitation.	1. A health inspection will be conducted of all food	Annually prior to opening	Documentation of

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

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<p>Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws.</p>	<p>service areas.</p> <ol style="list-style-type: none"> 2. All staff and regular classroom volunteers shall have a TB clearance. TB clearance is defined as a PPD skin test or chest X-ray if PPD test is contraindicated. 3. All CACFP records required for audit will be maintained by the Grantee Agency including: <ol style="list-style-type: none"> (a) Daily Attendance Records (b) Production Record (c) Meal Records (d) Billing/Reports (e) Transportation Records (f) Site Visit Monitoring Reports 	<p>centers</p> <p>Upon employment-ongoing before expiration (staff every 4 years/volunteers annually)</p> <ol style="list-style-type: none"> (a) Daily (b) Daily (c) Daily (d) Monthly (e) Daily (f) 3 times/year 	<p>inspection on file</p> <p>Personnel File TB Clearance</p> <p>Reports on File</p>
<p>1304.23(e)(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.</p>	<ol style="list-style-type: none"> 1. Provide training to staff, parents and volunteers on proper handling of breast milk and formula. 2. Provide refrigeration or storage for formula and breast milk. 3. All breast milk will be date labeled on a daily basis. 4. Breast milk will be returned to parent/guardian at the end of the day. 	<p>Annually As needed</p> <p>Daily</p> <p>Daily</p>	<p>Training Plan Sign-In Sheets Breast Milk Storage Procedure</p> <p>Observation Monitoring</p>
<p>§ 1304.24 Child Mental Health</p>			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.24(a)(1) Mental Health Services Grantee and delegate agencies must work collaboratively with parents by: (see 45 CFR 1304.40(f) for issues related to parent education)</p>	<p>Refer to Strategies Below:</p>	<p>Refer to Time Frame Below:</p>	<p>Refer to Documentation Below:</p>
<p>1304.24(a)(1)(i) (ii) Soliciting parental information, observations, and concerns about their child’s mental health; sharing staff observations of their child and discussing and anticipating with parents their child’s behavior and development, including separation and attachment issues.</p>	<ol style="list-style-type: none"> 1. Staff will assist parents/guardians with identifying strategies and family routines they can implement with their child in order to decrease separation issues. 2. Interview/survey parents to identify parent/guardian concerns with their child’s mental health and social/emotional development. 3. Provide parent training and resources based on parent survey results, parent conferences and Family Partnership Agreement. 4. Complete and review the ASQ-SE with parent/guardian. Discuss child’s strengths and areas of concern. Assist parent/guardian with identifying strategies/ techniques they can use. 	<p>Orientation</p> <p>At registration and throughout the program year</p> <p>Throughout program year</p> <p>Within 45 calendar days (30 calendar days for programs operating 90 days or less) of child’s first day of attendance</p>	<p>Parent Orientation Agenda Information Handout</p> <p>Parent Survey Family Partnership Agreement Child’s School Readiness Plan</p> <p>Parent Training Agenda Parent Training Sign-in</p> <p>ASQ-SE Parent Contact Record</p>
<p>1304.24(a)(1)(iii)-iv (iii) Discussing and identifying with parents appropriate responses to their child’s behaviors; (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program; (v) Helping parents to better understand mental health issues; and (vi) Supporting parents’ participation in any needed mental health interventions.</p>	<ol style="list-style-type: none"> 1. Staff will provide parent/guardian: <ol style="list-style-type: none"> (a) Developmentally appropriate resources on how to: respond to their child’s behavior, strengthen nurturing and supportive home environment. (b) Mental health information with other community health resources given to parents/guardians. 	<p>Throughout the program year</p> <p>Throughout the program year</p>	<p>Family Case Notes Parent Contact Record Family Home Visit Plan</p> <p>Handouts/Resource Material</p>

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
	2. Staff will include mental health topics as part of the Parent Education Material provided to parents/guardians and discussed at parent meetings. 3. Staff will provide parent/guardian referrals for mental health services based on family need. 4. Staff will support parent/guardian and child's participation in mental health interventions by providing encouragement, assistance with transportation to scheduled mental health appointments, family goal setting and including recommended strategies into the classroom environment, as appropriate.	Throughout the program year As needed Throughout program year	Parent Meeting Agendas Parent training Sign-in Social Services Referral Mental Health Agency Referral Form Family Contact Log Parent Contact Record Family Home Visit Plan Family Partnership Agreement
1304.24(a)(2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and	1. Agencies will: (a) Establish MOU's and/or contracts with Mental Health Professionals to provide necessary mental health support/ services in order to address family and staff concerns. (b) Maintain a schedule of on-site mental health consultation which is sufficient to meet the current staff/parent/individual child need. (c) Provide necessary referrals for mental health support/services to support parent/child/staff.	Throughout program year Throughout program year As needed	Correspondence MOU's Contract Calendars Social Services Referral Individual Social Emotional Observation Mental Health Agency Referral
1304.24(a)(3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:	Refer to Strategies Below:	Refer to Time Frame Below:	Refer to Documentation Below:

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
<p>1304.24(a)(3)(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children</p>	<ol style="list-style-type: none"> 1. Maintain a schedule of onsite mental health consultation sufficient to support staff/parent and individual child need. 2. Staff/provider will implement CSEFEL (Center on the Social Emotional Foundations for Early Learning) Teaching Pyramid practices in order to support the social-emotional development of each child and to promote a positive classroom/FCCH/Socialization group learning environment. 3. Classroom/FCCH observations will be conducted as needed. Observational resources will be utilized to measure teaching practices, universal practices associated with nurturing and responsive relationships and the teacher’s capacity to individualize social-emotional or behavioral interventions for children. 4. When persistent atypical behavior and/or immature social skills are exhibited by a child staff/provider and parent/guardians will develop an individualized intervention plan focused on teaching the child new skills by implementing social emotional or behavioral intervention(s). 	<p>Throughout program year</p> <p>Throughout program year</p> <p>Throughout the program year.</p> <p>During Child Success Team Meeting</p>	<p>Calendars</p> <p>Classroom Observations TPOT Social Emotional Classroom Observation FCCH Social –Emotional Observation</p> <p>Classroom Observation TPOT Social Emotional Classroom Observation FCCH Social-Emotional Observation CLASS (Preschool)</p> <p>Individualized Intervention Plan</p>
<p>1304.24(a)(3)(ii) Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues;</p>	<ol style="list-style-type: none"> 1. Based on site monitoring, individual child and group observations, parent surveys, home visits, and parent conferences, provide on-site parent and staff education trainings that promotes early child mental health wellness by increasing parent/guardian and staff/providers understanding of mental health issues. 	<p>Throughout program year</p>	<p>Parent/Staff Training Agendas/handouts Parent Meeting Minutes Parent Surveys Family Home Visit Plan Site Visit Reports Parent Contact Record</p>
<p>1304.24(a)(3)(iii)</p>			

PROGRAM AREA PLANS

GRANTEE AGENCY STANISLAUS COUNTY OFFICE OF EDUCATION

PROGRAM AREA EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

PERFORMANCE CITATION	STRATEGY	TIME FRAME	DOCUMENTATION
Assist in providing special help for children with atypical behavior or development; and	1. When a child exhibits atypical behavior staff will obtain information from the following sources: (a) Health history information (b) Developmental, sensory, behavioral screenings (c) Parent/guardian and other close family members (as appropriate, for example living with or providing care to child) (d) Teacher observations, assessment results , and behavioral data collected to indicate behavioral: antecedent, topography, consequence, duration, and location	Prior to case conferencing	Health History Hearing/Vision Screening ASQ-3 ASQ:SE ESI Family Contact Log Observations DRDP-IT DRDP-PS Data collection sheets
	2. Staff will discuss child’s atypical behavior and above information during case conferencing to determine if current classroom strategies are effective and are positively impacting the child’s behavior. Staff will also determine whether a multidisciplinary team should meet to identify additional strategies/interventions/referrals.	At Case Conferencing	Case Conferencing Notes
	3. When a multidisciplinary team is needed a Child Success Team (CST) Meeting will be scheduled and held based on parent/guardian availability.	As needed	Request of Child Success Team Notification of Child Success Team Meeting
	4. Child Success Team Meeting will include parent/guardian, mental health professional, and teaching staff in order to develop an individualized intervention plan (e.g. Individualized Positive Behavior Support (PBS) Plan).	At Child Success Team Meeting	Results of Child Success Team Meeting Intervention Plan Request for an Individual Social-Emotional Observation Individualized Intervention Plan

