



CITY OF PHOENIX HEAD START BIRTH TO FIVE PROCEDURE MANUAL



Program Goals

The City of Phoenix Head Start Birth to Five Program goals were created through an interactive process comprised of leadership, varying levels of staff, policy council, and the community. The program goals are intended to set the City of Phoenix Head Start Birth to Five Program's direction over the next five years. Goals illustrate the responsibility of the City of Phoenix Head Start Birth to Five Program to help children reach school readiness outcomes that will build the platform for future learning. In addition, children must have access to experiences that create a desire and love of learning through high-quality learning environments and with instructional staff that is responsive, engaged, and caring. Program goals also reflect the intentional work done to scaffold parenting supports to build family stability, economic-mobility, and family self-sufficiency.

Program Structure

The City of Phoenix Head Start Birth to Five Program has three service options, including home-based programming for infants and toddlers. Center-based services are available for infants and toddlers, and preschoolers. The City of Phoenix Head Start Birth to Five Program utilizes a unique collaborative structure. It delegates some of the responsibilities to the Education Service Providers and Child Care Partners. In general, the Education Service Providers and Child Care Partners are responsible for the day to day, early childhood development in the classroom, with the instructional staff being employees of the Education Service Providers or the child care centers. The main activities include enrolling children, classroom instruction and attendance, conducting developmental and social/emotional screenings, obtaining disabilities services, food service, and working with parents on their children's educational needs.

The City of Phoenix Head Start Birth to Five Program handles the family services and mental health services, with the caseworkers and content area specialists being City of Phoenix employees.

The primary responsibilities of the City of Phoenix Head Start Birth to Five Program are:

- Conducting intake interviews
- Determining eligibility
- Working with the families to develop and implement Family Partnership Agreements
- Follow up on physical and dental examinations
- Providing mental health assessments and services for children
- Providing content area expertise in health, nutrition, education, disabilities, parent involvement, mental health, and program governance

Education Service Providers and the City of Phoenix Head Start Birth to Five Program have management staff responsible for ongoing monitoring and program oversight. The City of Phoenix Head Start Birth to Five Program also monitors the Education Service Providers and Child Care Partners. All components of the Early Head Start Grant are the responsibility of and are directly operated by the City of Phoenix.

The City of Phoenix Head Start Birth to Five Program plays a crucial role in providing services to children identified as most in need. In recognition, Head Start cannot serve all those eligible or in need, the City of Phoenix Head Start Birth to Five Program is reliant on other partners to provide additional resources. The City of Phoenix Head Start Birth to Five Program acts as the Head Start Grantee and Education Service Providers as educational services to identified partners serving for both preschool and child care partnership grant options. All Head Start classrooms will operate by Education Service Provider Agencies or child care partners.

Education Service Providers are encouraged to utilize layered funding opportunities provided through other federal, state, or local fundings sources, such as IDEA resources, Child Care Development Block Grant, and First Things First Scholarships.

Comprehensive Services

As the grantee, the City of Phoenix Head Start Birth to Five Program is responsible for accessing, hiring, and overseeing the comprehensive services necessary for successful implementation of the grant as well as for child and family success.

Comprehensive services include:

- Education
- Health
- Nutrition
- Mental Health
- Family and Social Services
- Integrating children with special needs

Ratios and Group Size

Through formal contact with the City of Phoenix Head Start Birth to Five Program, all Education Service Providers and Child Care Partners agree to maintain Head Start ratio standards.

- Under 3 years old, no more than 8 children in a classroom with two teachers.
- Predominately 3-year-old classrooms cannot exceed 17 enrolled children in a classroom
- In a 4 and 5-year-old classroom, no more than 20 children in a class.
- In a 3-5-year-old preschool classroom that is part of double sessions, the enrollment cannot exceed 17 children.
- In a classroom serving infants and toddlers, each teacher must be assigned consistent, primary responsibility for no more than four children.
- Additional information is available in HSPPS 1302.21

Service Duration

The home-based visitation program will provide one home visit per week per family that lasts 1.5 hours for 46 weeks in a calendar year. The home-based visitation program also provides families enrolled in this service option with 22 group socialization opportunities throughout the year.

Early Head Start-Child Care Partners will provide a minimum of 10 hours per day, for at least 250 days a full-year.

The center-based preschool classrooms will provide 1,020 hours in alignment with the school year of the residing community school district.

A duration preschool classroom will provide 1,380 hours of planned class operations for all enrolled children.

Home-Based Services

The City of Phoenix Head Start Birth to Five Program offers a home-based option to at-risk pregnant mothers and families with infants and toddlers. A full range of comprehensive services is provided through visits to the home, socialization, and parent engagement opportunities.

Conversion of Slots

The City of Phoenix Head Start program will review the need to convert slots based on community availability of other funding resources, wait-lists, and patterns within the community needs assessment.

Education Service Providers may officially propose the conversion of slots to the City of Phoenix for consideration at the time of application renewal. However, consideration should be given to the time necessary for planning and acquiring approvals at multiple levels.

Eligibility, Recruitment, Selection, Enrollment, and Attendance

Purpose

The City of Phoenix Head Start Birth to Five Program can serve 24% of the eligible population within its service boundary. The ERSEA processes are essential in identifying eligible families, outlining recruitment processes, establishing criteria for those with high-risk backgrounds, how children are enrolled, and tracking attendance, outlined in the ERSEA Plan. The plan is reviewed and approved annually by the Policy Council and Governing Board.

The City of Phoenix Head Start Birth to Five Program must keep eligibility determination records for each participant and documentation of ongoing ERSEA training for staff. The program will keep these records electronically. The City of Phoenix Head Start Birth to Five Program recruitment and outreach is conducted on a continual cycle throughout the year. To ensure full enrollment, targeted recruitment and outreach efforts are conducted throughout the year based on local recruitment plans. Recruitment and outreach efforts are the responsibility of all staff within the City of Phoenix Head Start Birth to Five program, Education Service Providers, and Child Care partners. Recruitment efforts target special populations such as children experiencing homelessness, children in the foster care system, children with formally identified disabilities, and children with a refugee experience.

Pre-Registration

Pre-Registration forms represent a family's interest in the program. Pre-registration forms are completed throughout the year via telephone, online portal, and during community outreach events. Many partners will assist in identifying and recruiting families using this process.

Implementation Expectation	Responsible Party	Timeline	Monitoring Activities
<p>Staff will assist families in completing the Pre-Registration Form, which includes:</p> <ul style="list-style-type: none"> • Parent(s)/Guardian name • Child Name and DOB • Family address • Parent email address • Number of members in the household • Family school district • Categorically eligible areas 	<p>Caseworker I, Clerical, Caseworker III, ESP</p>	<p>Ongoing</p>	<p>The caseworker I will document status and close-out pre-registration files by documenting in ChildPlus. During intake review, caseworker III will verify the pre-registration has been closed-out by the caseworker I. Refer to <i>ChildPlus Training Guide</i></p> <p>Additional monitoring will be conducted to ensure the caseworker IIIs and caseworker Is are including all required documentation on or before the identified deadlines.</p>

After a pre-registration is completed, families will be contacted by caseworker I to conduct pre-screening for income eligibility (100% of federal poverty level) and to determine families are within the service area boundaries before an intake is scheduled. The caseworker I will introduce the program, explain family and caseworker roles, and confirm interest in the program.

The caseworker I will document the outcome in the "Outcome Status" box of the pre-registration form; after the intake is complete the caseworker will document "intake complete" in the dropdown box at the time the intake is set "for

review". Refer to *ChildPlus Training Guide*. When scheduling an intake, families will be informed of all required documents to complete the intake and determine eligibility.

** In the event of a pandemic or other unique circumstances, families will be required to submit all necessary documentation through a secured electronic system prior to scheduled intake. Intake will be conducted via phone or virtual platform.

Families who are determined to be ineligible will be provided resources, if needed. At a minimum, these will include:

- Other preschool options/Child Care Resource and Referral
- City of Phoenix Family Service Center
- Additional early childhood programs

Over Income

A family whose income exceeds 100% of the poverty guidelines is considered over-income. The Head Start Program Performance Standards allow for 10% of the funded enrollment to be filled by children whose families are determined over-income and score high on the Selection Criteria or the child is being serviced under AzEIP or IDEA. An intake with income over 100.1% of the federal poverty guidelines must be staffed with the Caseworker III before proceeding to complete the intake. Once the 10% mandate has been fulfilled, eligibility decisions should consider income and selection criteria priorities.

Categorically Eligible

A child living in one or more of the following situations would constitute automatic or categorical eligible.

- Age eligible children who are experiencing homelessness as defined by the McKinney-Vento Homeless Assistance Act and the Office of Head Start
- Children within the foster care system
- The family is eligible for or, in the absence of child-care, would be potentially eligible for public assistance, including TANF, Supplemental Security Income (SSI)
- Children with disabilities are NOT considered categorically eligible solely based on identified disability of other special needs

At Intake

The purpose of the intake meeting is to initiate contact with families, review documentation, gather and review required information, and identify the family's strengths and needs. This **in-person meeting identifies key components necessary to determine if the family is eligible and identify any additional Selection Criteria/Adverse Childhood Experiences that prioritizes the family's likelihood of selection.

** In the event of a pandemic or other unique circumstance, intakes will be conducted virtually.

Serving Multiple Children in the Family

When multiple eligible children are in the home, an intake will be completed for family by the same Caseworker. Families who have children enrolled in multiple service options will have one caseworker as their point of contact: all caseworkers will support the family. The caseworker with the most contact with the family will be the point of contact, (i.e., if the family is enrolled in the Early Head Start Home-Based program, more than likely, that caseworker would be the point of contact due to the weekly visits with the family).

The point of contact will communicate their role to the family and describe how they will support the family throughout the program year. The point of contact and all other caseworkers will have regularly scheduled staffings to stay up to date on their status of family's and progress. A summary of these meetings will be documented in ChildPlus.

Eligibility

Implementation Expectations	Responsible Party	Timeline	Monitoring Activities
<p>The intake process for new families will include the following:</p> <p>Categorically Eligible:</p> <ul style="list-style-type: none"> • DES TANF Verification • Current SSI Award Letter • Foster Care Notice to Provider • Families Experiencing Homelessness, verification can be from; <ul style="list-style-type: none"> Homeless service provider School Personnel Agency attesting to the child's living situation Self-declaration from the parent <p>Information gathered during the intake</p> <p>Verification of family's income</p> <p>1302.12(i): (1) To verify eligibility based on income, program staff must use:</p> <ul style="list-style-type: none"> • Tax Forms (i.e., W-2 or 1040) • Pay Stubs • Other Proof of Income • Self-Declaration • DES TANF Verification • Current SSI Award Letter • Child Support Income • Unemployment Benefits <p>To determine the family income for the relevant time period.</p> <p>Verification of child's age</p> <p>Examples of verification may include:</p>	<p>Caseworker I, Caseworker Aide, Caseworker III (HB)</p>	<p>Ongoing</p>	<p>Caseworker III will monitor intakes to ensure all required items are included and/or uploaded (if applicable) into ChildPlus.</p> <p>Additional monitoring will be conducted to ensure Caseworker III and Caseworker I are including all required documentation on or before the identified deadlines.</p>

- Birth Certificate
- Hospital Records
- Baptism Records
- Passport
- Notice to Provider

**A family will not be denied an intake if unable to verify the child's age (i.e., birth certificate, passport, I9, or baptism records). The caseworker will assist the family in obtaining appropriate documents.

Caseworker I will assist families and provide resources to obtain verification of child's age.

Verification of address (must be recent within the last 30 days)

Examples of verification may include:

- Household Bills- lease, water, electric
- AHCCCS/DES Determination Letter

Caseworker I must consult with their direct supervisor when considering special circumstances.

Caseworker I will complete the following information at the time of intake: Refer to *ChildPlus Training Guide*.

- ChildPlus Application
- Health/ Medical History
- Nutrition Screening
- Family Outcomes Project (FOP)
- Verification of Eligibility (signed by caseworker)
- Grant/Deny
- Selection Criteria
- Initial intake Summary
- SAM's, if needed (must be completed prior to an enrollment)

<ul style="list-style-type: none"> • Immunizations • PIR <p>Review of medical requirements and immunization status will include the following:</p> <ul style="list-style-type: none"> • Explanation of health requirements and resources provided, as needed for uninsured children and families • Distribution of physical exam form • Distribution of dental exam form • Review of current immunization status and distribution information on immunization fairs • Distribution of a SAM (Special Meal Modification Form, Asthma Information Referral, and Medical Information Referral) to gather information from the child's health care provider regarding health or nutrition accommodations the child may need while at school or in child care. 			
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Caseworker I will ensure all components of the intake are completed with accuracy and documentation is uploaded prior to setting the intake application for review.

Intakes will be reviewed and/or approved within 7 business days by designated staff and documented in the ChildPlus "Enrollment" tab to confirm eligibility. Caseworker IIIs are responsible for ensuring all documentation is complete and accurate prior to approving the intake.

Recruitment

Recruitment and outreach are conducted on a continual cycle throughout the year. More targeted recruitment and outreach efforts will begin in February of each year to ensure full enrollment at the beginning of the school year the following August. Recruitment and outreach efforts are the responsibility of all staff within the City of Phoenix Head Start Birth to Five Program, ESP and CCP. Prior to the beginning of the enrollment year, ESPs and caseworker IIIs will create/update and establish a written recruitment plan which takes into account each ESP's unique and individual methods to recruit families. Recruitment plans can include outreach to community agencies, medical providers, or community events. A recruitment log is kept in the shared drive, and will be updated by Caseworker IIIs to reflect the specific recruitment efforts completed by each team.

The process for making families aware of the City of Phoenix Head Start Birth to Five opportunities include cyclical and routine advertising, community outreach in collaboration with the designated City of Phoenix Public Information Officer, grantee, ESP, and CCP.

Documentation is conducted through the recruitment log, recruitment plan, CSD Report of Eligible Families, Pre-registration External Form Monitor List, and Pre-registration Monitor List. Ongoing monitoring is conducted through review of Recruitment Plan.

Foster Care

To find and identify those children who are in foster care, the City of Phoenix Head Start Birth to Five program will work to develop and maintain a relationship with local DCS offices, identify group homes and shelters within the City of Phoenix Head Start Birth to Five program boundary area, identify families who are currently fostering and those who are in the process of fostering children. Recruitment efforts will continue to include local shelters, food banks, churches, and school district McKinney-Vento liaisons to locate children from at risk backgrounds.

Children with Disabilities

Children who have an identified disability will be located through the Arizona Early Intervention Program (AzEIP) if they are birth through age 3, and the local school district's CHILD FIND process for children 3 to 5 years of age. The City of Phoenix Head Start Birth to Five Inclusion Specialists works collaboratively with Head Start directors, classroom teachers, school psychologists, and other special education staff to identify children attending a self-contained preschool classroom but are ready for an inclusive setting. A school district, which is also a Local Education Agency (LEA), must develop written documentation of the district's policies and procedures for placement of students with I.E.P.'s and assurance of the 10% mandate.

Selection Process

The City of Phoenix Head Start Birth to Five program caseworker III will select children who are categorically eligible and have high selection criteria during the intake approval process. Caseworker III will place the child on a class list for the ESP to review. Once the Education Service Provider has reviewed and approved the placement, the family will be sent a letter of acceptance via email by City of Phoenix Head Start Birth to Five program staff. No child will be denied placement in a Head Start preschool classroom because they are not potty trained. This process will be family-friendly and creates a collaboration between City of Phoenix Head Start Birth to Five program staff and Education Service Provider staff.

Implementation Expectation	Responsible Party	Timeline	Monitoring Activities
<p>Selection Process</p> <ol style="list-style-type: none">1. Intake application is approved2. Child's electronic file is marked either <i>"Waitlist"</i> or <i>"Accept"</i> <p>Waitlist – children are added to this list when:</p> <ul style="list-style-type: none">• it is before the school year starts (intake season), and the child's selection criteria score is less than 5 points, or• the school year is in progress, and there are no available openings <p>Accept - children are automatically accepted when:</p> <ul style="list-style-type: none">• it is before the school year starts (intake season), and the child's selection criteria score is 5 or more points, or• the child is re-enrolling for a second year, or• the school year is in progress, and there are available openings <ol style="list-style-type: none">3. When a child is accepted into the program, their name is placed on a class list based on the closest classroom; parent preference; Education Service Provider feedback. In the event, there is no availability in the closest site, the Caseworker III will collaborate with families to identify second choice.4. Caseworker III, and Education Service Provider will work collaboratively to identify a classroom location for the child before acceptance letters are sent to families.5. Caseworker I will send acceptance letters to families via an electronic system after Education Service Provider staff has given placement approval for each child.6. When a vacancy occurs during the program year, the Caseworker I will contact families on the waitlist to identify level of interest. Once an interested family is identified, the ESP will be given the families information so they can contact the family to complete the registration process.	<p>Caseworker III or another authorized person to approve intakes</p> <p>Caseworker III/ Education Service Provider</p>	<p>Re-Enrollment will start in February</p> <p>Initial intakes will begin in March</p> <p>Ongoing</p>	<p>Caseworker III will ensure all intakes are reviewed and/or approved within 7 business days. During special circumstances, a Program Coordinator may approve extensions. Caseworker III must submit a request for extension via email to their assigned Program Coordinator during the 7-business day approval timeframe.</p>

Intake Documents to be Upload into ChildPlus

Caseworker I will upload all documents as attachments for verification of accuracy.

Implementation Expectations	Responsible Party	ChildPlus Entry/Attachment Location	Monitoring Activities
<p>Uploaded Documents</p> <ul style="list-style-type: none"> • Income Verification (i.e. pay stubs, W-2, tax return) • Self-Declaration Supporting document and Adobe Signed Self-Declaration • Verification of Child's Age • Address Verification (i.e., utility bill, check with Education Service Provider requirements) • Categorically Eligible (TANF/SSI, Foster Notice to Provider) • Any legal documents (i.e., custody, an order of protection, foster) • SAM • Immunization Record • IEP (if applicable) • Physical and Dental 	Caseworker I	<p>Application</p> <p>Health</p>	<p>Caseworker III will monitor intakes to ensure all required items are included and/or uploaded (if applicable) into ChildPlus.</p> <p>Additional monitoring will be conducted to ensure Caseworker III and Caseworker I are including all required documentation on or before the identified deadlines.</p>

Enrollment for More Than One Year

Each child enrolled in a Head Start Preschool program must be allowed to remain in Head Start until they turn three in Early Head Start or eligible for kindergarten except in extenuating circumstances where the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start. If the child is age-eligible for a second year, refer to *ChildPlus Training Guide*.

Income is verified upon entry into any of the City of Phoenix Head Start programs and then again in the following situations:

- A child is transitioning from the City of Phoenix Early Head Start to Head Start
- A child will attend a preschool classroom for a third year

New intake is required to be completed. Refer to *ChildPlus Training Guide*.

EHS Transition Plan

Refer to the Early Head Start Transition Plan.

Family Contract

The purpose of the family contract is to provide families with an overview of the Head Start program and the required elements and participation. Education Service Providers are required to review the family contract with the families during the first home visit. After family signature, the Family Contract will be uploaded into ChildPlus by the ESP.

Family Outcome Project (FOP) Tool

The FOP tool is utilized as a part of a process for caseworkers to identify family strengths and needs. The areas assessed are; family well-being, parent- child relationships, family as learners, and family connections to peers and community. The tool is a rating scale between one to ten, if a family scores in the range of one to four, this would identify a vulnerable area for the family and will be addressed in the FPA process.

The FOP tool is completed at time of intake and again as families exit the program.

Beginning April, the HS caseworker I will complete a post-assessment on all families, utilizing the FOP tool. Each area of the FOP will be assessed on a scale of one to ten that best reflects the family's situation as the program year comes to a close. Families continuing in the program whether in home-based or second years, the post -assessment becomes the pre-assessment for the next program year for eligible children. For dual enrollment, in the case of multiple eligible children in the home, FOP will be completed with the family at the time of intake, by the caseworker I or family advocate who is completing the intake.

The Head Start caseworker I is to complete all end of the school year FOP's and enter the data by May 31st.

Family Strengths Self-Assessment (FSSA) Tool

Caseworker I will provide the Family Strengths Self-Assessment (FSSA) tool to families (one per family- dual-enroll) within the first two weeks of enrollment. Families will be asked to complete this self-assessment at least two weeks before the development of the Family Partnerships Agreement (FPA). Within 30 days of enrollment, caseworker I will make two attempts to obtain the FSSA from the family and document all attempts in ChildPlus. In the event the FSSA is not submitted by the families within the 30 days of enrollment, caseworker I will proceed with completing the FPA without the FSSA. In the case of family in crisis, caseworker I will communicate with supervisor for guidance. See protocol for more information. Once the FSSA is completed, the caseworker I will upload the FSSA into ChildPlus.

It is the expectation the data from the FSSA and the FOP is used to determine the goal setting with the family.

Family Partnership Agreement (FPA)

After Enrollment, the caseworker I assigned to the enrolled family is responsible for the development of a Family Partnership Agreement (FPA) plan. FPA is completed within 90 days of enrollment.

Every family must be offered an opportunity to participate in the FPA process. If the family declines participation in the FPA process, the caseworker I must document in ChildPlus under the *Family Information Tab* all attempts to establish a partnership agreement. The refusal must also be noted on the FPA screen. The caseworker I is required to offer the opportunity again to set a goal throughout the program year. Refer to *ChildPlus Training Guide*.

The caseworker I will use one of the most vulnerable areas (scores 4 and less) from the FOP and the FSSA, as well as family input to guide the FPA process. At the family's request, FPA goals may be outside of the scope of the FOP tool.

The caseworker I will work with the family to identify at least one goal. The FPA process includes the identification of the goal, a written plan, appropriate strategies, resources, support, and follow-up. A primary responsibility of the caseworker I is to provide resources, support, and follow through to assist the families in achieving their goals.

A caseworker I will sustain a relationship and assist families in achieving goals, ongoing contact and follow-up will be documented through case notes. For most families, monthly contact is appropriate. Case notes documenting all interactions, services, and resources will be entered into the ChildPlus. Refer to *ChildPlus Training Guide*.

A program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strengths, and goals, in order to avoid duplication of effort, this includes but not limited to children in foster care, DCS, and dually enrolled families.

The purpose of FPA contact is to provide support and resources and determine the effectiveness of the resources provided. Engagement with the family will match the needs of the families.

In addition, the caseworker I is to enter a detailed narrative in the case notes about the family's progress towards meeting their goal in the FPA events/action screen in ChildPlus. Caseworker I will ensure all FPA's are closed out in ChildPlus, under the Family Information tab prior to last day of enrollment.

Waitlist

Efforts will be made to maintain a 20% waiting list for each classroom site. Once the class is filled, the rest of the children will be placed on a waiting list. Recruitment activities will be ongoing and specific to the community. A child will be determined to be placed on the waitlist when:

- it is before the school year starting (intake season), and the child's selection criteria score is less than 5 points, or
- the school year is in progress, and there are no available openings
- a child's immunizations are delinquent
- SAM is not completed
- based on parents' choice

The City of Phoenix Head Start Birth to Five Program and the ESP/CCP leadership staff will collaborate in monitoring the waitlist. A plan of shared responsibilities will be established and updated by both parties before each school year.

Case Note Documentation Requirements

Documentation in ChildPlus should follow the *Data, Assessment and Plan (DAP)* method. The purpose of documentation is to record actual services and communication with families and service providers. All documentation should be thorough as to "tell a story" of the family's interactions and services needed and provided. The Data portion of the note should include subjective and objective data about the families, factual data communicated by phone, text, or in person. The note should include an "assessment" of the documenter's impression of the families and/or what needs to happen and the rationale for your judgement as well as progress and challenges the families is facing. The note should always include a "plan" for next steps or needed follow-up and a timeline for when the next steps will occur. Documentation will be entered into ChildPlus under the corresponding tab.

Collaborating for Family Success

The caseworker I will identify any pre-existing family plans and coordinate with other agencies to build on existing plans to avoid duplication of services and limit the confusion of multiple plans. In the Family Service tab in ChildPlus, the caseworker I will document any pre-existing plan.

There is no need for the caseworker I to re-create goals. Instead, the efforts must identify ways the caseworker I can support the family's current plan.

Attendance and Absenteeism

Promoting and tracking attendance is a strong focus in the City of Phoenix Birth to Five program which is supported in the school readiness plan as well as the strategic plan goals. Attendance is taken on a daily basis and entered into the ChildPlus system within the first hour of class beginning. If a child is absent and the parent/guardian has not notified the program within the first hour of class, the program will reach out to the family to ensure the child's safety. Attendance is monitored on a weekly basis by the Caseworker I through ChildPlus reports and the classroom sign-in log. Monitoring of attendance will identify consecutive absences or patterns of absenteeism to address with the family. After three consecutive absences, the teacher will generate a referral to caseworker I. Collaboration and communication between the classroom teacher and the caseworker is vital to support families in promoting the child's regular attendance. In order to accomplish the goal identified in the strategic plan of achieving a 95% attendance rate, and reduce the number of children who are considered chronically absent by 10% each year

through 2024, the City of Phoenix Birth to Five Program will work collaboratively with Education Service Providers to provide attendance incentive programs. If a caseworker identifies a child with two or more absences in one month, the family is contacted to identify the reason for the absences. Depending on the situation, a student success plan may be developed to help the parent overcome the barriers to getting the child to school on time and regularly. Any attendance follow up will be entered into ChildPlus under the attendance tab. Casework staff monitor the child's attendance and continue to work with the parent to ensure successful attendance. If a caseworker creates a student success plan and attempts to reengage the family but the child stops attending the program, the slot will then be considered vacant.

In the home-based program, two appointments where the parent is not home during the scheduled appointment and has not made contact with the caseworker may result in the family being withdrawn from the program. Attendance letters will be sent to request participation in the program before dropping. The parent/guardian may be informed by phone, text, or letter that they have been withdrawn. The withdrawal date is the last date of contact with the family.

Alternative Placement/Drop Policy

- No child will arbitrarily be dropped from the Head Start Birth to Five program.
- No child shall be dropped from the program based solely on a parent/guardian's lack of participation in the program or failure to meet its requirements.
- In the rare case where a concern arises regarding a child's individual needs may not be met in the Head Start Birth to Five Program, a multi-disciplinary team meeting must occur to discuss concerns and related services available. The parent/guardian is a recognized critical part of the multi-disciplinary team. This pertains to all Head Start Birth to Five children not just children with disabilities.
- In the instance that a child in a center-based program is withdrawn or dropped for attendance, the ESP or CCP Director has the responsibility of dropping children in accordance with their program's absenteeism policy.
- The caseworker I shall be notified of the child's drop and will document the appropriate date in the ChildPlus.
- In the home-based program two "No Show" appointments and no response from the parent/guardian may result in the family being dropped.
- For families in the home-based program, an attendance letter will be sent to request participation in the program before dropping. The parent/guardian may be informed by phone message or letter that they have been dropped. The drop date is the last date of contact with the family.

Transfer Policy

Enrolled children transferring within the City of Phoenix Head Start Birth to Five Program will be enrolled if a slot is available to ensure a continuation of services. If a slot is not available, the child will be placed at the top of the waiting list. If the family is willing to keep the child enrolled in the original ESP, permission from both directors must be obtained by current caseworker III. Caseworker III will ensure verification of new address is updated, documented in the Enrollment tab, and proof of address is uploaded into ChildPlus. Current Caseworker III will communicate transfer via email to receiving Caseworker III. It is the responsibility of the receiving Caseworker III to place child in age appropriate classroom in ChildPlus and communicate the status with the family. To ensure additional information is being transferred and completed (DECA, Developmental Screener etc.) the receiving Caseworker III will notify the ESP and the Behavioral Support Content Specialist of transfer. Once transfer is complete and child is enrolled, receiving caseworker I will schedule a staffing with both transfer sides to discuss the case of the family.

Early Head Start children may transfer from one program option to another when family employment circumstances change. The home-base program is available for non-working parents/guardians and the CCP option is available for full-time working parents or students enrolled in school. The City of Phoenix Head Start Birth to Five Program will collaborate with other grantees within the same service delivery area.

Vacancy Policy

All vacancies in the program will be filled utilizing the waitlist within thirty (30) calendar days from the last day the child attended. The City of Phoenix Head Start Birth to Five program will collaborate with the ESP to ensure vacancies are filled.

A home visitation slot shall be considered vacant after the last contact between the program and the family. All vacancies will be filled within a thirty (30) calendar days from the last point of contact with family. Caseworker III will ensure vacancies are filled.

A center-based slot shall be considered vacant on the child's last day the child attended school. All vacancies will be filled within a thirty (30) calendar days. The caseworker I must be informed of a newly enrolled child prior to the child's first day of class to ensure immunization requirements have been met.

EDUCATION AND CHILD DEVELOPMENT

Purpose

The City of Phoenix Head Start Birth to Five Program provides high-quality early education and child development services to prevent and eliminate a learning gap. The Education Service Providers (ESP) and Child Care Partners (CCP) employ teachers to implement early care and education services. Learning is based on the Head Start Early Learning Outcomes Framework, Arizona Infant Toddler Developmental Guidelines, and the Arizona Early Learning Standards, which align with the Head Start Early Learning Outcomes. Teachers utilize developmentally appropriate, effective instructional strategies and responsive relationships as a means for educational supports. Staff provides individualized learning that is culturally and linguistically responsive and includes all children with varying abilities.

Curriculum

The City of Phoenix Head Start Birth to Five Program is responsible for ensuring the curriculum chosen by the ESP is comprehensive of learning domains, culturally and linguistically responsive, developmentally appropriate, and individualized through instruction with specific learning goals. Through well-designed learning experiences and environments, positive teacher-child interactions, and intentional quality teaching practices, the curricula support children and families in meeting School Readiness Goals determined by on-going assessment.

All program options select and implement a research-based curriculum that provides rich content, teaching practices, and learning experiences; research has shown to be effective in supporting children's learning and development. The City of Phoenix Head Start Birth to Five Program approves curriculum options that provide:

- An organized developmental scope and sequence to support children's learning
- Align with the Head Start Early Learning Outcomes Framework (ELOF)
- Have learning goals for children
- Offer standardized training and materials to support implementation

ESPs are expected to provide on-going professional development on the chosen curriculum throughout the program year, based on their analysis of curriculum fidelity data.

The current City of Phoenix Head Start Birth to Five Program approved curriculums include Creative Curriculum (Preschool, and Infants and Toddlers) Success for All: Curiosity Corner 2nd edition, and Partners for a Healthy Baby (PHB).

Curriculum Fidelity

ESP's use the City of Phoenix Head Start Birth to Five Program curriculum fidelity tool to ensure that classrooms implement the highest quality curriculum. This process includes:

ECLKC, E. C. (n.d.). *Head Start Program Performance Standards*. Retrieved from ECLKC, Early Childhood Learning and Knowledge Center: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

- ESP's completing and submitting a curriculum fidelity action plan and submitting it into ChildPlus at the specified date.
- Teachers complete the fidelity tool as a self-assessment before the first day of school.
- Administering the curriculum fidelity tool in all classrooms, and putting the data in ChildPlus and:
 - Analyzing classroom and program data using the reports in ChildPlus,
 - Teachers complete the action plan in ChildPlus for items not met,
 - Following-up on the action plan in ChildPlus to ensure instructional staff are implementing the curriculum at the highest quality.
 - Providing professional development based on data analysis

EHS Home-Based uses the Partners for A Healthy Baby Fidelity checklist to ensure home visitors implement the curriculum with fidelity. This process includes:

- Completing the PHB fidelity checklist in conjunction with the HOVRS observation annually
- Results are entered in ChildPlus
- ChildPlus reports are analyzed to determine the individual Home Visitor needs
- Action plans are developed in ChildPlus for items "not met"

It is the EHS Home Base supervisors and EHS coach's responsibility to ensure all action plans are complete. Professional development is provided based on data analysis.

*In the event of a pandemic or other unique circumstances a formal Curriculum Fidelity observations will not take place. Grantee coaches will continue to provide support on effective practices and strategies.

Learning Environments

In collaboration with the City of Phoenix Head Start Birth to Five Program, Educational Service Providers offer safe and healthy learning environments for all eligible children and staff. All classrooms and socialization sites use daily checklists to ensure learning environments are clean and free of hazards, and indoor and outdoor equipment and materials are maintained and in good working condition.

To ensure children are supervised at all times, staff practice active supervision in all learning environments, both indoor and outdoor, and transitions from one location to another.

The City of Phoenix Head Start Birth to Five Program provides training on Active Supervision and monitors to ensure no child will be left alone or unsupervised. ESP and CCP contracts outline the following expectation for all learning environments:

- All learning environments will have the required materials and learning centers specified by the ESP's chosen curriculum.
- All learning environments will be organized into well-defined interest areas that are attractive, available for choice daily, and supplied with an adequate amount of developmentally appropriate material specified by the ESP's chosen curriculum.
- Materials for children's use will be stored on low, open shelves where children can reach them.
- Classroom materials will be labeled with pictures and words or outlines to identify where materials belong.

All learning environments will reflect the languages, family backgrounds, home culture, and exceptionalities of the children in the classroom and beyond and will include:

- Images that are non-stereotypical and authentic depictions of children and families
- Books in children's home languages
- Labels written in children's home languages and the languages are color-coded throughout the classroom
- Materials that reflect the diversity of the families in the classroom and community

Dual Language Learners (DLL)

The City of Phoenix Birth to Five Head Start Program principles and philosophy for Dual Language Learners (DLL) is based on a belief in preserving a child's home language and culture while focusing on English language acquisition.

Research-based curriculums with linguistically appropriate materials and evidence-based strategies support DLL as crucial to developing positive self-identity, academic progress and outcomes, and strong family connections. Effective, differentiated, and engaging strategies and experiences include cooperative learning formats, frequent opportunities to engage children in discussions, home-school connections, verbal and non-verbal age-appropriate interactions, and partnership with families and members of the children's linguistic community. The ESP maintains the ability to develop their own supplemental DLL plan to identify and meet their children and families' diverse cultural and linguistic needs.

Child Screenings and Assessments

The ESP and CCP are responsible for conducting developmental and behavioral screening for children. An ESP may use a developmental screening tool designated by their organization, while the CCP's and EHS home-based programs use the ASQ-3 screening tool. The DECA or DECA I/T is used as the behavioral screening tool by all programs. Teachers conduct screening within the first 45 calendar days of enrollment and enter the result into ChildPlus. Children designated as DLL will be screened in their primary language. If a staff member fluent in a child's primary language is unavailable, translator services will assist.

Instructional staff are responsible for conducting on-going formative assessments to gather information about each child's growth and development and ascertain what they know and can do. Instructional staff will use the information to plan and deliver instruction and review each child's progress. All program options use **MyTeachingStrategies™ Gold (MTS™ Gold)** as its on-going child assessment tool. Instructional staff are responsible for entering on-going child-level observation data related to MTS™ Gold objectives in each child's portfolio and utilize the information to plan instruction for children. Documentation may include, but is not limited to, the following:

- Anecdotal notes
- Pictures
- Videos
- Work samples

Instructional staff complete and finalize MTS™ Gold data three times per year: fall, winter, and spring. Checkpoint dates will be established by the City of Phoenix Head Start Birth to Five Program each program year.

MTS Interrater Reliability Certification Requirements: Instructional staff are required to complete the *MyTeaching Strategies* interrater reliability certification within 120 days of the contracted start date of hire date. Staff can access the interrater reliability certification through their dashboard.

School Readiness

City of Phoenix Head Start Birth to Five Program has a School Readiness committee made up of staff from the City of Phoenix Head Start Birth to Five Program, ESP, and CCP. The committee identified six school readiness goals aligned with the Head Start Early Learning Outcomes Framework. The goals include:

- Approaches to Learning: Children will demonstrate persistence throughout the day.
- Social and Emotional Development: Children will demonstrate self-regulation through responsibility for self and positive social interactions with others.
- Literacy and Language: Children will listen to, understand, and respond to increasingly complex language.
- Cognition: Children will use logic and reasoning skills to develop mathematical thinking and scientific thinking in everyday routines.

- Perceptual, Motor, and Physical Development: Children will demonstrate improved perceptual-motor and physical development.
- Parent, Family, and Community Engagement: Parents and families observe, guide, promote, and participate in everyday learning of their children at home, school, and their community.

Instructional staff uses MyTeaching Strategies™ Gold (MTS™ Gold) to measure and analyze progress towards the City of Phoenix Head Start Birth to Five's School Readiness goals at the child level, classroom level, and the agency level, a minimum of three times a year: in the fall, winter, and spring. Dates will be set by the City of Phoenix Head Start Birth to Five Program each program year. Teachers analyze child assessment data three times a year at the classroom and individual child level using the Classroom Data Analysis report to compare progress and growth patterns. Program directors analyze child assessment data three times a year at the agency level, utilizing the Director's Report to compare progress and growth patterns. The director reports for Time 1, Time 2 and Time 3 will be uploaded into ChildPlus by dates set by the City of Phoenix Head Start Birth to Five Program each program year. The Education Specialist will review the director reports and provide feedback.

Classroom Assessment and Scoring System (CLASS)

The Pre-K CLASS is an observational instrument that focuses on strengthening interactions that promote emotional support, classroom organization, and instructional support. Teacher-child interactions are the foundation of quality early education. Head Start Preschool teachers are assessed with the Classroom Assessment Scoring System (CLASS) tool twice a year. The City of Phoenix Head Start Birth to Five Program contracts with an outside agency to conduct CLASS observations. Once assessments are complete, ESP teachers and the director designee will meet with the assessor to reflect and receive feedback and develop a plan of action for professional growth and improvement. Program directors must review and analyze the CLASS Reports in ChildPlus to support teacher's professional development. City of Phoenix Head Start Birth to Five Program coaches also review the CLASS data and assist teachers with following through on their action plans.

*In the event of a pandemic or other unique circumstances a formal CLASS observation will not take place. Grantee coaches will continue to provide support on effective practices and strategies.

Home Visitor Rating Scale (HOVRS)

EHS Home-based uses the HOVRS tool to support home visiting practices, track continuous quality improvement, and guide professional development. Early Head Start Home Visitors are observed using the Home Visit Rating Scale (HOVRS) annually. The HOVRS measures Home Visiting Practices and Family Engagement across seven scales using a developmental approach. Upon completing observations, a HOVRS observer will meet with the home visitor to reflect, review the results, and develop an action plan to support continuous improvement and/or identify professional development needs. The EHS Home-base supervisor must connect the HOVRS results to each Home Visitors Professional Development plan.

*In the event of a pandemic or other unique circumstances a formal HOVRS observations will not take place. Grantee coaches will continue to provide support on effective practices and strategies.

Practice-Based Coaching

The City of Phoenix Birth to Five Head Start Program will utilize Practice-Based Coaching (PBC) as its research-based coaching model. In accordance with HSPPS 1302.92, all coaches (City of Phoenix Head Start Birth to Five Program and ESP) implement a coordinated coaching strategy for teachers that assesses their strengths, areas of needed support, and which staff will benefit most from intensive coaching. The coach will support teachers and home visitors in developing their skills and knowledge to provide high-quality services for children and families.

Per the PBC model, coaching includes shared goals and action planning, focused observation and reflection, and feedback to support teachers' and home visitor's professional development. Coaching will be related to staff needs, professional development goals, and the Program's school readiness goals. Also, coaches support staff in aligning adopted research-based curriculums to the Head Start Early Learning Outcomes Framework. Coaching classroom teachers are used to support effective teaching practices and to increase positive child outcomes. Coaching for home visitors is used to support effective home visiting practices and to increase family engagement.

Coaching aims to provide a systemic way for teaching staff to reflect upon their practices to make continuous quality improvement in their practices. Preschool teachers who receive a 3.24 or below in instructional support on their CLASS observation and home visitors who receive a 3 or below on their HOVRS observation will be identified as benefiting from intensive coaching. City of Phoenix Head Start Birth to Five Program education staff meet with ESPs during May/June to review data to determine who would benefit most from intensive coaching and complete a coaching plan. (see coaching plan)

*In the event of a pandemic or other unique circumstance a virtual coaching service delivery will be implemented.

Coaching Documentation

All ESP and City of Phoenix Head Start Birth to Five Program coaching staff are expected to enter and maintain coaching activities/documentation in ChildPlus using the following forms:

- The Coaching Observation/Feedback Form
- The Professional Development Action Plan Form
- Practice-Based Coaching Satisfaction Form

Expectations of ESP Directors and Coaches

Once a month, the City of Phoenix Head Start Birth to Five Program Education Specialist facilitates a meeting for all ESP and Grantee coaches. At this meeting, the group analyzes data and trends generated from coaching reports.

Parent Conferences

The City of Phoenix Head Start Birth to Five Program will engage families in their child's education and developmental progress and activities in the Program in accordance with HSPPS 1302.34(b)(3). A minimum of two-parent conferences per Program year will be held with families. Parent conferences are held following the Fall and Spring assessment checkpoints or as needed.

*In the event of a pandemic or other unique circumstance, conferences will be conducted virtually.

The City of Phoenix Head Start Birth to Five Program recognizes parents are their child's first teacher and encourage program input and participation. During this time, parents will have the opportunity to learn about their child's growth and development, set goals for their child, provide feedback on the Program's assessment tool and curricula.

HEALTH

Purpose

As a core function of helping children and families, the City of Phoenix Head Start Birth to Five program promotes health literacy and the adoption of health behaviors that support well-being. The program strives to provide high-quality health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and support each child's individual growth. Health Services are conducted in three ways (1) individualized supports for children and families, (2) health education, and (3) healthy classroom practices.

Health Services Advisory Committee (HSAC)

ECLKC, E. C. (n.d.). *Head Start Program Performance Standards*. Retrieved from ECLKC, Early Childhood Learning and Knowledge Center: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

The Health Services Advisory Committee (HSAC) is an advisory group composed of Head Start staff, parents, community health, safety & nutrition providers. This committee's focus is to address current health trends affecting the City of Phoenix Head Start community and support the planning and operation of health services within the Head Start program. The committee meets quarterly in a community-based setting. The health and nutrition specialists are responsible for chairing the committee and implementing the HSAC guidance into program policies and protocols. Refer to the HSAC Brochure for more information.

** In the event of a pandemic or other unique circumstances, the HSAC meetings are conducted virtually.

Collaboration and Communication with Parents

Parents have the primary, long-term responsibility for their children's health. They must be actively involved in their child's health care. Caseworkers and specialists collaborate with parents as partners in the health and well-being of their children. Health communication and educational materials will be evidence-based and represent families' home language and cultural traditions (as available). Caseworkers support parents/guardians in becoming actively involved in their child's health care and advocating for their child's health.

- Caseworkers discuss children's health with parents as part of the health history at intake and ongoing conversation during the school year.
- When concerns are identified from a screening, exam, or observation, caseworkers promptly notify parents and assist parents in obtaining follow-up care.
- Caseworkers encourage parents to keep children's screenings and exams up-to-date and to follow up when concerns are identified.
- Parents are educated by casework and ESP staff on navigating the health care system, the importance of regular screenings and medical and dental evaluations, and basic information about child health.
- This emphasis on health literacy also includes healthy behaviors and diet for lifelong health.

Parent Advance Authorization

At intake, caseworker I obtain authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement. This consent form will include written documentation to inform and notify grantee staff if the parents/guardians refuse to authorize health services. If a parent/guardian refuses authorization for health services, written documentation is kept in the caseworker and child/family files. This information is to be documented in ChildPlus in the intake summary.

Parent Communication Around Health Emergency Policies

It is important parents understand the policy for health emergencies on their child's Head Start campus.

- Within the infant-toddler program option, caseworkers give parents a parent handbook and review with parents the health emergency policies and center-based specific health emergency information.
- Within the preschool program option, ESP staff give parents a parent handbook and review with parents the health emergency policies and center-based specific health emergency information.

Health and Nutrition Assessment

At intake, caseworker I will complete a *Health History* form with the parents/guardians to identify any medical, dental, nutritional, or mental health concerns. Health concerns may also be determined by reviewing EPSDT documentation, screenings, parent concerns, and staff observation of children's behavior. The *Health History* form is completed annually for all children to identify any new or recurring developmental, medical, oral, or mental health concerns.

Source of Health Care

Caseworker I will help determine whether a child has a source of continuous and accessible health/dental care that serves as a medical/dental home.

<p>the time of the screening. A copy of the screening result letter is uploaded to the child's file.</p>		<p>Newborn Hearing Screening used as an evidence-based screening result. Assessment of pass or fail from the child's newborn hearing screening result will be used to obtain the evidence-based hearing screening.</p> <p>Children 13m-3 years</p> <p>Initial OAE screening was performed to obtain the evidence-based hearing screening. Health or casework staff to perform screening and/or rescreening.</p> <p>Children with hearing impairments:</p> <p>All children with documented hearing impairments and/or equipped with adaptive hearing equipment will not be screened; however, the caseworker I must obtain a written record of the child's most recent hearing/medical evaluation.</p>	<p>45-day hearing requirements are complete.</p> <p>Monthly health monitoring reports are completed and reviewed to assess if any 45-day requirements are incomplete and/or failed screening is followed up for appropriate referral.</p> <p>Referrals are made to appropriate health/CWIII to complete screenings, rescreens, follow up support.</p>
<p>Hearing Screening – Preschool Option</p>	<p>CWI, CWIII, Health Specialists</p>	<p>Children 3 – 5 years</p> <p>Perform hearing screening using Puretone hearing screening devices and following the AzDHS screening protocol.</p> <p>Children with hearing impairments:</p> <p>All children with documented hearing impairments and/or equipped with adaptive hearing equipment will not be screened; however, the caseworker I must obtain a written record of the child's most recent hearing/medical evaluation.</p>	<p>ChildPlus Report 3016 reviews are used to assess if 45-day hearing requirements are complete.</p> <p>Monthly health monitoring reports are completed and reviewed to assess if any 45-day requirements are incomplete and/or failed screening is followed up for appropriate referral.</p> <p>Referrals are made to appropriate health/CWIII staff to complete screenings, rescreens, follow up support.</p>

<p>Vision Screening - Infant Toddler</p>	<p>CWI, CWIII, Health Specialist</p>	<p>Children 6weeks -12m <i>Eight Key Vision Development Milestone to Monitor From Birth to First Birthday</i> checklist used to obtain evidence-based screening result.</p> <p>Children 13m-3 years Instrument-based vision screenings are performed by the caseworker I and health staffs that are trained on the applicable SPOT vision screener</p> <p>Children with vision impairments: All children with documented vision impairments and/or equipped with adaptive vision equipment will not be screened; however, the casework I must obtain a written record of the child's most recent vision evaluation.</p>	<p>ChildPlus Report 3016 reviews are used to assess if 45-day vision requirements are complete.</p> <p>Monthly health monitoring reports are completed and reviewed to assess if any 45-day requirements are incomplete and/or failed screening is followed up for appropriate referral.</p> <p>Referrals are made to appropriate health/CWIII staff to complete screenings, follow up support.</p>
<p>Vision Screening – Preschool Option</p>	<p>CWI</p>	<p>Children 3 – 5 years Instrument-based vision screenings are performed by the caseworker I and health staff trained on the applicable SPOT Vision Screener.</p> <p>Children with vision impairments: All children with documented vision impairments and/or equipped with adaptive vision equipment will not be screened; however, the casework staff must obtain a</p>	<p>ChildPlus Report 3016 reviews are used to assess if 45-day vision requirements are complete.</p> <p>Monthly health monitoring reports are completed and reviewed to assess if any 45-day requirements are incomplete and/or failed screening is followed up for appropriate referral.</p> <p>Referrals are made to appropriate health/CWIII staff</p>

		written record of the child's most recent vision evaluation.	to complete screenings, follow up support.
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Ensuring Up-to-Date Child Health Status

Caseworkers obtain and review medical, dental, and immunization records to determine if children are up-to-date on basic EPSDT services, including screenings.

Implementation Expectation	Responsible Party	Timeline	Monitoring Activities	Reports & Tools
<p>Caseworker I will review the immunization record and the EPSDT and dental exam documentation at intake or enrollment. If the parent cannot provide this documentation, the caseworker asks the parent to provide the documentation as soon as possible or requests it directly from the child's medical providers, with parent authorization. The caseworker I determines if the child is up to date in accordance with the AHCCCS EPSDT schedule.</p>	CWI, CWIII	Within 90 calendar days	Review health screening report to obtain applicable 90-day EPDST milestone	ChildPlus Report 3016 Health Requirements
<p>If the child is not up to date, the parent(s) are supported in bringing the child up to date as soon as possible. Parents are educated on the importance of timely, comprehensive well child visits and dental exams, as well as up-to-date immunizations. Casework and specialist staff assist in the assessment of any</p>	CWI, CWII, CWIII Health Specialist	Within 90 calendar days	Review of monthly health monitoring report	CP Report 3016 Health Requirements

<p>barriers to obtaining health care. Casework I will provide parents with information such as, but not limited to:</p> <ul style="list-style-type: none"> • free immunization clinics • community health fairs • community mobile health services • free/low-cost dental providers/clinics, and • other health care resources to help bring the child's EPSDT services up to date. <p>If necessary, caseworkers provide appropriate health screenings and assessments with parent consent. These include height, weight, head circumference, vision and, and hearing screening., and a nutritional assessment (part of the health history). Caseworkers also provide paper screenings for TB and lead exposure as needed. As needed, children may be referred to receive necessary screenings and/or assessments from community health and/or dental partners.</p>	<p>Health Specialist, CWI, CWIII</p>	<p>At enrollment, ongoing during program enrollment</p>	<p>Review of health requirement and health events report</p>	<p>CP Report 3065 Health Events</p>
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* * In the event of a pandemic or other unique circumstances, caseworkers may not be able to provide in-person height, weight, blood pressure, and hearing, and vision screening.

Summary of 30, 45, and 90-day Deadlines

Requirement Deadline	Requirement
30 Day	Consult with parents to determine whether each child has ongoing sources of continuous, accessible health care.
45 Day	Must either obtain or perform evidence-based vision and hearing screenings.
90 Day	Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care

Immunizations

Children must be up-to-date for all immunizations required by Arizona law to enroll in The City of Phoenix Birth to Five Program. Families provide the child's immunization record to caseworker 1. The caseworker I can also search for the child's records through the Arizona State Immunization Information System (ASIIS). As defined by the McKinney-Vento Act, children who are homeless are allowed to enroll with delinquent immunizations, and exceptions may also be made for children in foster care. (Arizona law does allow a two-week grace period for children to catch up on immunizations after enrollment). Families are expected to maintain children's up-to-date immunization status throughout enrollment by getting their child immunized as needed. Ideally, children should be vaccinated through their medical home; however, if families don't have a medical home, caseworkers will provide resources for families regarding free immunization clinics.

Caseworker I are responsible for entering children's immunizations into ChildPlus, referring children for additional shots as needed, and maintaining up-to-date immunization records in ChildPlus. If the child has no immunizations, documentation must be entered in the ChildPlus immunization notes.

Immunization Exemptions

If a child is not immunized per families opposition and/or requests an exemption, the caseworker I will adhere to the guidance below:

1. Ask parent/guardian why they don't want to immunize their child. Do not discuss the types of exceptions.
2. Document the parent/guardian's statement in the ChildPlus immunization notes, as close to their wording as possible. Do this during the conversation or as soon as possible.

NOTE: If the parent says they have a religious belief against immunizations, **do not** ask about their religion.

3. Communicate with the parent/guardian; the health specialist must be consulted to determine if an exemption can be allowed. Do not offer an exemption or an exemption form.
4. Contact the health specialist for guidance, providing the ChildPlus number.
5. The health specialist will make the determination and connect with the caseworker I on the next steps.

Types of Immunization Exemptions

Arizona law allows 2 types of exemption for licensed child care, religious exemptions, and medical exemptions. Arizona law does not allow a personal belief exemption for childcare, although a personal belief exemption is allowed for school.

The health specialist determines if an exemption can be granted as described below:

- Personal belief exemptions are not allowed by state law. Exemptions will not be granted when parents express a personal belief against immunizations.
- Medical exemptions apply to children who have a valid medical reason not to be immunized. A medical exemption also applies if a child shares a home with someone who would be at risk if the child is vaccinated. (This second category only applies to live attenuated vaccines.)
- Medical exemptions must be validated by a licensed physician or a registered nurse practitioner fully completing the Arizona Department of Health Services Medical Exemption Form. Refer to the AzDHS Medical Exemption form <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/medical-exemption-form.pdf>.
- The health specialist reviews the medical exemption form before a medical exemption is granted.
- Religious exemptions apply to children whose family's religion opposes immunizations. Parents whose request for a religious exemption is clearly stated at the outset will be allowed the exemption.

Parents may request a religious exemption after stating a personal belief against immunizations or after requesting a medical exemption that the child's doctor does not validate. These religious exemption requests will not be granted.

National Vaccine Shortages

Very rarely, national vaccine shortages may make it impossible for children to receive all vaccines required by state law to attend licensed child care. The Arizona Dept. of Health Services Immunization Program Office and/or Maricopa County Dept. of Public Health would issue temporary revisions to state laws and recommendations on administering vaccines so that vaccines can be reasonably allocated to children most at risk.

The health specialists will provide guidance on following the temporary immunization schedule changes to grantee staff and education service providers. The health specialist will work with the business systems analyst to reprogram the immunization schedule in ChildPlus, if possible. Caseworker I and caseworker III will monitor immunizations every month, as do ESPs and health specialists.

Immunizations During National Vaccine Shortages or Other Exceptional Circumstances

National vaccine shortages may make it impossible for children to get all the recommended shots. Vaccine-preventable disease outbreaks may make it necessary to require additional immunizations for childcare. In these situations, the Arizona Department of Health Services Immunization Program Office issues temporary revisions to state laws. The Grantee health specialists provide caseworkers and ESPs with updates on the temporary changes to the immunizations required for childcare. The Grantee health specialists work with the Business Systems Analyst to revise ChildPlus immunization parameters.

Annual Immunization Data Report

ESP directors or their designees will submit the annual Immunization Data Report to the Arizona Department of Health Services (AzDHS) for their licensed Head Start locations. The Head Start health specialist will support the ESPs in creating the reports as needed. AzDHS also provides significant guidance for this process. Refer to Immunization Training Modules for more information: [HTM-05 Immunizations](#) and [HTM-05B Hib Vaccine Flow Charts](#).

Ongoing Care

Beginning at intake, Caseworker I and health staff educate parents and provide ongoing assistance to eliminate barriers to health services while the child participates in the program. Caseworker I and health and nutrition specialists collaborate with families to ensure the child completes the recommended schedule of EPDST well-child visits, oral health care and treatment, and ongoing evaluation and treatment as needed.

Ongoing Care – Dental Exams and Treatment

Parents are encouraged to have children complete oral health screenings/exams by an oral health care professional according to the AAP recommendation or within 6 months of the first tooth's eruption or 12 months of age, whichever comes first. Caseworkers and specialists also work with families to ensure children receive any treatment needed ECLKC, E. C. (n.d.). *Head Start Program Performance Standards*. Retrieved from ECLKC, Early Childhood Learning and Knowledge Center: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

and ongoing regular preventive care as recommended by the oral health professional. Caseworkers follow-up with families monthly at a minimum to ensure children receive exams, preventive services, and complete treatment.

In case of dental emergencies, such as the dental exam indicates urgent treatment is needed, the child is experiencing oral pain, or the situation is a dental emergency. The caseworker I will work closely with parents to ensure the child receives dental treatment soon as possible; however, no later than 72 hours from Head Start staff becoming aware of the situation.

The City of Phoenix Birth to Five Program may pay for dental care when necessary, as a last resort's payer, if funding permits. For children not eligible for AHCCCS or KidsCare, whose families cannot afford care, casework staff will make a referral to the Health Specialist (EHS) or the Casework Supervisor (HS) for assistance.

Eligible for The City of Phoenix Birth to Five Program dental funding if:

- A child is uninsured or
- A child is underinsured, and their family cannot afford the patient portion of the fees.

The City of Phoenix Birth to Five Program contracts with licensed dental practices for care is billed using the AHCCCS fee schedule. When a child with private funds receives Birth to Five Program funded dental care, the private insurance is billed first, and the Birth to Five Program is billed for the remainder using the AHCCCS fee schedule.

Oral Health Practices in the Classroom

The City of Phoenix Birth to Five Program is committed to developing age-appropriate oral health practices. At our center-based programs, children brush their teeth at least once per day. Classrooms follow guidelines set by the American Dental Association on the use of fluoride toothpaste.

To prevent or lessen the spread of communicable diseases, instructional staff follow safety and sanitation guidelines while preparing, handling, and storing children's toothbrushes. While supervising toothbrushing, the instructional staff is responsible for modeling and coaching children on age-appropriate toothbrushing techniques. Parents will receive resources to support their child and family's good dental health throughout their child's enrollment.

**Toothbrushing may be suspended during a pandemic, communicable disease outbreak, or other unique circumstances where the risks outweigh the benefits. If toothbrushing is not provided in the classroom, ESPs and grantee staff will increase oral health education and provide toothbrushes and toothpaste to families. Toothbrushing may be conducted in virtual classrooms by the teacher. Refer to [Toothbrushing Operational Procedure](#).

Lead Assessment & Follow Up

The grantee lead screening requirement is per the ADHS Targeted Lead Screening requirements. Caseworker I obtain lead screening results of blood lead test results from the medical provider and follow up as needed. Follow-up includes obtaining medical documentation from the provider/lab where the child received the blood lead testing. Case follow-ups are created based on elevated blood lead results, risk determination from paper screening, or pending lead level results. Children with high lead levels are referred to the City of Phoenix Lead Hazard Control Program as appropriate. Caseworkers support parents in obtaining further evaluation, treatment, and environmental interventions as necessary. Refer to the [AzDHS Targeted Lead Screening Requirements](#).

Refer to the [Head Start Lead Protocol](#) and the [Early Head Start Lead Protocol](#).

TB Assessment & Follow Up

The Grantee follows the AHCCCS EPDST TB screening schedule. TB paper screenings for risk factors should be completed at the appropriate EPDST visits. If the medical provider hasn't completed a screening, the caseworker I will conduct a paper screening with the parent. If the child is at risk for TB exposure, caseworker I will refer the child to the medical provider for further evaluation and support parents in obtaining further assessment and treatment as necessary. Refer to H-02 Screening – TB for more information.

Extended Follow-up Care

Caseworker I and health and nutrition specialists support families in obtaining further care for children who may need diagnostic testing, evaluation, or treatment by a medical professional for a health problem or developmental delay. When a child receives a medical diagnosis requiring treatment, staff will document the issue in ChildPlus. If the caseworker I needs support in ensuring a child has access to health care and receives necessary evaluations and treatment, the caseworker I will enter a "MED" event in ChildPlus for non-nutritional concerns, or a "Med" event for nutritional concerns. The MED/Med event alerts the health and nutrition specialists to the issue so they can assist. Caseworkers and specialists track these children and support families in obtaining necessary health services.

Child Nutrition

Purpose

The City of Phoenix Birth to Five Program has been designed to be nutritionally, culturally, linguistically, and developmentally appropriate for children zero to five years old. It serves to include children with special dietary needs and children with disabilities. Our caseworkers ask parents detailed questions about their child's eating behaviors and choices to meet program goals. Refer to the Child Plus Training Guide.

Although religious and cultural preferences are not required to accommodate our nutrition program, our education service providers review all enrollment applications and give the type of preferences to their food service managers for use in menu planning.

Special Dietary Needs

A special health care procedure is developed and implemented to ensure the nutrition program meets the needs of children with special dietary needs and disabilities. For complete details on this procedure and relevant documents, refer to the Special Health Care Needs Procedure H-13 and Child Plus Training Guide.

The following table outlines the process related to children requiring special meal modifications while attending our program.

Implementation Expectation	Responsible Party	Child Plus	Monitoring Activities
At intake, staff will interview the parent/guardian to determine child's nutrition status.	Caseworker I	Enrollment documentation, nutrition screening form	Caseworker IIIs will check for completeness of enrollment paperwork
If accommodations are needed, a Special Meal Modification Request Form (SMMRF) will be given to the parent/guardian to be completed by their child's health care provider to verify this accommodation.	Caseworker I	SMMRF or Approved Education Service Provider equivalent form	Caseworker IIIs Review of enrollment paperwork
A health concern is opened in Child Plus.	Caseworker I	Open a health concern, SMMRF	Weekly, nutrition specialist monitors the status of all pending SMMRFs through Concern's List

Follow-up with the parent/guardian continues until completed SMMRF from Health Care Provider is provided.	Caseworker I and Nutrition Specialist	Follow up activities are documented under this open health concern	Weekly, nutrition specialist monitors the status of all pending SMMRFs through Concern's List
Once SMMRF is returned, it is reviewed with the parent/guardian who signs and dates agreement with health care provider's orders and enrollment paperwork sent to Caseworker III for review.	Caseworker I	SMMRF is uploaded into child's electronic file and action noted under this health concern	Weekly, nutrition specialist monitors the status of all pending SMMRFs through Concern's List
Enrollment information will be sent to Education Service Provider (ESP) for selection.	Caseworker III	SMMRF is uploaded with this additional information.	
ESP selects child and documents on SMMRF what actions they will take to accommodate child safely. ESP notifies the nutrition specialist that SMMRF is ready for review.	ESP, Nutrition Specialist	SMMRF is uploaded with this additional information.	
Nutrition Specialist reviews SMMRF. Nutrition Specialist documents approval on SMMRF. Nutrition Specialist uploads document into ChildPlus. The ESP and grantee staff are notified of this action. Implementation of SMMRFs are monitored.	ESP, Nutrition Specialist	Completed SMMRF is uploaded and actions are documented under health concern.	Based on a list generated by ChildPlus showing all children with food allergies and medications, the nutrition specialist makes yearly classroom observations to ensure the accommodation plan is being implemented.

Meal Requirements

Many of the City of Phoenix Head Start Birth to Five Program children come from homes experiencing food insecurity. Therefore, the instructional staff ensures each child in a program receive meals and snacks as follows:

- Classrooms fewer than six hours per day receive meals and snacks that provide one-third to one-half of the child's daily nutritional needs.
- Children in classrooms operating for six hours or more per day must receive meals and snacks that provide one-half to two-thirds of the child's daily nutritional needs.
- Our home-based option children receive healthy snacks during regularly scheduled socialization site visits.

To ensure the nutritional requirements for children are met, the ESP/CCP uses either the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) or the National School Lunch and National School Breakfast Programs (NSLP/NSBP). Participating in these programs ensures meals and snacks served to ECLKC, E. C. (n.d.). *Head Start Program Performance Standards*. Retrieved from ECLKC, Early Childhood Learning and Knowledge Center: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

children are low in sugar, salt, and fat. These national programs monitor the ESP/CCP to follow USDA guidelines and local, county, state, tribal, and federal regulations on food safety and sanitation.

The children in the City of Phoenix Head Start Birth to Five Program are at high risk of their daily nutrition requirements being met unless meals and snacks provided during class sessions are consumed. Therefore, all children arriving late and having missed mealtime will be offered a nourishing meal/snack upon arrival. The instructional staff is encouraged to ask open-ended questions to determine the nutritional needs of the child.

Aside from the numerous health benefits of water, children need to develop the habit of making water their beverage of choice for thirst. Large quantities of highly sweetened drinks promote tooth decay and childhood obesity; therefore, the ESP/CCP ensures safe drinking water is available to children.

Breastfeeding and Feeding Infants

Breastfeeding provides many medical and emotional benefits to both the mother and child. Therefore, the City of Phoenix Head Start Birth to Five Program encourages all expectant mothers to breastfeed their children. Breastfeeding promotion is conveyed by distributing culturally appropriate materials, displaying breastfeeding posters, and providing breastfeeding education to pregnant women during home visits and at socializations. The City of Phoenix Head Start Birth to Five Program socialization sites have designated space for mothers who want to breastfeed their infants privately. CCP's are trained on the benefits of breastfeeding and techniques for handling and storage of human milk. Refer to the Proper Handling & Storage of Human Milk <http://www.cdc.gov/breastfeeding/recommendations/> for more information.

Bottle-fed infants should be held while feeding and on-demand to the extent possible. In general, it is discouraged to prop or leave the bottle in a baby's mouth or lay them down with a bottle without supervision. These practices increase the baby's risk of choking, ear infections, and tooth decay. For specific details on bottle-feeding babies, CCP's and parents/guardians are encouraged to receive training and technical assistance from either the health or nutrition specialist.

Meal Service: Toddlers Ages 1 to 3

As with every age group receiving nutrition services, toddlers are fed according to their individual developmental readiness and feeding skills and fed on demand to the extent possible. To do this, the CCP's need to frequently discuss with parents/guardians what foods their child is safely eating at home so these foods can be given while in the classroom. CCP's must prepare and serve food that reduces the risk of choking hazards. As an additional precaution, children must receive meals and snacks under the instructional staff's supervision. The nutrition or health specialist provides educational resources to the parents/guardian or CCP on how to meet this age group's daily nutritional needs.

Meal Service: Ages 1 and Up

As age-appropriate as possible, the City of Phoenix Head Start Birth to Five Program supports classrooms eating meals and snacks family-style. Family-style meals build children's fine and gross motor skills, improves coordination, and foster's a sense of community in the classroom. Additionally, family-style meals empower children to make positive food choices among nutritious foods and allow children the opportunity to decide how much of a food they will eat. Empowering children helps them maintain their internal cues for satiety which are helpful in weight management. The City of Phoenix Head Start Birth to Five has developed a family-style meal service checklist that can be used by the ESP/CCP as an internal monitoring tool to evaluate the effectiveness of their meal service.

Research has shown that using food as a reward or punishment can foster unhealthy relationships with food, such as obesity, anorexia, or bulimia. Therefore, the ESP/CCP's are to avoid these behaviors when providing meals and snacks to children. Children must be given enough time to eat. For some children, the meals and snacks they receive are the only food they may be getting for the day. Therefore, instructional staff must rearrange their meal/snack times to ensure children riding buses have ample time to eat. Also, instructional staff may have to ask parents/guardians to wait until meal/snack time is over before departing with their children. The nutrition specialist is available to train or provide technical assistance to ESP/CCP's to handle these situations safely.

ECLKC, E. C. (n.d.). *Head Start Program Performance Standards*. Retrieved from ECLKC, Early Childhood Learning and Knowledge Center: <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii>

**In the event of a pandemic or other unique circumstances, the ESP/CCP's will provide meal services in compliance with guidelines set forth by local, county, state, and federal agencies.

Family Support Services for Health and Nutrition

To encourage collaboration, communication, and ongoing support to parents around medical, oral, nutrition, and mental health, a calendar is completed with various grantee staff to ensure education and support are provided in these areas. Evidence-based educational materials, evidence-based interventions, community assessment information, and HSAC recommendations are used to develop support services.

Health and well-being supportive topics include:

- Preventive medical and oral health care,
- Emergency first aid,
- Environmental hazards health and safety practices for the home
- Health and developmental consequences of tobacco products use
- Exposure to lead
- Food security
- Financial health
- Importance of physical activity
- Safe sleep
- Healthy pregnancy and post-partum care; breastfeeding support
- Health system navigation
- Understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;
- Understanding the results of diagnostic and treatment procedures as well as plans for ongoing care
- Familiarizing children with services they will receive while enrolled in the program and enrolling and participate in a system of ongoing family health care.
- Current community assessment needs

Community Partnerships

The City of Phoenix Head Start Birth to Five Program has intentional, ongoing collaborative relationships and partnerships with community organizations that align with Head Start health services delivery.

Children with Special Health/Nutrition Care Needs Requiring Classroom Accommodation

The City of Phoenix Head Start Birth to Five has a protocol to ensure appropriate accommodations for children with special health conditions or medical dietary concerns which require classroom accommodation. Medical and nutritional concerns which may require classroom accommodation are called "Special Health Care Needs" or "SHCN." The health and nutrition specialists manage and monitor the SHCN process.

Purpose and Definitions

The purpose of the SHCN process and the accommodations plans is to:

- Protect the health and safety of children with SHCN.
- Prevent or respond to an SHCN situation. (For example, prevent exposure for children with food allergies, or administer medication to a child having an asthma attack).

- Provide a supportive, positive classroom experience for children with SHCN. (For example, provide reassurance to a child following a seizure).
- Reassure parents that Head Start/Early Head Start is fully prepared to care for their child.

Head Start writes SHCN plans using directions from the child's doctor's medical records and parent input. The caseworker I obtain doctor instructions using a standard Head Start form. Head Start has three forms to get this information:

- **SMMRF** (Special Meal Modification Request Form): used for children who may need any medically necessary dietary accommodations.
- **AIR** (Asthma Information Request Form): used for children who may have asthma or reactive airway disease (RAD). Children with other respiratory conditions that affect breathing, such as cystic fibrosis or primary ciliary dyskinesia, also need AIR documentation.
- **MIR** (Medical Information Request Form): used for children who may need a medical accommodation not covered under the SMMRF or AIR. This category includes diseases, illness, or injury.

Collectively, these forms are called SAM (SMMRF, AIR, MIR) forms. Head Start uses these forms, medical records, and parent input to write SMMRF, AIR, and MIR (SAM) Plans.

The difference between completed SAM forms from the doctor and SAM plans is:

- The completed SAM forms are the doctor's instructions: What needs to happen.
- The SAM Plan explains how Head Start will follow the instructions: How HS will make this happen.

SAM Plans outline one or more of the following:

- Medical procedures to prevent or respond to a problem, such as administering medication for a seizure.
- Non-medical procedures to prevent or respond to a problem, such as providing a quiet space for a child feeling mildly unwell due to an SHCN.
- Dietary accommodations for food allergies, intolerances, diabetes, and metabolic disorders.

NOTE: Head Start does not administer maintenance medications. However, in exceptional cases, a health or nutrition specialist may approve the administration of maintenance medications during class.

The SHCN/SAMs Process

The process of obtaining SAM information and completing SHCN plans requires communication and coordination between grantee caseworkers, specialists, and ESP/CCP's. Caseworkers and ESP/CCP's involved in this process are encouraged to contact the health and nutrition specialists for guidance whenever needed. Caseworkers, specialists, and ESP/CCP's document all activities and communication to complete the SAM process in the ChildPlus SAM notes.

The protocol has multiple stages, as summarized in the table below.

Implementation Expectation	Responsible Party	Timeline	Monitoring Activities
Stage 1			
Identify children who may need classroom accommodation and create the appropriate SAM event in ChildPlus. Obtain completed SAMs from doctors.	Caseworker I	Before enrollment and ongoing	Casework supervisors and specialists monitor SAM events and completion of SAM forms in ChildPlus.

Upload SAMs into ChildPlus.			
Stage 2			
<p>Monitor SAM events in ChildPlus for completed SAM documentation.</p> <p>Follow up on SAM events without completed SAM documentation.</p> <p>Determine if accommodation is needed according to the SAM documentation.</p> <p>If accommodation is needed, determine if the child will be attending on-site classes or be a virtual learner.</p>	<p>Health and Nutrition Specialists</p> <p>Assigned ESP Employees</p>	<p>Before enrollment and ongoing</p>	<p>Specialists monitor SAM events and completion of SAM forms in ChildPlus.</p> <p>Specialists alert casework supervisors to SAM events requiring follow-up.</p> <p>ESPs also monitor SAM events in ChildPlus.</p>
Stage 3			
<p>SAM plans are written either by the health or nutrition specialists or by the ESP. ESPs must have grantee approval to write plans.</p> <p>Whenever possible, SAM plans are completed and approved by a health or nutrition specialist before enrollment.</p> <p>ESPs that write their own plans submit promptly to the health and nutrition specialists for review.</p> <p>When specialists are completing the plans, specialist and ESP coordination are critical to ensure plans are written promptly.</p>	<p>Assigned ESP Employees</p> <p>Health and Nutrition Specialists</p>	<p>Before enrollment and ongoing.</p>	<p>Specialists monitor SAM events and the completion of SAM plans in ChildPlus, alert ESPs to SAM events requiring accommodation plans.</p> <p>Specialists coordinate with ESPs when specialists are writing plans on behalf of the ESP.</p> <p>ESPs also monitor SAM events and completion of SAM plans.</p> <p>ESPs monitor SAM events and coordinate with the specialists when the specialists are writing the plans.</p>

Stage 4			
Review and Approval of the SAM Health/Nutrition Plans.	Health and Nutrition Specialists	Before enrollment and ongoing	Specialists monitor SAM events in ChildPlus for completion and approval of all plans.
Stage 5			
Implementation of the SAM Plans On occasion, children's SAM plans may be inadequate the child's needs, or a child's needs in the classroom may change. The specialist is notified, and it is determined if the child's plan can be revised or if a new plan is needed.	ESPs Specialists	After enrollment and ongoing.	Designated ESP staff, instructional staff, school nurses (if applicable).
Stage 6			
Monitoring of SAM plan implementation.	Specialists	Periodically	Specialists visit ESP offices, classrooms, and school nurse's offices to monitor SAM plan implementation.

Medication Administration

Grantee health and nutrition specialists oversee the SHCN process including the storage and administration of medications at CCPs and school-based programs, according to the Six Rights of Medication Administration:

1. Right Child
2. Right Medication
3. Right Dose
4. Right Time
5. Right Route
6. Right Reason

Medication storage and administration require written authorization or instructions from the health care provider, with sufficient information to ensure compliance with the six rights listed above. Parents must also provide written authorization.

The City of Phoenix Head Start Birth to Five Program ensures safe and hygienic medication administration practices through operational procedures that include instruction based on:

- 1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;
- 2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;
- 3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;

- 4) Maintaining an individual record of all medications dispensed and reviewing the record regularly with the child's parents;
- 5) Communicate with families on the importance of ensuring the expiration date is included on the medication;
- 6) 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;
- 7) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including using any necessary equipment to administer medication.
- 8) Ensure instructional staff return all non-expired medication to families once school year concludes.

Grantee health and nutrition specialists review SAM forms, medication authorization forms, and medication labels to ensure compliance and monitor SHCN and medication administration on-campus (unless a pandemic or other unusual circumstance requires suspension of on-site monitoring).

Refer to TM-10 Medication Administration for school-based medication guidance and Medication Administration Guidance – With or Without a School Nurse. For CCP, refer to H-10E-CCP Medication Administration.

Staff Health and Wellness

Prospective hires receive an initial physical exam and TB screening at Concentra to ensure they are free of infectious diseases, which could pose a risk to others that cannot be reduced or eliminated through reasonable measures. Significant health insurance discounts incentivize employees to obtain annual physical exams. Employees complete a yearly TB screening questionnaire in ChildPlus.

INCLUSION

Purpose

The City of Phoenix Head Start Birth to Five program is committed to improving outcomes for young children with suspected delays or identified disabilities and their families. Head Start has been a leader in the movement to support the inclusion of children with developmental delays/disabilities in early childhood settings. Head Start's founders and early pioneers recognized that children with and without developmental delays/disabilities would benefit from participating in the same classroom.

Ten Percent Requirement

Head Start Program Performance Standards (HSPPS) 1302.14 (b) states "a program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA,) unless the responsible Health and Human Services official grants a waiver." Once the program meets the 10 percent requirement, they must maintain it for the remainder of the year.

It is the responsibility of the Inclusion Specialist to ensure the program maintains the enrollment of IDEA-eligible children and meets the 10 percent requirement. The Inclusion Specialist works with families, caseworker I, caseworker III, and CCP directors to ensure enrolled children receive the services and supports they need to participate and maintain their enrollment successfully.

Points to keep in mind about the 10 percent requirement:

- Children who have been evaluated and deemed eligible for IDEA services, regardless of whether they are receiving such services, count toward the 10 percent requirement
- Children with developmental delays/disabilities who have not been deemed eligible for IDEA services do not count toward the 10 percent requirement
- Children who are waiting for an evaluation or are in the evaluation process do not count toward the 10 percent requirement

- The 10 percent requirement is based on total funded enrollment, not actual enrollment, unless otherwise specified by the Office of Head Start
- If a child is deemed eligible, but the family does not consent to IDEA services, the child still counts toward the 10 percent requirement. **Standard in Action – 10 Percent**

Outreach/Recruitment

The Inclusion Specialist's responsibility is to work closely with the ERSEA team to ensure the program meets the 10 percent requirement. This includes, but is not limited to, reaching out to Arizona Early Intervention Program (AzEIP) providers, the Division of Developmental Disabilities (DDD) Child Find Coordinators, Local Education Agencies (LEA), and other community partners who work with children with developmental delays/disabilities.

Outreach/Recruitment activities:

- Regular email blasts to partners highlighting that the City of Phoenix Head Start Birth to Five program is an inclusive environment that provides comprehensive services for all children and support for families
- Attend staff meetings of AzEIP/DDD providers and LEA to discuss the benefits of Head Start
- Write articles for local publications highlighting the comprehensive services provided by the City of Phoenix Head Start Birth to Five program, e.g., AzEIP and Raising Special Kids newsletters
- Serve on AzEIP's Interagency Coordinating Council for Infants and Toddlers (ICC)
- Participate/serve in other capacities outside of the City of Phoenix Head Start Birth to Five program, e.g., Disability Resources Committee, Parents as Teachers Advisory Board, Arizona Head Start Association State-wide Recruitment Committee, and Latinos Unidos de Arizona
- Reach out to leaders in the community who work with children who have developmental delays/disabilities to discuss the benefits of Head Start

Pre-Registration

The Inclusion Specialist follow-ups on pre-registrations and pending intakes, as necessary. The Secretaries notify the Inclusion Specialist when a child on the pre-registration list:

- Has an IFSP or IEP
- Receives private therapy
- Has a developmental delay or diagnosis, and the parent/guardian needs assistance accessing services while on the pre-registration list
- Parent/guardian has developmental concerns about their Child

The Inclusion Specialist will collaborate with the caseworker I during the eligibility process to support parents/guardians in making necessary referrals to community resources, such as Raising Special Kids, LEA, AzEIP, the child's primary medical home, or behavioral health agencies.

Early Head Start

- Secretaries enter the information in ChildPlus under pre-registration, indicating the child has an IFSP, getting private therapy, or the family has developmental concerns
- Inclusion Specialist notifies the appropriate Caseworker III about the child
- Inclusion Specialist follows pre-registration/intake until the program eligibility determination is made

Head Start

The Inclusion Specialist works directly with LEA Child Find teams to coordinate Pre-registrations. When an LEA Child Find team refers a family to Head Start, the Inclusion Specialist:

- Enters information in the pre-registration section of ChildPlus and contacts the corresponding Caseworker III for Caseworker I intake assignment
- Inclusion Specialist notifies the Caseworker I if the child is pending in the Child Find process or if the process is closed
- Inclusion Specialist follows pre-registration until an eligibility determination is made
- Inclusion Specialist notifies the Child Find team of the intake status and whether the family is eligible for Head Start

Developmental Screening

Screening is one of the first steps in learning about a child. Nearly half of the children with developmental delays/disabilities in Head Start and Early Head Start are identified after enrolling in the program. This usually occurs through the screening or the ongoing assessment of enrolled children. All children must have a current developmental screen, including those with an IFSP/IEP, within 45 calendar days of when the child first attends the program.

To ensure the program uses a research-based, standardized screening tool that is age, developmentally, culturally, and linguistically appropriate, the Inclusion Specialist oversees the developmental screening component of the program.

Developmental Screening Process Memo

Early Head Start

The current Early Head Start approved screening tool is the **Ages & Stages Questionnaire-3® (ASQ-3.)** The Inclusion Specialist trains all staff in the home-based and CCP settings on all aspects of the ASQ-3.

- The ASQ-3 screens 5 areas of a child's development: communication, gross motor, fine motor, problem-solving, and personal social
- In collaboration with each child's family and with consent, the program must complete a current developmental screening on **ALL** children within 30-45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit
- The ASQ-3 is conducted in collaboration with the child's family and Caseworker I or the teacher
- Results must be shared with the parent/guardian within one week of completing the screening
- The Caseworker I/or EHS-CC Partnership designated staff member uses the Screening Flowchart to interpret the results and identify the next steps

When sharing ASQ-3 results with the family, they must be provided with the following:

Pass

- Parent Results Letter with "Your child's development appears on schedule" checked
- ASQ-3 activities in all developmental areas from the ASQ-3 Learning Activities book and Hello Parent Letter outlining the activities
- Document the results in ChildPlus under the Education: events tab
- Upload the ASQ-3 and Parents Result Letter under the Education: attachments tab

Rescreen

- Parent Results Letter with "Your child's development will be monitored for the next two months" checked
- ASQ-3 activities in all developmental areas from the ASQ-3 Learning Activities book and Hello Parent Letter outlining the activities
- Document the results in ChildPlus under the Education: events tab

- Upload the ASQ-3 and Parents Result Letter under the Education: attachment tab
- The child will be rescreened in 2 months

Fail

- Parent Results Letter with "Further assessment with a professional may be needed" checked
- ASQ-3 activities in all developmental areas from the ASQ-3 Learning Activities book and Hello Parent Letter outlining the activities
- Document the results in ChildPlus under the Education: events tab
- Upload the ASQ-3 and Parents Result Letter under the Education: attachment tab
- A referral to AzEIP is discussed with the family:
 - If the family does not want to make a referral to AzEIP, this is noted in ChildPlus under the Education; events tab and the child is rescreened in two months
 - If the family request a referral to AzEIP, the following options are discussed with the parent/guardian:
 - a. Referral by family to AzEIP.
 - The caseworker I will obtain the Release of Information completed by the family and uploaded in ChildPlus under the Education; attachments tab. An email is sent to the Inclusion Specialist who documents the family referral in ChildPlus under the Disability: concerns tab.
 - b. Referral by Inclusion Specialist to AzEIP on behalf of the family
 - The Inclusion Specialist will obtain the completed (by family) Release of Information and the completed (by caseworker I) AzEIP referral form. The forms are uploaded in ChildPlus under the Education: attachments tab. An email is sent to the Inclusion Specialist who documents the referral in ChildPlus under the Disability: concerns tab and makes the referral to AzEIP through their secured website at <https://des.az.gov/services/disabilities/developmental-infant>

Head Start

The Inclusion Specialist collaborates with each ESP to ensure developmental screens occur within 45-days and monitors developmental screening data in ChildPlus.

- Each ESP chooses which research-based developmental standardized screening tool to use.
- Each ESP designates who is responsible for entering developmental screening information and follow-up actions in ChildPlus (classroom teacher, ESP data clerk, or other ESP staff member).
- Each ESP notifies the Inclusion Specialist who the designated point of contact for this requirement at the beginning of each program year.
- Developmental screening results and required follow-up actions are due in ChildPlus by the end of the month the action is completed. This includes rescreen results, referrals to Response to Intervention Teams or Child Study Teams, and referrals to Child Find for additional screening and evaluations. The developmental screen is not considered complete until it has a close date with the final action status documented in ChildPlus.
- Refer to the Adding a Developmental Screening Teachers document for step-by-step instructions on how to add all required documentation. [Adding Developmental Screening](#)
- The Inclusion Specialist is responsible for running ChildPlus reports after the 5th of each month to check on the status of developmental screens and required follow-up actions. The Inclusion Specialist sends the designated ESP point of contact monthly emails regarding the following items as necessary:
 - List of children with expired developmental screens in ChildPlus

- List of children with missing follow-up actions in ChildPlus due to rescreen, fail, or refer status on initial developmental screen
- ESP must bring identified items up to compliance in ChildPlus within 30 days

Parent/Guardian or Teacher Developmental Concern

A parent's/guardian's or teacher's concern about a child's development should always be taken seriously. With parent/guardian consent, a referral can be made to AzEIP or LEA at any time. A referral is not contingent on the results of a developmental screening.

Early Head Start

- The Inclusion Specialist tracks developmental concerns entered in ChildPlus
- All actions related to the concern are documented in ChildPlus

Head Start

The Inclusion Specialist tracks developmental concerns entered in ChildPlus:

- Each ESP enters a parent/guardian or teacher concerns in ChildPlus when the concern is not due to a 'rescreen' or 'fail' status on a child's developmental screen.
- Each ESP documents all follow-up actions within 30 days in ChildPlus.

Children referred to IDEA Part B and C

The HSPPS Part 1302 Subpart C requires that a program promptly and appropriately address any identified needs based on the screening results and other information. The Inclusion Specialist supports Family Advocates/Caseworker I, families, and their children through the IDEA referral process. This includes coordinating with the IDEA Part B and C providers to ensure evaluations and eligibility determination are done in a timely manner. The Inclusion Specialist also helps the City of Phoenix Head Start Birth to Five program staff and families understand each step of the process, gives them information on what actions may be taken, and prepares them to make decisions.

After the formal evaluation, if the child is not eligible for IDEA services, the Inclusion Specialist determines whether the evaluation indicates a significant/moderate delay. If the child has a significant/moderate delay, the Inclusion Specialist partners with the Family Advocate/Caseworker I and parent/guardian to access additional services and supports available through the child's health insurance or under Section 504 of the Rehabilitation Act.

Things to keep in mind:

- In Early Head Start, the AzEIP provider has 45 days from the date of referral to determine eligibility and complete the IFSP. The AzEIP provider then has 45 days from the day the IFSP was completed to begin services. The Inclusion Specialist collaborates with the Caseworker I and the family to ensure the AzEIP provider complies with the timelines.
- In Head Start, the LEA has 30 calendar days from the day of consent to complete the evaluations. If eligible for IDEA, parents/guardians must agree to the initial IEP and special education services to initiate. If an IEP is implemented, the LEA must ensure services begin as soon as possible within the LRE.

Individualization

Individualization is an important Head Start concept. To meet the needs of children with identified developmental delays/disabilities, the Inclusion Specialist collaborates with our IDEA partners (AzEIP and LEA) using the IFSP or the IEP as the guide to address the individual needs of the child.

The Inclusion Specialist works with Family Advocates and teachers to ensure each child receives the individualized services outlined on their IFSP/IEP in the least restrictive environment (LRE.) The Inclusion Specialist also supports Family Advocates and teachers to use information from screenings, assessments, observations, and information provided by the family to determine a child's strengths/needs and adjusts strategies to better support the child's individualized learning.

Early Head Start

Early Head Start inclusion staffings are held to review a child's IFSP. When a child enters the program with an IFSP, the Inclusion Specialist sends a Release of Information to the Part C provider requesting the developmental evaluation report and the latest IFSP. The records are uploaded in ChildPlus under the Disability: attachments tab, and the Inclusion Specialist conducts an inclusion staffing with the following:

- Home-based: Caseworker I and III, and Development Support Coach
- Childcare partnerships: teacher and Development Support Coach

During the staffing, the IFSP outcomes are reviewed along with TSG data, if available. Individualization, modifications, and adaptations are also discussed. This information is documented in ChildPlus under the Disability: inclusion staffing tab.

Staffings are also held when children receive clinic-based therapy. This is documented in ChildPlus under the Disability: inclusion staffing tab.

Head Start

Head Start Staffings are held upon request from a parent/guardian, ESP staff, or City of Phoenix Head Start Birth to Five program staff. The Inclusion Specialist coordinates the staffing meeting and invites all appropriate team members, e.g., Behavior Support Specialist, Health Specialist, Nutritionist, or IDEA therapy providers.

Staffings can also be held anytime a staff member needs support from the Inclusion Specialist, e.g., when developmental concerns about a child or staff need help with individualization or accommodations. This information is documented in ChildPlus under the Disability: inclusion staffing tab.

Staffings are also held when children receive clinic-based therapy. This is documented in ChildPlus under the Disability: inclusion staffing tab.

Transitions

The Inclusion Specialist works closely with program staff, Part B and C partners, and families to help children with developmental delays/disabilities navigate transitions. The program uses a coordinated approach as there are many pieces to put in place as children move from:

- Early Head Start to Head Start/LEA developmental preschool
- Preschool to kindergarten
- IDEA Part C services to Part B services
- One program setting, classroom, or service provider to another

****Refer to the City of Phoenix Head Start Birth to Five program Transition Plan**

Early Head Start

The Inclusion Specialist:

- Attends the Early Head Start transition staffing, which is held six months before the child's third birthday
- Discusses placement options with the Family Advocate/Caseworker I and family
- Supports the Family Advocate/Caseworker I and family during the transition process
- Collaborates with the family and the AzEIP provider to determine the child's eligibility for Part B services

- Attends meetings at the LEA with the family, if requested

Head Start

The Inclusion Specialist:

- Works with ESPs to ensure LEA conducts Transition IEP meetings in a timely manner in the months before children transition to kindergarten.
- Attends IEP transition meetings with the family, if requested