

**HighScope COR Advantage /OSEP (Office of Special Education Programs)
Crosswalk**

Outcome 1: Positive social-emotional	Outcome 2: Acquisition and use	Outcome 3: Use of appropriate behavior to meet
<p><i>Social and Emotional Development</i></p> <ul style="list-style-type: none"> D. Emotions E. Building Relationships with Adults F. Building Relationships with Other Children G. Community H. Conflict Resolution 	<p><i>Approaches to Learning</i></p> <ul style="list-style-type: none"> C. Reflection <p><i>Language, Literacy and Communication</i></p> <ul style="list-style-type: none"> L. Speaking M. Listening and Comprehension N. Phonological Awareness O. Alphabetic Knowledge P. Reading Q. Book Enjoyment and Knowledge R. Writing <p><i>Mathematics</i></p> <ul style="list-style-type: none"> S. Numbering and Counting T. Geometry: Shapes & Spatial Awareness U. Measurement V. Patterns W. Data Analysis <p><i>Creative Arts</i></p> <ul style="list-style-type: none"> AA. Pretend Play X. Art <p><i>Science and Technology</i></p> <ul style="list-style-type: none"> BB. Observing and Classifying CC. Experimenting, Predicting and Drawing Conclusions DD. Natural and Physical World <p><i>Social Studies</i></p> <ul style="list-style-type: none"> FF. Knowledge of Self and Others GG. Geography HH. History 	<p><i>Approaches to Learning</i></p> <ul style="list-style-type: none"> A. Initiative and Planning B. Problem Solving with Materials <p><i>Physical Development and Health</i></p> <ul style="list-style-type: none"> I. Gross-Motor Skills* J. Fine-Motor Skills K. Personal Care and Healthy Behavior <p><i>Science and Technology</i></p> <ul style="list-style-type: none"> EE. Tools and Technology

* Precursor skills for functional behaviors. These skills may not be appropriate or expected for some children, including those with sensory, motor or other impairments.

Note: Items that are not a precursor to, or component of, any of the three outcomes, and therefore not included in the crosswalk:

Creative Arts: X. Art, Y. Music, Z. Movement

English Language Learning: II. Listening to and Understanding English, JJ. Speaking English

Education and Child Development Program Services	
Performance Standard: 1302.30 Purpose.	Effective Date: 8-1-17 Revised: 2/21/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: *Subpart C Purpose*

PURPOSE:

All programs must provide high-quality early education and child development services, including for children with disabilities, that promote children’s cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and support family engagement in children’s learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in §§1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in §§1302.33 and 1302.35.

POLICY:

The Consortium will implement a research-evidenced based curriculum that will support the need to deliver high-quality early childhood education and developmental services to all children enrolled in the Consortium’s programs. Research-based initiatives include: innovative approaches to staff development, measuring and evaluating program quality and effectiveness, implementing a complete system of child instruction, and support through training, and alignment with local, state, and federal standards with evidence revealing positive family and child outcomes based on a data-driven system.

The content of the *Birth to Five* learning experiences will be guided by curricula that will be meaningful, rich, diverse, and supportive of Dual Language Learners (DLLs) or multilingual learners per the WIDA Framework. The environment will also promote initiative, independence and the necessary skills to prepare young learners for kindergarten by implementing foundational curriculum in social/emotional development, math, science, language, literacy and the arts.

Policy #1	
Performance Standard: 1302.31 (a) Teaching and the learning environment.	Effective date: August 1, 2017 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Teaching and the learning environment

PURPOSE:

(a) Teaching and the learning environment. A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, including for children with disabilities. A program must also support implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.

POLICY:

The Consortium's approach to Child Development and Education will provide an opportunity for all children to be prepared for their present and future success and learning environments with sensitivity to individual learning styles and cultural diversity. To provide teaching experiences that are intentional in the skill areas in preparation for kindergarten and focus on promoting growth.

PROCEDURE:

1. Teaching staff will receive training regarding the integration of curriculum alignment for: Head Start Performance Standards, Dual Language Learning, Indiana Foundations, HighScope (including COR Advantage), Head Start Early Learning Outcomes Framework (ELOF), Conscious Discipline, Active Supervision and School Readiness.
2. Teachers will implement HighScope curriculum in a way that is positive, supportive, and respectful of social/emotional, cognitive and physical needs of young children.
3. Teachers will monitor HighScope curriculum activities to adjust as necessary to meet each child's individual social/emotional, cognitive and physical development.
4. Classroom environment will be conducive for individual social/emotional, cognitive and physical development reflecting:
 - a. Cultural Diversity, Community and Family
 - b. Language
 - c. Learning Styles
 - d. Child Initiated/Adult Directed Activities

5. Teachers do daily lesson plans, weekly lesson plan overview and weekly Classroom Lesson Plan Materials Inventory.
6. Teaching teams will complete an individualized plan for each child based on information collected at home visits about parents' Hopes and Dreams for their children and the initial screenings within the first 10 days of school/enrollment.
7. Teachers must complete the Denver screening on each child within the first **10 days** of attendance. The teacher must administer the **DECA no earlier than day 11 and no later than day 15 of child's attendance.**

MONITORING:

Certified consultants may assist in the process for time management purposes in the event that calendar schedules become a concern.

1. Within two weeks of any training, Human Resource Manager reviews agenda, sign-in sheets and cross reference training attendance, topics and teaching staff and reschedule staff who have missed the training opportunity.
2. Program Managers will conduct the Classroom Assessment Tool (CAT) (Sept, November, February). Management Team will conduct the CAT (October, December, March).
3. If a teacher notes concerns based on screenings or assessments, those concerns are brought to the Program Manager. If, after meeting with the teacher, a Program Manager has continued concerns about a child's social, emotional, educational or special needs, a referral is completed. If Denver II screening reflects 2 fails, a referral is made to the Mental Health Manager. The Behavior Specialist observes the classrooms that are referred by the management team within a timely manner and then follows up with the Program Manager.
4. Head Start Teachers will receive a CLASS observation conducted by a certified observer 2X a year (between October 25 and March 15)
5. All classrooms (HS, EHS/EHS-CC) will receive a PQA observation conducted by a certified observer annually (by March 1st) **Final results must be submitted to the Executive Director by March 10th**
6. EHS and HS Program Managers and Education Managers will review lesson plans with inventory checklist on a weekly basis (via electronic, or at the site level).
7. Executive Director reviews weekly Manager's meeting ChildPlus Report 3015 and 9710 that reflects services received for each child needed for the 45-day requirements.
8. If services are not completed within the specified time period, the appropriate Content Area Manager will follow-up with Program Managers to ensure that necessary assessments are complete. the appropriate 45-day requirements.

Policy #2	
Performance Standard: 1302.31 (a) <i>con't</i> Teaching and the learning environment.	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Teaching and the learning environment

PURPOSE:

To use the Preschool Program Quality Assessment (PQA) and Classroom Assessment Scoring System (CLASS) as an effective tool of assessment that will promote a balanced daily program of child-initiated and adult-directed activities. To establish and implement a structured approach to staff training and development that supports best curriculum practices.

POLICY:

The Consortium will provide high quality teaching and learning environments for all the EHS, EHS-CC and Head Start programs supported by HHS ensuring the curriculum selected provides research-evidence based support, programming and curriculum fidelity.

Systems will include all ages from birth to five and aligned to:

- Head Start Early Learning Outcomes Framework.
- Indiana Foundations and licensing standards.
- Dual Language Learning
- HighScope Curriculum.
- OSEP Outcomes

Staff will receive appropriate support through practice-based coaching/mentoring, that will lead teachers to be intentional and responsive. All staff will be provided professional development support that will meet the needs of young children through the promotion of organized and healthy learning environments. Staff will be given ongoing supervision through individualized professional development plans that will reinforce best teaching practices.

PROCEDURE:

1. Teaching staff receive training on the CLASS/PQA. EHS teachers are trained on the infant toddler CLASS and infant toddler PQA.
2. **PQA:**
 - a. A certified observer will conduct a PQA annually in each classroom focusing on the lead teacher in HS and each teacher in EHS.
 - b. The PQA assessor will provide strengths-based feedback to each teacher.
 - c. Teachers scoring 3.0 or below may be referred for additional training and practice-based coaching.
 - d. Teachers who score 4.0 or above may be encouraged to work on HighScope certification.

3. **CLASS:**
 - a. A certified CLASS observer will conduct a CLASS observation on each Teaching team two times a year. First CLASS will be completed within the first 60 days.
 - b. The CLASS assessor will provide strengths-based feedback to each teaching team.
 - c. Teachers who score below a 5 in Emotional Support, 5 in Classroom Organization, or 3 in Instructional Support may be referred for additional training and practice-based coaching.
4. The Head Start Management Team, third party consultants and coaches will review professional goals with teaching staff to address their individual professional and coaching needs.

MONITORING:

1. Will be based on the written reports that will be submitted to the Executive Director to submit to the Consortium Board and HHS (grants).
2. Written reports on the CLASS and PQA will be submitted to the Executive Director Fall and Spring semesters.
3. PQA Results must be submitted to the Executive Director by March 10th.

Policy #3	
Performance Standard: 1302.31(b)(1)(i-iv) Effective Teaching Practices	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Teaching and the learning environment

PURPOSE:

(b) Effective teaching practices.

(1) Teaching practices must:

(i) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; are communication and language rich; promote critical thinking and problem-solving; social, emotional, behavioral, and language development; provide supportive feedback for learning; motivate continued effort; and support all children's engagement in learning experiences and activities;

(ii) Focus on promoting growth in the developmental progressions described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* by aligning with and using the Framework and the curricula as described in §1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child's individual pattern of development and learning;

(iii) Integrate child assessment data in individual and group planning; and,

(iv) Include developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*.

POLICY:

All children will receive a quality and meaningful early educational experience.

Data collection will document developmental growth toward successful child outcomes.

Teachers will individualize based on child data. The education services will be individualized to meet each child's unique characteristics, strengths, pattern of development, and learning as determined in consultation with the family.

As the result of intentional professional development and curriculum, the Consortium's teachers will implement a program for young children that will be:

- Nurturing
- Responsive
- Foster emotional security
- Rich in communication and language opportunities.
- Promote critical thinking and problem solving.

(ii) All child assessment data align with Early Learning Outcomes Framework developmental progressions. Teachers plan activities, schedules, lesson plans and high-quality experiences to meet the child's individual pattern of development and learning.

(iii) Integrate Child Assessments that will be appropriate, individualized and ensure group planning opportunities that are focused on:

- Language, Literacy and Communication
- Social and Emotional development
- Math
- Science and Technology
- Social Studies
- Creative Arts and physical development

PROCEDURE:

1. Individualization will be based on the results of ongoing child assessment (Denver, DECA and COR) and then linked to curriculum goals and kindergarten readiness.
2. Individualization will reflect child interests, the KDIs (HighScope), and each child's temperament, language, cultural background and learning style.
3. Individualization will include any special accommodations for a child with any kind of disability.
4. Individualization will include any adaptations of activities and the learning environment so that all children can participate for the purpose of inclusion, within curriculum approved by the Consortium.
5. Parents complete the Child and Family Cultural Language Survey at home visit.
6. Individualization plans are completed or updated at home visits, SAT(s), and parent-teacher conferences. The parent completes the DECA at the home visit and the teacher completes it between days 11 and 15 of child's enrollment. Individualization plans may be updated according to DECA results.
7. Teacher places documents listed above in the child's file, along with education documents and Denver II.
8. Teacher designs a classroom learning environment and an individualized plan for each child based on screenings, observations, assessments and parent input.
9. Teacher, along with family input, identify goals for each child based on curriculum assessments, IFSP/IEP, First Steps/LEA case conferences, and behavior plans. Goals are identified at Home Visit and revised at Parent Teacher Conferences.
10. Teachers ensure that the classroom environment reflects modifications or adaptations necessary for children to be successful at achieving their goals.
11. Child's file will contain items based on the tabs that are reflective in each section of the file.

MONITORING:

1. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Content Area Managers will also conduct the CAT 2X per program year (October, March) with similar follow up protocol.
2. File audits will be conducted 3X per program year for HS and 4X per year for EHS and EHS-CC. Content Area Managers will conduct 45-day file audit

(October/early November) and Program Managers will conduct 90-day file audit looking for:

45 Day Audit Items	90 Day Audit Items
Growth Charts Speech Screenings Denver II results DECA-Parent DECA-Teacher Home visit individualization plan-HS or EHS Initial Home Visit Checklist Safety Sam	COR Reports with Portfolio Items Screening Summaries Parent Teacher Conference 1 PTC Individualization Plan

3. 2X a year a certified CLASS observer will conduct a CLASS observation for each of the HS and Early Head Start teaching teams.
4. Annually a Consultant will observe EHS and HS classrooms using the PQA tool focusing on lead teachers.
5. Program Managers will review lesson plans and materials inventory checklist for each classroom in conjunction with the quarterly home visits and parent teacher conferences. Each child's individualized plan will also be reviewed quarterly on the HV and P/T conference timeline.
6. The Executive Director reviews the Manager's ChildPlus Report 3015 and meets weekly with the team in the first 45 days. This procedure will continue bi-weekly thereafter.
7. FACS will print 3015 weekly for the first 45 days and document changes on 3015 and Program Manager/Health Manager will meet weekly for the first 45 days to reconcile and monitor. This procedure will continue monthly thereafter.
8. If services are not completed the appropriate Manager will follow-up with Program Manager, who will work with the teachers and/or FACS staff to complete necessary assessments or expectations or referrals. A corrective action plan may be necessary.
9. The management team will electronically view the 3015 weekly during the management meeting for the first 45 days along with the Executive Director to discuss status of reports and generate strategies to ensure requirements are met.
10. Managers will coordinate a report to the Executive Director on a monthly basis.
11. The Executive Director will prepare Board/ PC Reports based on information.

Policy #4	
Performance Standard: 1302.31(b)(2) (i-iii) Effective Teaching Practices: Dual Language Learners	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARDS: Teaching and the learning environment

PURPOSE:

(2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must:

- (i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English;
- (ii) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or,
- (iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development and support of the home language. Bi-lingual team (FACS/Teaching Team) needs to be appropriate for classroom development of children and parents.

POLICY:

The Consortium appreciates and recognizes bilingualism and biliteracy as strengths and an asset within the home. Children who are considered Dual Language Learners (DLL's) may be developing at a different rate across the two languages and teachers will leverage the home language in exposing an infant or toddler to the English language and focusing on English language acquisition for preschoolers. Families will have FACS and teachers who can successfully speak the home language, or an interpreter, if possible. The Consortium will work with each child who is a DLL through a strengths-based approach and provide a curriculum which is culturally and linguistically responsive. Teaching practices and assessments will support both the families' home language and English.

PROCEDURE:

1. Teaching staff receive training on dual language learning during Fall Annual Training and as staff is hired.
2. Teaching staff will continue to set up classrooms with bi-lingual learning (e.g., objects and labels in classrooms in Spanish and English and books of multilingual or multicultural focus).
3. Teaching staff will pay specific attention to the cultures and languages that exist in their classroom and engage children from all languages using the High Scope curriculum.

4. Bilingual Backpacks will be available for FACS to loan to families per their request. Backpacks will include books in both English and their home language, when available so that the whole family can engage in English language learning. DLL's will receive assessments in English and their home language, whenever possible.
5. Families will be encouraged by the teaching staff and FACS to participate in the classroom (i.e. music, dance, food, agriculture), sharing their family's unique culture.
6. Site Meetings will contain "cultural draws" for families depending on site (in other words, site meetings will not only contain Federally-mandated topics such as budgeting and healthy relationships but will include something that speaks to the cultural diversity of each site). FACS will work with teaching staff and Family Engagement Manager to ensure the Consortium is providing a diverse learning experience.
7. Possible Partnership with Colleges to come in to support families.

MONITORING:

1. EHS/EHS-CC/HS Content Area and Program Managers will review lesson plans specific to Dual Language learners.
2. EHS/EHS-CC/HS Content Area and Program Managers will assist in reaching out for translator or interpreter services when necessary, if FACS for the family cannot find a resource.
3. Bilingual Backpacks will be stocked at Lafayette and issued to FACS upon request for a family to use.
4. Family Engagement Manager will assess site meeting curricula to ensure we not only cover Federally-mandated topics and include a portion of diversity that supports the language and culture of each site.
5. Supervisors and Managers will monitor classrooms to ensure there are culturally-relevant items in the classroom for children to use and that items are identified "bilingually" when the site's demographics calls for it.
6. Content Area Managers will coordinate timely reports to the Executive Director.
7. The Executive Director will prepare Board/ PC Reports based on information.

Policy #5	
Performance Standard: 1302.31(c)(1-2) Learning Environment	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised 6/28/22

PERFORMANCE STANDARDS: Teaching and the learning environment

PURPOSE:

(c) *Learning environment.* A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:

- (1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; and,
- (2) For preschool age children, include teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.

POLICY:

To assure all children receive a quality and equitable experience, including a daily routine that has flexibility and predictability balanced and a variety of materials and approaches to learning opportunities. Consortium teachers will demonstrate implementation of a developmentally appropriate learning environment that is well-organized and reflective of appropriate schedules, lesson plans, indoor and outdoor learning experiences. These environments are supportive of children's opportunities for choice, exploration and experimentation with the implementation of learning through sensory materials and motor experiences. The Consortium will also ensure planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child's needs.

1. Infants and toddlers:

The classroom routine will support relational learning through:

- a. Individualized and small group activities,
- b. Integrated appropriate daily routines,
- c. Flexible schedule of learning experiences and a predictable daily routine.

2. Preschoolers:

- a. Will participate in plans that reflect a balance of teacher-directed and child-initiated activities, with
- b. Opportunities for active and quiet learning, and
- c. Small group, Large group and individualized activities.

PROCEDURE:

1. Posted classroom schedule: Early Head Start Teachers will document how their posted routine and schedules support infants' and toddlers' needs for flexibility and predictability.
2. EHS and HS Teachers must develop a classroom schedule that includes times, activities, and transitions. Teachers must post a written schedule (with times) for parents on the Parent Board and a pictorial schedule at the child's level including above components.
3. Components of a daily routine include but are not limited to:
 - a. arrival time/departure with activity
 - b. mealtimes
 - c. bathroom/hand washing/EHS bodily care
 - d. Small Group
 - e. Large Group
 - f. Planning time (EHS at 24 months)
 - g. Work time / Choice time
 - h. Recall time (EHS at 24 months)
 - i. Outdoor time
 - j. Tooth brushing
 - k. Rest time/nap time/quiet time
 - l. Transitions
4. Outdoor/recess times will be scheduled building-wide to ensure children stay within compliance ratio. This will be done in cooperation with the Program Manager, if necessary.
5. Teaching staff refer children to the posted routine throughout the day, offering reassurances and reminders about the routine.
6. Teaching staff individualize schedules for children's needs based on consultation with Program Managers with additional support provided by coaches or Content Area Managers.

MONITORING:

1. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Content Area Managers will also conduct the CAT 2X per program year (October, March) with similar follow up.
2. File audits will be conducted 3X per program year for Head Start and 4X per year for EHS and EHS-CC (45-day File audit by Managers (October/early November), 90-day File audit by Site Supervisor) looking for:

45 Day Audit Items	90 Day Audit Items
Growth Charts Speech Screenings Denver II results DECA-Parent DECA-Teacher Home visit individualization plan- HS or EHS Initial Home Visit Checklist Safety Sam	COR Reports with Portfolio Items Screening Summaries Parent Teacher Conference 1 PTC Individualization Plan Developmental Milestones as needed

3. 2X a year a certified CLASS observer will conduct a CLASS observation for each of the HS and Early Head Start teaching teams.
4. Qualified assessors will conduct the PQA annually in each classroom, focusing on the lead teacher in HS and both teachers in EHS classrooms.
5. Program Managers will review lesson plans and materials inventory checklist for each classroom in conjunction with the quarterly home visits and parent teacher conferences. Each child's individualized plan will also be reviewed quarterly on the Home Visit and Parent-Teacher conference timeline.
6. The Executive Director reviews the Manager's ChildPlus Report 3015 and meets weekly with the team to reflect on what services were received for each child. FACS will print 3015 weekly and document changes on 3015 and Parent Engagement Manager/Health Manager will meet weekly to reconcile and monitor.
7. If services are not completed the appropriate Content Area Manager will follow-up with the Program Manager who will work with the teaching team and/or FACS Staff to complete necessary assessments or expectations or referrals. A corrective action plan may be necessary.
8. The management team will electronically view the 3015 weekly during the management meeting for the first 45 days along with the Executive Director to discuss status of reports and generate strategies to ensure requirements are met.
9. Managers will coordinate a report to the Executive Director on a monthly basis.
10. The Executive Director will prepare Board/ PC Reports based on information.

LESSON PLANS:

Teachers will provide a balanced daily program of child-initiated and adult-directed activities which supports the social/emotional development of all children.

PROCEDURE:

1. Teachers will complete Lesson Plans daily with a weekly overview. Teachers will also complete and post the Lesson Plan Inventory Checklist weekly. Lesson plans must be prepared one week prior to implementation. Any changes made during the day will be noted on that day's lesson plan.
2. Lesson plans will be unique to the needs of each class and reflect individualized learning goals.

3. Learning objectives are stated for group times.
4. Lesson plan includes:
 - a. Daily language and literacy activity; language and literacy are integrated within the learning environment serving dual language learners.
 - b. Daily math and science activities
 - c. Weekly Nutrition project weekly curriculum (per dietician)
 - d. Daily fine motor activities
 - e. Daily music and movement activities
 - f. Daily gross motor activities daily (indoor and outdoor)
 - g. Individualized learning activities documented
 - h. Safety Sam Curriculum–HS Weekly Lessons and EHS as applicable (daily first 30 days, weekly after 30 days)
 - i. Weekly Breathe curriculum (HS only)
 - j. Parents and Volunteers opportunities for engagement
 - k. Ongoing assessments
5. Daily Lesson Plans along with weekly overview are posted.
6. Lesson plans are kept in a binder in the classroom with the most current lesson plan on top.

MONITORING:

1. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Education Managers will also conduct the CAT 2X per program year (October, March) with similar follow up.
2. File audits will be conducted 3X per program year for Head Start and 4X per year for EHS and EHS-CC (45-day File audit by Managers (October/early November), 90-day File audit by Site Supervisor) looking for:

45 Day Audit Items	90 Day Audit Items
Growth Charts Speech Screenings Denver II results DECA-Parent DECA-Teacher Home visit individualization plan-HS or EHS Initial Home Visit Checklist Safety Sam	COR Reports with Portfolio Items Screening Summaries Parent Teacher Conference 1 PTC Individualization Plan Developmental Milestones as needed

3. 2X a year a certified CLASS observer will conduct a CLASS observation for each of the HS and Early Head Start teaching teams.
4. Qualified assessors will conduct the PQA annually in each classroom, focusing on the lead teacher in HS and both teachers in EHS classrooms.
5. Program Managers will review lesson plans and materials inventory checklist for each classroom in conjunction with the quarterly home visits and parent

teacher conferences. Each child's individualized plan will also be reviewed quarterly on the Home Visit and Parent-Teacher conference timeline.

6. The Executive Director reviews the Manager's ChildPlus Report 3015 and meets weekly with the team to reflect on what services were received for each child. FACS will print 3015 weekly and document changes on 3015 and Parent Engagement Manager/Health Manager will meet weekly to reconcile and monitor.
7. If services are not completed the appropriate Manager will follow-up with Site Supervisor who will work with the Teaching and/or FACS Staff to complete necessary assessments or expectations or referrals. A corrective action plan may be necessary.
8. The management team will electronically view the 3015 weekly during the management meeting for the first 45 days along with Executive Director to discuss status of reports and generate strategies to ensure requirements are met.
9. Managers will coordinate a report to the Executive Director on a monthly basis.
10. The Executive Director will prepare Board/ PC Reports based on information.

Policy #6	
Performance Standard: 1302.31(d) Materials and space for learning	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised 6/28/22

PERFORMANCE STANDARD: Teaching and the learning environment

PURPOSE:

(d) Materials and space for learning. To support implementation of the curriculum and the requirements described in paragraphs (a), (b), (c), and (e) of this section a program must provide age-appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. Programs must change materials intentionally and periodically to support children’s interests, development, and learning.

POLICY:

The Consortium will provide classrooms with adequate age-appropriate materials and supplies that will support the teacher’s role of effective teaching for young children.

Teachers will be given opportunities for lesson planning that will enable them to create inviting learning environments for all the classrooms. Items will be monitored to ensure that all classrooms are equitable in distribution of supplies and equipment that will support teaching and learning, Dual Language Learners (DLLs) and children who may need special services due to their disability.

PROCEDURE:

1. Prior to the start of school, Program Managers, Education Managers and Consultants will conduct a Quick Environmental Walk Thru Guide in each classroom.
2. Each classroom will have the supplies they need to start the program year and thereafter as needed.
3. Program Managers will consider teaching staff requests on materials they would like to acquire based on intentionality of a particular training topic or lesson plan.
4. All staff will ensure the environment is safe and sanitary to protect children’s health and prevent injury.
5. All staff will create an environment that involves multilingual opportunities for Dual Language Learners, such as labeling objects in the classroom in relevant languages.
6. All staff ensure facilities are welcoming, accessible, comfortable, and safe for children, families, and staff including those with disabilities.

7. Management staff provide an outdoor environment with sunlight and shade areas for individual and group play and a variety of equipment for stimulating physical development.

MONITORING:

1. Program Managers, Content Area Managers and Facilities Manager will monitor indoor and outdoor equipment for safety assurance and will address issues as they arise during inspections or when notified by teaching staff or FACS.
2. Facilities Manager will notify the Executive Director who will partner with school corporations, when in a school setting to assist with repairs and general maintenance of outdoor equipment.
3. Program Manager/Education Manager will monitor classrooms for supplies throughout the program year and will address supply issues when brought up by staff.
4. Program Manager/Education Manager will monitor supplies/materials within the classroom to ensure they will support children's physical, cognitive, emotional and social development. Consumable supplies will be ordered in November and February through Abila Software System.
5. Managers will coordinate timely reports to the Executive Director on a monthly basis.
6. The Executive Director will prepare Board/ PC Reports based on information.

Policy #7	
Performance Standard: 1302.31(e) Promoting learning through approaches to rest, meals, routines and physical activity Indiana State Child Care License Number 470 IAC 3-4.7-53 Rest periods Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 53	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Teaching and the learning environment (rest times)

PURPOSE: (rest times)

(e) Promoting learning through approaches to rest, meals, routines, and physical activity.

(1) A program must implement an intentional, age appropriate approach to accommodate children's need to nap or rest, and that, for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap. A program must provide alternative quiet learning activities for children who do not need or want to rest or nap.

POLICY:

All children in the six-hour program option will be provided an opportunity to nap or be given planned quiet activities that meet state licensing requirements. Staff will ensure that children will be provided with the best opportunities and options. Staff will be required to follow all SAFE SLEEP Practices.

PROCEDURE: (rest times)

(a) Caregivers may provide a supervised rest period for children four (4) years of age and under after the noon meal and at any other time if requested by any age child. When cots are used for rest times they will be:

- (1) Firm, portable, easily sanitized, in good repair, and have the underside of the sleeping surface off the floor.
- (2) Sanitized daily after each use. Staff may sanitize cots weekly if the same child uses the same cot each day. If staff sanitize cots weekly, they shall clearly identify assigned cots with the child's name using duct tape.
- (3) Spaced at a minimum of two (2) feet apart on all sides, except where they touch a wall or other room divider.
- (4) Arranged so that aisles between cots shall be kept clear of all obstructions while the cots are occupied and so as not to block exits.

(b) The center shall assure that a cover is provided as follows for each child:

- (1) The cover shall be clean, individually assigned to a cot, and maintain comfort and warmth.
- (2) The cover shall be washed at least weekly or promptly if soiled. Replacement (extra sets) of blankets will also be available.
- (3) The clean blankets shall be appropriately folded and laid on the cot.
- (4) Children may **NOT** bring any personal blankets or pillows to school.
- (5) Children's faces and heads shall be free from covering.

(c) When resting, children shall lie in such a way that direct face-to-face situations are avoided. **And the staff must see each child's face. Using the required SAFE SLEEP practices as identified by the state.**

(d) Due to waivers specific to HS classrooms, rest time is not mandatory. Teachers may offer quiet time to support children's need to rest. Quiet time activities are specifically designed to help children find some calm. After thirty (30) minutes, caregivers shall provide supervised alternate activities for non-sleeping children. These activities should be quiet learning activities to distinguish that this is a period of rest or quiet.

(e) Caregivers shall permit sleeping children to awaken naturally at their own pace. **Using the method as outlined by the Consortium.**

(f) During the rest period for children toddler age and older, caregivers may supervise children at fifty percent (50%) of the required child/staff ratio provided that the 50% of the child/staff ratio applies to the children in attendance that day. (Example: ten (10) two-year old's in a room, six (6) children are awake, there would have to be two staff present in the room.)

Children who are infants/toddlers will have their rest periods based "ON DEMAND" to meet the individual needs of the infant. Cribs will be identified with the child's name on it.

(g) Lights **MUST** be bright enough to allow staff to be able to see the children from an outside window.

MONITORING:

1. Observe that cots assigned to individual children are marked with the child's name.
2. Observe cots for cleanliness, proper spacing between cots and that cots do not obstruct aisles or exits.
3. Observe the storage of cots to be sure they are not being stacked in a way that the sleeping surfaces touch.
4. Observe that each child is provided with his/her own covers, such as blankets and sheets that are appropriate to the season. Observe the extra supply of blankets and other covers. Observe covers for cleanliness. Ask staff about laundering and cleaning procedures. Observe napping children's faces and heads to be sure they are not covered.

Policy #8	
<p>Performance Standard: 1302.31(e)(2) Promoting learning through approaches to rest, meals, routines and physical activity.</p> <p>Indiana State Child Care License Number 470 IAC 3-4.7-76 Menus Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 76. 470 IAC 3-4.7-77 Meal times Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 77. 470 IAC 3-4.7-78 Meal components Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 78. Special Diets 470 IAC 3-4.7-82 <i>Special diets</i> Authority: IC 12-13-5-3 Affected: IC 12-17.2-4 Sec. 82.</p>	<p>Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22</p>

PERFORMANCE STANDARD: Teaching and the learning environment (snacks/meals)

PURPOSE: (meal times)

(2) A program must implement snack and meal times in ways that support development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.

POLICY:

All children will be fed through the EHS/HS program. Meals will meet the CACFP, Federal and State licensing guidelines. All children will be provided meals and policies will be reinforced according to the Civil Rights Act. Children will be provided nourishing snacks and meals to meet the required calories toward a child's daily requirement.

PROCEDURE: (meal times)

(a) A current menu (monthly for Head Start, weekly for EHS) shall be planned one (1) week in advance and posted as follows:

- (1) On the Parent Board for all parents to review.
- (2) In the kitchen.
 - (a) Menus shall show serving sizes, specific food items, and serving times for all snacks and meals.
 - (b) Head Start/ EHS staff shall record menu changes as served and keep menus on file for one (1) month.
 - (c) A notation of any special dietary exceptions for children shall be posted

in the kitchen and where meals and snacks are served.

- (b) A period of not less than two (2) hours and not more than three and one-half (3½) hours shall separate meals and snacks for children one (1) year of age and older. This does not apply between the hours of 9 p.m. and 6 a.m.
- (c) The center shall provide meals and snacks that meet dietary requirements in accordance with the division guidelines.
 - (a) Children eating both the noon meal and the evening meal at the child care center shall not be served the same food at both meals.
- (d) Children eating both the noon meal and the evening meal at the child care center shall not be served the same food at both meals.
- (e) The center shall not serve reconstituted dry milk or fat free milk to children. Effective 07-01-2013 Page 99 of 186 (d) The center shall serve whole milk to children under two (2) years of age unless a physician orders a specific substitution.
- (f) All fruit juice shall be one hundred percent (100%) pure fruit juice with no sugar added.
- (g) All non-citrus juice shall be fortified with vitamin C.
- (h) The center shall not serve or have accessible to children: aides, drinks, soft drinks, or powders.
- (i) A competing beverage shall not be served with milk at lunch or dinner.
- (j) Written, standardized recipes must be immediately available in the kitchen for all protein entree items on the menu. The recipe must be suitable for the number of children served at the child care center. The recipe must show the following:
 - (1) The amount of high protein food in ounces or pounds.
 - (2) The number of children to be served by the recipe.
 - (3) The serving sizes.
- (k) Centers shall not offer foods that present a choking hazard to children under three (3)

PROCEDURE: (meal times) (cont.)

- (a) When possible, staff shall ensure that food served home style and protected from contamination.
- (b) Staff shall supervise children who handle or serve food.
- (c) Staff shall ensure that each child receives the minimum required serving size of each meal component.
- (d) Staff shall discard any food brought from the kitchen to be served that remains after the meal.
- (e) Staff shall ensure that food is not exposed to sneezing, coughing, or drooling and that food is not touched by bare hands or clothing.
- (f) Staff shall discard contaminated food and container and replace it with food from the kitchen before continuing service to other children.
- (g) The center shall post information regarding children's special diets for dietary staff in charge of preparing and serving the food.
- (h) The center must plan and serve substitutions, written on a menu, for all children with dietary restrictions.
- (i) For children requiring a special diet due to medical reasons or allergic reactions, the center shall provide meals and snacks in accordance with the child's needs and the written instructions of the child's physician.
- (j) A child requiring a special diet due to religious or personal beliefs shall have a written statement from the child's parent. (Please see Dietician and Nutrition

Regulations regarding acceptable documentation for alternate food substitutions).

MONITORING:

1. Registered Dietician or CACFP Support Staff will review menus to ensure they meet conditions specified. (Monthly)
2. Registered Dietician or CACFP Support Staff Check posting of menus in an area conspicuous to parents and in the kitchen. (Monitored 3X's annually according to CACFP schedule)
3. Registered Dietician or CACFP Support Staff will meet with Food Service Director and food service staff about menu planning and recording of menu changes. (As needed).
4. Managers will coordinate timely reports to the Executive Director.
5. The Executive Director will prepare Board/ PC Reports based on information.

Policy #9	
Performance Standard: 1302.31(e)(3)(4) Promoting learning through approaches to rest, meals, routines and physical activity. Indiana State Child Care License Number: 470 IAC 4-4.7-93; 7-94;7-95; 7-96; 7-97; 470 IAC 3-4.7-123; 7-124	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 4/20/20 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Teaching and the learning environment (routines)

PURPOSE: (routines)

(e)(3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.

(e)(4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.

POLICY:

The Consortium will ensure that staff uses routines like hand washing, brushing teeth and diapering as opportunities to engage with children and utilize everyday routines towards their progress and growth. Staff will interact with children while performing these routines together to build a strong foundation of trust and skill growth. The Consortium also recognizes that physical activity is important to a child’s growth as well and supports health and learning at the same time. Physical activity will be built into everyday learning opportunities.

SUBJECT: (diapering and toileting)

In an effort to provide a safe, sanitary, and discreet environment for diapering, toileting and changing soiled clothing, staff will carry out sanitation and hygiene procedures for diapering and toileting that adequately protect the health and safety of children serviced by the program. Toileting and diapering areas must be separated from areas used for cooking, eating or children’s activities. Early Head Start will post a copy of the diaper changing and toileting procedures in each room near the diaper changing table or bathroom.

This is from a previous performance standard: 1304.21 (a)(1)(v) and 1304.52 (h)(1)(iii) for your reference but now the intent is to see diapering and toileting as an educational, essential learning tool as well.

PROCEDURE: (diapering and toileting)

1. Children are changed and/or provided opportunity for bodily care as soon as possible and at regular intervals.
2. Diapers are changed on an elevated, non-porous surface used only for that purpose. The changing area is situated close to the water source.

3. Diaper changing/toileting/supplies and disinfectant are kept securely and near changing area and bathroom.
4. Staff should use bodily care as an opportunity to interact socially with children.
5. Staff wear gloves when changing diapers, wiping, or changing soiled garments or assisting with toileting.
6. Staff ALWAYS keep one hand on the child the entire time the child is on the changing table. Staff will talk with the child while changing him/her.
7. Staff looks for and reports anything unusual in the child's underpants, diaper or their clothing.
8. Classroom staff assist the child in changing soiled clothes/shoes as needed.
9. Head Start classrooms will have an additional **LABELED** cot to use as a changing surface and for no other purpose or manager will work with school personnel (ex. Nurse) to identify an area to change children with dignity and privacy.
10. Staff removes the soiled diaper or clothing. Soiled diapers will be disposed of in a plastic bag or plastic-lined receptacle. Soiled clothes are placed in a sealed plastic container. HS teachers fill out an Incident Report. EHS teachers fill out a Daily Record Sheet.
11. Staff washes their hands and the child's hands according to the hand washing policy.
12. Staff clean and disinfect all surfaces according to the sanitation policy.
13. At no time should a child use a bathroom that is not intended for child use. Child- appropriate bathrooms are available in most classrooms or are marked for child use in the hallways.
14. Program Managers will complete a supply list to the Fiscal (department) for supplies needed for diapering and toileting. HS Staff will complete the consumable list for items needed in the Abila fiscal software system.

MONITORING:

1. First and Fifteenth of the month, fiscal monitors requisitions for diapering and toileting to ensure materials are available.
2. Monthly, Program Managers review Daily Record Sheets or incident reports for diapering, toileting and changing soiled clothing.
3. Monthly, Program Managers or Education Managers monitor teachers' use of proper procedures in diapering, toileting and changing soiled clothing during classroom observations using Classroom Assessment Tool (CAT).
4. Monthly, Program Managers monitor teachers' interactions with children during bodily care and diapering.
5. Managers will coordinate timely reports to the Executive Director.
6. The Executive Director will prepare Board/ PC Reports based on information.

SUBJECT: (oral hygiene and tooth brushing)

A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

PROCEDURE: (tooth brushing)

Health Manager provides training prior to school starting, staff receives tooth brushing training based on HHS requirements.

1. Each child has her/his own labeled toothbrush. Brushes are stored upright in a holder and kept out of the reach of children when not in use.
2. Sanitation/Storage: Each toothbrush holder is sanitized two times a month. The holder is washed with warm water and soap and air dried.
3. Each classroom receives new toothbrushes quarterly a year. These toothbrushes are color-coded: August, November, February (June for full day/ year EHS)
4. The teaching team sanitizes the sink area before and after tooth-brushing activities.
5. Staff should use this daily routine to engage socially with children and encourage their participation.
6. Group tooth brushing is supervised by staff and/or volunteers who are trained to monitor for activities that could result in cross contamination (spitting, playing with toothbrushes, etc.). Children never perform tooth brushing without adequate adult supervision.
7. To prevent cross contamination, children are not allowed to share toothpaste.
8. Each child only uses a pea-sized amount of toothpaste on his/her toothbrush.
9. Classroom procedures ensure that each child receives only his/her own toothbrush from an adult.
10. Classroom staff ensure that toothbrushes are rinsed and stored properly after use.
11. Once teeth have erupted children will begin to brush teeth while at school. Children aged 13-24 months lollipop toothbrush, 25 months to 3 years toothbrush and child must be held or seated in an appropriately sized chair.
12. Teachers integrate into their daily routine a documented time for brushing teeth.
13. Teaching team encourages each child to brush their teeth after eating a meal at school.
14. Staff is given pictures/posters encouraging children to brush their teeth and demonstrating the proper way to brush teeth.
15. Teaching team model proper tooth brushing techniques using educational materials and verbal encouragement.
16. Teaching team must supervise children at all times.

MONITORING:

1. Within two weeks of any training, Human Resource Manager reviews agenda, sign-in sheets and cross reference training attendance, topics and teaching staff and reschedule staff who have missed the training opportunity.
2. Site Supervisors will conduct the Classroom Assessment Tool (CAT) (Sept, November, February) Management Team will conduct the CAT (October, December, March)
3. EHS and HS Supervisory and Management Team will review lesson plans with inventory checklist and electronically and documented on a weekly basis (via electronic, or at the site level).

4. Program Managers will monitor rotation of toothbrushes on a quarterly basis. (August, December, March).
5. Fiscal department monitors distribution and signing of inventory for the classroom.
6. Program Managers will monitor teachers' interactions with child during tooth brushing
7. Managers will coordinate timely reports to the Executive Director.
8. The Executive Director will prepare Board/ PC Reports based on information.

SUBJECT: (hand washing)

To ensure that effective hygiene practices as related to hand washing are implemented in the classroom. That teachers and staff are using hand washing as an opportunity to interact with children socially and provide a positive, educational experience to physical hygiene. This is from a previous performance standard: 1304.22(e)(1) (i,ii,iii,iv) & (2) (i,ii,iii) for your reference but now the intent is to see hand washing as an educational, essential learning tool as well.

PROCEDURE: (hand washing)

1. Staff and children shall wash their hands whenever hands come in contact with bodily fluids and the following times:
 - a. Before food preparation, handling, or serving (including setting the table)
 - b. After toileting or changing diapers
 - c. Before and after eating meals or snacks
 - d. After coughing or sneezing
 - e. Before and after giving medications
 - f. Before and after giving first aid or universal precautions
2. Clear, simple hand-washing procedures will be posted in all classrooms, including these steps:
 - Step 1: Turn on water and adjust temperature to warm
 - Step 2: Wet hands thoroughly with running water
 - Step 3: Rinse soap if a bar is used and apply soap to hands
 - Step 4: Wash hands using friction and rotational motion (for at least 30 seconds).
 - Step 5: Dry hands well with paper towel
 - Step 6: Turn off faucet with the paper towel
3. Staff should use the opportunity of this daily routine to engage in social interaction with encouragement and support the child with positive interaction with hygiene.

MONITORING:

1. Program Managers will observe teachers washing hands and interacting with children and record on monthly monitoring assessment tools per department.
2. Program Managers conduct ongoing observations regarding hand washing and record or report findings to Education Managers.
3. If problems are observed, trainings are conducted with agenda and sign in sheets to document the training.

4. If hand washing procedures are not posted, Program Managers will assist to get a copy for immediate posting.
5. Follow-up observations are scheduled and documented on the CAT form within two weeks of retraining to ensure that procedures are being followed. Failure to comply may involve Human Resources intervention.
6. Managers will coordinate timely reports to the Executive Director.
7. The Executive Director will prepare Board/ PC Reports based on information.

SUBJECT: (physical movement)

To encourage physical movement and play as a part of lesson plans and curriculum. To recognize the positive effects on children's minds and bodies that physical activity can promote. To utilize physical activity as a conduit to a better learning environment and setting.

PROCEDURE: (physical movement)

1. Teachers and staff will encourage physical activity as a part of their daily lesson planning.
2. Staff will allow children to engage in physical play within the learning environment.
3. Staff will participate and engage with the child.
4. Staff will ensure they incorporate outdoor time to meet the gross motor activity requirement in their daily lesson plan or will have a suitable indoor gross motor activity in the event of inclement weather.
5. Outdoor time will occur if temperatures are within 25 degrees (including wind chill) and above, no rain or lightning.

MONITORING:

1. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Education Managers will also conduct the CAT 2X per program year (October, March) with similar follow up.
2. Staff will adjust activity opportunities as they see fit while encouraging physical movement.
3. Program Managers will monitor schedule of activities to ensure classrooms do not mix in the same space (every classroom maintains their separate activity time) especially when EHS and HS children are involved.

Policy #10	
Performance Standard: 1302.32(a)(1)(i-iii)(2)(b) Curricula and Adaptation	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22
Indiana State Child Care License Number: 470 IAC 3-4; 7-56; 7-57; 7-58; 7-59; 7-60; 7-61	

PERFORMANCE STANDARD: Curricula and adaptation

PURPOSE:

(a) Curricula

(1) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that:

- (i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;
- (ii) Are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and, as appropriate, state early learning and development standards; and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,
- (iii) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.

(2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.

(b) Adaptation. A program that chooses to make significant adaptations to a curriculum or a curriculum enhancement described in paragraph (a)(1) to better meet the needs of one or more specific populations must use an external early childhood education curriculum or content area expert to develop such significant adaptations. A program must assess whether the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in §1302.102(b) and (c). Programs are encouraged to partner with outside evaluators in assessing such adaptations.

POLICY:

The Consortium will focus on implementing HighScope. HighScope is a comprehensive curriculum covering all developmental domains and progressions. Teachers using HighScope offer engaging and culturally relevant experiences. Teachers and staff will be trained and evaluated on the concept and teachings of the *Birth to Five* approach to ensure children's learning potential is maximized within the learning environment. The Consortium will also promote curriculum fidelity by ensuring the teacher has received curriculum training, and all aspects of the curriculum and curriculum materials are being

utilized. Teaching staff will continue to use COR Advantage (Child Observation Record) data to individualize.

PROCEDURE:

Teaching teams will receive training regarding the integration of research-based curriculum alignment for: Birth to Five, Head Start Standards, Child Outcomes, Indiana Foundations, HighScope, individualization planning, dual language learning.

1. Teachers will implement curriculum in a way that is both supportive and respectful of cognitive, physical, social and emotional needs of young children.
2. Teachers will monitor curriculum activities to adjust as necessary to meet each child's individual cognitive, physical, social and emotional development and developmentally appropriate.
3. Classroom environment will be conducive for individual social/emotional development reflecting:
 - a. Cultural Diversity
 - b. Language
 - c. Learning Styles
 - d. Child Initiated/Adult Directed Activities
4. Teaching teams collect anecdotal notes daily.
 - a. Teaching teams write anecdotal notes daily to document child's progress, to adjust and re-evaluate individualization plan, to assess classroom needs and identify supporting strategies to be used at home and in the learning environment to strengthen learning.
5. All children will have a complete COR Advantage which consists of 34-36 notes for all recording periods. Program Managers and Education Managers will review anecdotal notes to make sure they are complete.
 - a. Notes will be reviewed for accuracy
 - b. All incomplete and inaccurate COR anecdotes will be corrected by teaching team
 - c. Consistent problems with inaccuracy will result in retraining
6. Teachers use COR data to plan lessons (Small Group and Large Group activities)
7. Program Manager prints the COR Family Reports for Parent Teacher Conferences and Home Visits.
8. All COR Advantage data should be entered weekly by teaching team
 - a. All COR data will be collected according to the posted schedule.

MONITORING:

1. Within two weeks of training, HR Manager reviews agenda, sign-in sheets and cross reference training, attendance, topics and teaching team.
2. Program Manager will review COR Advantage for completeness
3. Program Managers and Education Managers will review the COR Data prior to submission and regularly monitor to ensure fidelity of the information being submitted.
4. Education Managers will submit a copy of the COR Data to the Executive Director upon request.
5. The Executive Director will prepare Board/ PC Reports based on information.

Policy #11	
Performance Standard: 1302.33(a)(1) Screening	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Child Screening and assessments

PURPOSE:

(a) Screening

(1) In collaboration with each child’s parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.

POLICY:

The Consortium will use screening tools in partnership with parents to identify where each child is developmentally. By using screening tools such as **the DENVER II** staff will have a platform to start with in regards to each child. The Consortium will use the framework of these tools to guide their choices in curriculum and learning materials, to plan daily activities and to identify intentional teaching practices. The Head Start Early Learning Outcomes Framework will help guide staff in assessing each child’s strengths and opportunities.

PROCEDURE:

1. Staff will receive information and training on the Head Start Early Learning Outcomes Framework and any other screening tool being utilized.
2. HS Management team train teaching teams on the administering of DENVER II screening. DENVER II screenings are completed for each child within **the first 10 days of enrollment by the teaching team.**
3. Children with an identified need on DENVER II or other observed concerns, including those from parents, will have a referral for further observations in collaboration with the Mental Health Manager. A SAT (Student Assistance Team) may be scheduled, to include but not be limited to parents, FACS, teacher, Program Manager and a qualified mental health professional.
 - a. If a qualified mental health professional is not available, one must be consulted for strategies and referrals.
4. The interpretation of the Denver is Suspect, Normal, or Untestable. If the child scores a Suspect or Untestable a rescreen should be conducted 14 days (2 weeks) later. If a child scores ‘Suspect’ twice on the DENVER II assessment the Program Manager will request that a SAT be scheduled.
5. Teachers submit DENVER II results on a Denver Results form with their End of Month paperwork. Teaching teams will file the DENVER II results in children’s files.

MONITORING:

1. HR Manager reviews agenda, sign-in sheets and cross reference training attendance, topics and teaching team. HR also identifies any training gaps within staff.
2. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Education Managers will also conduct the CAT 2X per program year (October, March) with similar follow up.
3. Additional observations for classrooms will be as needed.
4. Program Managers and Education Managers will review lesson plans and child's individualization plan on a monthly basis and on site or electronically.
5. Content Area Managers monitor weekly DENVER on 3015 ChildPlus report to identify missing information to be discussed at weekly Manager meeting.
6. If services are not completed, Supervisor is notified to follow-up with teaching team to complete necessary assessments and follow-up will be with the appropriate manager.
7. Managers will coordinate timely reports to the Executive Director on a monthly basis.
8. The Executive Director will prepare Board/ PC Reports based on information.

Policy # 12	
Performance Standard: 1302.33(a)(2)(3)(i-ii)(4)(5)(i-ii)(A)(B) Screening	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Child screenings and assessments

PURPOSE:

(2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.

(3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:

- (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,
- (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.

(4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.

(5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:

(i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,

(ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.

(A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.

(B) A program may use program funds for such services and supports when no other sources of funding are available.

POLICY:

The Consortium values and appreciates the diversity in our community. Staff will ensure that special needs are identified during the home visit and resources are provided and goals set. Screenings will be standardized and research-based to ensure consistency. If it is identified during the screening process that a child will need a referral or further evaluation, staff will be trained to accommodate this need through creating partnerships with relevant local agencies and/or parents. If a significant delay has been identified, staff will seek guidance from mental health or child development professionals to serve the child better. Also, by consulting with parents, staff can understand the child's normal, everyday patterns and take that information into consideration.

PROCEDURE:

1. Staff will administer screening(s) during the first 10 days of child's entry into the EHS, EHS-CC or HS program.
2. Staff will also consult with parents and use a reliable observation-based screener to get to know the child during the process.
3. Staff will receive training and support on research-based screening tools that are approved for the Consortium.
4. For a child identified as needing additional support services, staff will seek assistance from a Mental Health Manager.
5. If a child is identified as a Dual Language Learner during the application process assessments should be given in English and the home language.
6. If services are not completed, Program managers will follow-up with the teaching team.

MONITORING:

1. HR Manager reviews agenda, sign-in sheets and cross-reference training attendance, topics and teaching team. HR also identified any training gaps within staff.
2. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Education Managers will also conduct the CAT 2X per program year (October, March) with similar follow up.
3. Program Managers and Education Managers will review lesson plans and child's individualized plans on site and/or electronically.
4. Health Management Team provides a ChildPlus report and/or Health/Child Development Tracking Form to identify missing information for the weekly Manager's meeting. Parent Engagement Manager/Health Manager will meet frequently with FACS team to reconcile and monitor reports and files. Parent Engagement Manager/Health Manager will meet frequently to reconcile and monitor
5. Managers will coordinate timely reports to the Executive Director.
6. The Executive Director will prepare Board/ PC Reports based on information.

Policy #13	
Performance Standard: 1302.33(b)(1)(2)(3) Assessment for individualization	Effective Date: 8-1-17 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Child Screenings and assessments

PURPOSE:

(b) Assessment for individualization.

(1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child, that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the *Head Start Early Learning Child Outcomes Framework: Ages Birth to Five*. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.

(2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.

(3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.

POLICY:

The Consortium will ensure that the education services will be individualized to meet each child's unique characteristics, strengths, pattern of development, and learning as determined in consultation with the family. Individualization will be based on the results of ongoing child screenings and assessments (DENVER II, DECA and COR Advantage) and then aligned to curriculum goals and kindergarten readiness. Individualization will reflect child interests, the KDIs and COR Advantage and each child's temperament, language, cultural background and learning style. It will also include any special accommodations for a child with any type of disability. Individualization will include any adaptations of activities and the learning environment so that all children can participate and be included.

PROCEDURE:

1. Individualization will be based on the results of ongoing child screening and assessment (Denver II, DECA, and COR Advantage) and then linked to curriculum goals and kindergarten readiness.
2. Individualization will reflect child interests, COR Advantage, DECA results and each child's temperament, language, cultural background and learning style.

3. Individualization will include any special accommodations for a child with any kind of disability that will support the IEP/IFSP and Head Start will receive assistance through those partnerships.
4. Individualization will include any adaptations of activities and the learning environment so that all children can participate and be included.
5. Parents complete the Child and Family Cultural Language Survey at home visit. If a child is a Dual Language Learner, assessment(s) will be given in both English and home language.
6. Parents complete the DECA at the home visit. Teachers complete the DECA no earlier than day 11 and no later than day 15 of child's enrollment into the classroom. The Denver II is completed either at the home visit or in the classroom, within 10 days of child's enrollment. Teachers complete individualization plans based on screening and assessment data.
7. Teaching teams will file documents listed above. Program Manager and Mental Health Manager provides the teaching team with the DECA Score Survey Table and Item Rating by Scale to assist in the planning and implementation of strategies for the children.
8. Teachers design a classroom learning environment, and an individualized plan for each child based on assessments, observations and parent input.
9. Teachers, with parent input, identify goals for each child based on curriculum assessments, IFSP/IEP, First Steps/LEA case conferences, and behavior plans.
10. Teachers ensure that the classroom learning environment reflects modifications or adaptations necessary for children to be successful at achieving their goals.

MONITORING:

1. Within two weeks of training, HR Manager reviews agenda, sign-in sheets and cross-reference training attendance, topics and teaching team.
2. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85% (Sept. and February). Content Area Managers will also conduct the CAT 2X per program year (October, March) with similar follow up as needed.
3. Mental Health Manager observes classroom as needed
4. 2X a year a certified CLASS observer will conduct a CLASS observation for each of the HS and Early Head Start teaching teams.
5. Annually a qualified assessor will observe EHS and HS classrooms using the PQA tool, focusing on lead teachers in HS classrooms and each teacher in EHS classrooms.
6. Program Managers will review lesson plans and materials inventory checklist for each classroom in conjunction with the quarterly home visits and parent teacher conferences. Each child's individualized plan will also be reviewed quarterly on the Home Visit and Parent-Teacher conference timeline.
7. If services are not implemented, Education Manager will follow up with the Program Manager and teaching team to create a follow up plan.
8. If necessary, Practice Based Coaching and/or training may be recommended to support the needs of the classroom environment.
9. Managers will coordinate timely reports to the Executive Director.
10. The Executive Director will prepare Board/ PC Reports based on information.

Policy #14	
Performance Standard: 1302.33(c)(1)(2)(i-iii)(3)(4) Characteristics of screenings and assessments	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Child screenings and assessments

PURPOSE:

(c) Characteristics of screenings and assessments.

(1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.

(2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:

(i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;

(ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,

(iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.

(3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (2)(i) through (iii) of this section.

(4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

POLICY:

The Consortium understands the importance of valid, research-based assessment tools when identifying progress and growth in children. The assessments are standardized so that each child receives the same initial assessment. If it is identified that a child needs further assistance due to a disability, steps will be taken to provide the child and family the resources they need within the program's capacity. When a child is identified as a potential Dual Language Learner, the appropriate bilingual staff and/or interpreters will be linked with the child and family. If staff or a translator is not available within the child's home language, the Consortium will rely on family and other outside sources to best serve that family's language and cultural needs. Assessment(s) will be administered in both English and home language, when available.

PROCEDURE:

1. Staff will be trained on how to administer assessments, including but not limited to: DENVER II, COR Advantage and DECA.
2. Staff will complete standardized screenings and assessments, including but not limited to: DENVER II, COR Advantage, and DECA Dual Language Learners will receive assessments in English and home language by a staff member or translator that is bilingually/bilaterally proficient in the child's home language.
 - a. If there is no one available to administer this, the assessment will be given in English and staff will utilize the family as needed.
3. At home visits, SAT(s) and conferences, the teacher and parent address the child's individualization plan, COR Advantage, DECA and DENVER II.
4. Teaching teams will file the documents listed above in the child's file.
5. Teaching team designs a classroom learning environment, and an individualized plan for each child based on screening results, assessments, observations and parent input.

MONITORING:

1. Within two weeks of training, HR Manager reviews agenda, sign-in sheets and cross-reference training attendance, topics and teaching team.
2. Program Managers will conduct the CAT 2X per program year. Managers will follow up within 2 weeks for any classrooms scoring below 85%, (Sept. and February). Education Managers will also conduct the CAT 2X per program year (October, March) with similar follow up.
3. 2X a year a certified CLASS observer will conduct a CLASS observation for each of the HS and Early Head Start teaching teams. .
4. Annually a qualified assessor will observe EHS and HS classrooms using the PQA tool, focusing on lead teachers in HS classrooms and each teacher in EHS classrooms.
5. Program Managers will review lesson plans and materials inventory checklist for each classroom in conjunction with the quarterly home visits and parent teacher conferences. Each child's individualized plan will also be reviewed quarterly on the Home Visit and Parent-Teacher conference timeline.

6. If services are not completed the appropriate manager will follow-up with Site Supervisor who will work with the teaching team and/or FACS to complete necessary assessments, expectations or referrals.
7. Management staff will periodically review/update assessment tools as needed to ensure they are research-based and valid.
8. Managers will coordinate timely reports to the Executive Director.
9. The Executive Director will prepare Board/ PC Reports based on information.

Policy #15	
Performance Standard: 1302.33(d) Prohibitions on use of screening and assessment data	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Child Screenings and Assessments

PURPOSE:

(d) Prohibitions on use of screening and assessment data. The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.

POLICY:

The Consortium understands the importance of screening and assessments in regards to individualizing and customizing learning environments, lesson plans and overall developmental and progression focus for children. It will ensure that no staff uses assessments or screenings to exclude children from participation and that no staff bases enrollment privileges on said assessments and/or screenings.

PROCEDURE:

1. Education Manager or Program Managers will train staff on the correct use and purpose of standardized screenings and assessments.
2. Staff will use assessments and screenings to identify a child's growth and progress and to individualize lesson planning.

MONITORING:

1. ERSEA and Content Area Managers will review ChildPlus records to ensure that children are properly placed and participating in the classroom.
2. Executive Director will monitor enrollment data to ensure that no child is excluded from enrollment based solely on screening and assessment.
3. Managers will coordinate timely reports to the Executive Director.
4. The Executive Director will prepare Board/ PC Reports based on information.

Policy #16	
Performance Standard: 1302.34(a)(b)(1-8)	Effective Date: 8-1-17 Revised: 6/6/19 Revised: 5/1/21 Revised: 6/28/22

PERFORMANCE STANDARD: Parent and family engagement in education and child development services.

PURPOSE:

(a) Purpose. Center-based and family child care programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.

(b) Engaging parents and family members. A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure:

- (1) The program's settings are open to parents during all program hours;
- (2) Teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior;
- (3) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program;
- (4) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;
- (5) Parents and family members have opportunities to volunteer in the class and during group activities;
- (6) Teachers inform parents about the purposes of and the results from screenings and assessments and discuss their child's progress;
- (7) Teachers, except those described in paragraph (b)(8) of this section, conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child's learning and development, except that such visits may take place at a program site or another safe location that affords privacy at the parent's request, or if a visit to the home presents significant safety hazards for staff; and,
- (8) Teachers that serve migrant or seasonal families make every effort to conduct home visits to engage the family in the child's learning and development.

POLICY:

The Consortium recognizes parents as partners within their child's learning experience. Because families are the cornerstone of Head Start, parents are the best educators for their children. FACS and teachers will engage with parents about their child's strengths and opportunities as they know them, build off of those in the classroom and will discuss the child's progress and development during home visits and at conferences. Staff will also discuss the role of screening and assessments in understanding their child's

development. Parents' roles are supported by the Head Start staff and the Consortium encourages parents to be actively involved in volunteering, engaging with and visiting their child's class and leading at the committee level.

PROCEDURE:

1. Each family will receive two home visits a year to discuss progress and growth.
2. Parents will have opportunities to participate in site/parent meetings, family summit events and Fatherhood initiatives which will provide educational and practical opportunities for families to develop skills.
3. Training will be available to inform teaching teams how to conduct and prepare appropriate documentation for a parent-teacher conference.
4. Prior to the PTC, parents and teaching team collaborate to schedule conference times. Parents receive notification through the school districts calendar, monthly newsletters. Teachers will submit conference times to Site Supervisor prior to conference being scheduled and classroom reminders. If necessary, parents may receive a cellular text if all other means of communication have failed.
5. Teaching teams meet with parents to conduct a parent-teacher conference (PTC).
6. Teaching teams place the following documents in the child's file:
 - a. Parent-teacher conference checklist
 - b. Individualization plan
 - c. COR Family Report
 - d. Letter/Number IDs
 - e. DECA/Denver II
 - f. Screening Summary
 - g. Portfolio for HS (family/parent, self-portrait, name writing, dictated story)
EHS (hand & foot print, self-portrait)
 - h. Zoom confirmation when applicable
7. All Head Start parents are welcomed and encouraged to volunteer in the program. Teachers should encourage parents to take advantage of the training opportunities when volunteering in the classroom.
8. Head Start parents may volunteer at any time during the program hours provided a complete criminal background check has cleared and, in some cases, according to school corporation's policies. Early Head Start/Head Start parents may apply for employment with the program for positions in which they qualify.

MONITORING:

1. Within two weeks, HR Manager collects, verifies and records agenda and sign-in sheets and records them in ChildPlus under each participant's name.
2. During the PTC season, Program Manager reports the number of completed parent/teacher conferences to Executive Director.
3. Program Manager follows-up with teaching teams and FACS to ensure that all parent/teacher conferences are completed.
4. Content Area Managers and Program Managers monitor child's file to ensure that all documentation is present

5. Managers will coordinate timely reports to the Executive Director.
- 6.. The Executive Director will prepare Board/ PC Reports based on information.

Policy # 17 Cross Referenced From Health Performance Standard 1302.41 (a), (b),(1),(2).	Effective Date: 8-1-17 Revised: 2/21/19 Revised 4/20/20 Revised 5/1/21 Revised 2/24/22
Performance Standard: 1302.41(a)(b)(1)(2) Indiana State Child Care License Number: 470 IAC 3-4.7-18	

PERFORMANCE STANDARD: 1302.41(a): Collaboration and communication with Parents.

PURPOSE:

(a) For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child’s health needs and development concerns in a timely and effective manner.

POLICY:

The Consortium’s Staff (pending on position’s role) will collaborate with parents in tandem that will support the child’s health and development concerns. Staff will ensure that communication will be linguistically, culturally appropriate, sensitive to the family’s needs, and conducted in a professional manner. All staff are expected to be timely and effective in their position when addressing the families’ concerns.

PROCEDURE:

- At intake families are explained the purpose of health and developmental screenings. Screening results will be communicated to parents based on the parents preferred method (ex: English or home language) Screening information will include, but is not limited to: vision, hearing, speech, behavioral, and developmental screenings.
- Parents are informed that screenings are conducted within the first 10 days of enrollment and are completed in child’s primary language, and screenings are also selected for their cultural sensitivity to meet the needs of the child/family. (Hearing, Speech, Vision, Denver) DECA must be completed between the 11th-15th days.
- Other forms of communication that will occur are within website information, newsletters, site meetings with information, flyers of health-related events, text messaging, and face-to-face when creating Individual Health Care Plan (IHCP) and/or Student Assisted Team (SAT) Meetings.

- Results of screenings are reported to the parents within 60 days subsequent services can be implemented appropriately.

MONITORING:

- Content Area Managers will provide training for all staff regarding regulations.
- Staff will collect information and place it in the child's file and into the ChildPlus data base. Health Managers will conduct the HAT 3X per program year (Sept. November and February) (4X per year for EHS and EHS-CC:
- Content Area Managers will provide a timely report the Executive Director a composite of scores based on the results of the monitoring team.
- A composite report will be given to the Board Members and Policy Council.
- The monitoring will also occur during Self-Assessment and end of the year monitoring.

PURPOSE: Collaboration and communication with Parents. 1302.41(b)(1-2):

(b) At a minimum, a program must:

- (1) Obtain advance 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, and maintain written documentation if they refuse to give authorization for health services; and,
- (2) Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

POLICY:

Consortium's staff will be expected to discuss at intake and as needed with parents/guardian's information requiring and allowing for Head Start/ EHS staff to obtain information through their providers and to conduct medical/dental services. Parents will be given a schedule prior to any procedure that is to be conducted. Parents will also be assured that all health procedures will be conducted confidentially. Parents will be informed of their rights to refuse services and have an option to sign a waiver. Staff will also be expected to discuss signed parental refusal forms with the management team so that managers can have a discussion with the parents prior to approving a refusal form. If a refusal form is granted to parents regarding medical/dental services, a manager/ FACS will inform the Health Management Team.

Parents will also be given information to request permission or not (refusal) for the Consortium staff to release emergency information to rapid responders, urgent care centers and health insurance coverage providers as needed.

PROCEDURE: General Consent Release Health Form

- At intake parents/guardians sign a general consent release form allowing Head Star/Early Head Start to obtain information through their providers and/or conduct medical/dental services.
- Parents who refuse and sign services will complete and sign a “Right to Refuse Services” Form.
- The completed parent signed form shall be placed in the child’s electronic and on-site file.
- A copy of the refusal form will be sent to the Health Manager/Health team.

PROCEDURE: Parents signing a permission for release for emergency and rapid response, urgent care and health insurance coverage.

- Parents will also be given explanation regarding signing permission for release for emergency and/or rapid response and urgent care and health insurance coverage.
- Parents who refuse to sign general release form for services will meet with the FACS Staff to discuss the concerns of the parents.
- Staff will conduct a meeting with the parents to discuss parental signature, if parent refuses sign form at intake staff will submit it to the manager for authorization.
- Managers will provide a signature on the right to refusal form by the parent. Staff will receive notification and documentation regarding the parents who have signed refusal forms.

MONITORING:

- Managers will provide training for all staff regarding regulation.
- Staff will collect information and place it in the child’s file and into ChildPlus data base.
- Monitoring will include a reconciliation of the electronic and child’s file for information that timely, accurate, and based on a rubric to score the effort of quality that the file has produced.

- Site Supervisors will monitor child's files in September, November, February. April (March for EHS programs). Managers will monitor child's files in October, December, and March, May. Monitoring and Self-Assessment.
- Content Area Managers will provide a timely report to the Executive Director a composite of scores based on the results of the monitoring team.
- A composite report will be given to the Board Members and Policy Council.
- The monitoring will also occur during Self-Assessment and end of the year monitoring.
- Managers will coordinate timely reports to the Executive Director.
- The Executive Director will prepare Board/ Policy Council Reports based on information.

SUBJECT: (newsletters/school calendar)

PURPOSE:

Parents must be invited to become integrally involved in the implementation of the program's curriculum and approach to child development and education

PROCEDURE:

1. Teaching staff are responsible for a monthly newsletter that will contain the following information:
 - a. Inviting parents to assist in the classroom
 - b. School closing
 - c. Classroom activities and events
 - d. HighScope information/Outcomes
 - e. Nutrition activities/recipes
 - f. Site meeting dates
 - g. Suggested activities for parents
 - h. Special visitors to the classroom
 - i. Upcoming holidays/in-services
 - j. Songs, finger plays, poems
 - k. Other information pertaining to children's health, education and development
2. Teachers submit newsletters to Program Managers for review and approval prior to publication.
3. Teaching staff post newsletter and calendar in classrooms and place in parent binder.
4. Teachers provide a school calendar to parents at the initial home visit.
5. Calendars identify upcoming scheduled events including but not limited to:

- a. Parent teacher conferences
- b. Book fairs
- c. Site meetings
- d. Special community events
- e. Closings
- f. Observed holidays
- g. School vacations
- h. Kindergarten registration
- i. Parent Trainings
- j. Health fairs

SUBJECT: (student assistant team meetings (SAT))

PURPOSE:

The Student Assistance Team identifies and provides individualized services to children who are experiencing persistent behavioral or learning difficulties within the classroom environment.

PROCEDURE: (mental health)

1. Prior to any Student Assistance Team (SAT) Meeting, Program Managers consult with the Mental Health Manager to secure needed observations and recommendations and work with classroom staff to ensure that the classroom environment contains all needed curriculum supports and has implemented all recommendations from the Mental Health Manager.
2. After consultation with the Mental Health Manager that a SAT should occur, the FACS will facilitate a meeting date and time with all parties needed in attendance.
3. At a SAT meeting the identified issue will be discussed, appropriate interventions recommended and signed consents collected.
4. If additional evaluations or specialized services are indicated (other than Mental Health) referrals will be completed in partnership with parents and tracked by the appropriate Content Area Manager and Program Manager.
5. Behavior Plans and Mental Health Services referrals can only be made by and facilitated through the consortium's Mental Health Manager in consultation with a Qualified Mental Health Professional.
6. Mental Health services and recommendations will be tracked by the Mental Health Manager.

SUBJECT: (animals in the classroom)

PROCEDURE:

1. Elkhart and St. Joseph Counties Head Start Consortium does not allow animals in the classroom.
2. Nor will live animals be brought into the classroom or will Head Start children will be participating in building or school corporation's activities that involve animals.