



RUCD
HEAD START



PROCEDURE MANUAL

Copyright - The Write Direction Inc.

Copyright © 2023
Rural Utah Child Development

Table of Contents

RUCD Mission Statement	i
RUCD Culture and Values	ii
RUCD is:	iii
RUCD is not:	iii
General Information	1
RUCD Email.....	1
Google Chat.....	1
Facebook Workplace.....	1
Team Meetings/Data Meetings/Office Hours.....	1
Weekly Communication.....	1
All Staff Email.....	1
Staff Shout-outs.....	2
To-Do Lists.....	2
Annual Preservice.....	2
Professional Development Plans.....	2
Head Start Acronyms	3
Staff Qualifications	5
Program Design and Management	6
OHS Updates to Policy and Regulations.....	6
Specialist Expectation.....	7
Data.....	7
Meetings.....	8
Weekly Schedule.....	8
Above/Below the Line.....	9
Below the line behavior.....	9
Prioritizing and Barriers.....	9
Tasks and Deadlines.....	9
Project Management List.....	10
System for Tasking.....	10
Task Completion and Approval.....	10
Documentation & Data.....	12
Data Utilization Cycle.....	13
Continuous Quality Improvement.....	14

Ongoing Monitoring.....	16
ED Grant Management.....	17
Five Year Goals System.....	18
For each Program Goal:.....	19
Policy Council.....	20
Overview of Policy Council.....	20
Establishing and coordinating PC.....	20
Policy Council (PC) member election process.....	20
Policy Council Term.....	21
Policy Council Meetings and Attendance.....	21
Policy Council Data Monitoring.....	21
DOMO monthly reports.....	22
Seven days before the meeting:.....	22
The week of the PC meeting:.....	22
Monitoring.....	22
Annual Reports and Required Trainings.....	22
Self-Assessment.....	24
Preparation for Self-Assessment Process.....	24
Self-Assessment Teams.....	24
Evaluating Self-Assessment Data.....	24
Further Actions for Self-Assessment Process.....	24
Community Assessment.....	26
Baseline Grant Application:.....	26
Annual Funding Applications:.....	26
TTA Plan.....	27
Annual Report.....	28
Board of Directors.....	29
Governing Body.....	29
DOMO.....	29
Calendar meeting invite is sent by Executive Specialist:.....	29
The day of the Board Meeting.....	29
Once the Board meeting is complete:.....	30
Annual reports and required trainings.....	30
Inclusion.....	31

Disability director will:	31
Content area specialists will:	31
Teachers/FEs will:	31
FSWs will:	32
Dual Language Learners (DLL).....	33
Guidelines.....	33
1302.32: Strategies for Meeting DLL Needs in Classroom.....	33
Role of the Education Managers.....	34
Role of the Parent Engagement Manager.....	35
Role of the Teacher/TA.....	35
Role of the FSW.....	35
Role of the Data and Compliance Manager.....	36
1302.36: Tribal Language.....	36
Compliance and File Checks.....	38
Overview.....	38
Specialist's Role.....	38
Content Area Expert's Role.....	38
Director's Role.....	38
Monitoring.....	38
Human Resource/Legal.....	39
ADA Title VII.....	39
Staff Communication.....	40
Communication.....	40
System Writing.....	40
All Staff Email.....	40
Staff Shout Outs.....	41
To Do Lists.....	41
Reporting Schedule.....	42
Data Plan Reporting.....	42
Accountability/Disciplinary Action (see Policy 800).....	44
Fiscal and legal: financial manual, code of conduct, employment law.....	44
First Step:.....	44
Second Step: Fiscal and legal: community concerns, staff concerns report.....	44
Direct Job Performance/Services.....	45

First Step:	45
Second Step:	45
Third Step:	45
Termination of Employment	46
Hiring & Termination	47
Hiring	47
Job Opening (Policy 400)	47
Selection	47
Interviewing	47
Pre-Employment Screenings	49
Background Check	49
Sex Offender Registry	49
Child Abuse Registry	49
Staff Physicals	49
Staff TB Testing	50
Professional Development	51
Supervisors will:	51
PD Manager will:	51
Staff will:	51
Professional Development Plan	51
Child Protection Training	52
Continuing Education/Child Development Associates (CDA)	53
Determining Continuing Education	53
Determined eligible for payments of Degree/Credits/CDA	53
New Hire Expectations	54
New Teacher Training	54
New Hire Professional Development Training	54
Monitoring of Professional Development	54
Staff Services, Health, and Wellness	56
Staff Services	56
Predictive Index	56
Blomquist Hale	56
Evaluations	56
Empower 401K	57

Medical, Dental, Vision, and Life Insurance.....	57
Unemployment Insurance.....	57
Workman's Compensation (see Policy 700).....	57
Paid Holidays.....	58
Staff Health and Wellness.....	59
Physical Health.....	59
Mental Health and Wellness.....	59
Staff Feedback.....	59
Employee Working Conditions.....	59
Substitutes.....	61
Personnel/Hiring Team Department Role.....	61
Center Manager's Role.....	61
Educations Staff's Role.....	62
Cook's Role.....	62
Substitutes Role.....	62
Summer Hours.....	63
Kitchen Guidelines	64
Meal Requirements.....	64
Serving Size of Required Components.....	64
Point of Service.....	64
Check Accuracy Weekly.....	64
Production Records.....	64
Menu.....	64
Receipts.....	64
Purchases- Allowable.....	65
Monthly Budget Tracking.....	65
USDA and Head Start Performance Standards.....	65
Shopping.....	65
Fresh and Healthy.....	66
Fresh and Healthy - All Centers.....	66
Fresh and Healthy - Required Centers.....	66
Additional Requirements.....	67
Active Supervision.....	67
Kitchen Cleaning Checklist.....	67

Celebrity Chef.....	67
Staff Meals.....	67
Recipes for Families.....	67
Cleaning and Sanitization Requirements.....	67
Kitchen Cleaning Checklist.....	67
Kitchen & Kitchen Equipment Sanitation.....	68
Mechanical Cleaning and Sanitation (Dishwasher Method).....	69
Manual Dishwashing and Sanitation Requirements.....	69
Food Handling and Preparation.....	69
Solid Food.....	71
Feeding Infants.....	71
Feeding 0-5 Months.....	71
Food Storage.....	72
Employee.....	73
Employee Hygiene.....	73
Mealtime Requirements.....	73
 Health	75
Registration.....	75
Importance of Health.....	75
Preventive Pediatric Health Care.....	75
Insurance.....	75
Individual Healthcare Plan.....	76
Physical/Dental Forms.....	76
General Consent.....	76
Release of Information ROI.....	77
Child's Health History.....	77
Immunizations.....	78
Protected Health Information.....	79
Physical and Oral Health Practices.....	79
Individual Health Plans.....	80
Health Screening.....	82
Ongoing Source of Health Care.....	82
Screenings and Exams.....	82
Screening Rescreens and Professional (Follow-Up) Treatments.....	82

Lead and Hemoglobin/Hematocrit Screening System.....	82
Role of FSWs and FEIs in Health.....	83
Mitigation of Sickness.....	84
Additional Health Services.....	84
Add Action.....	85
Payor of Last Resort.....	86
Child Abuse Reporting	88
Legal Responsibilities.....	88
Reporting Procedures.....	88
Record Keeping.....	88
Training.....	88
Facilities	90
Yard and Snow Removal Contracts.....	90
Keys Fobs.....	90
Preventative Maintenance.....	90
Vendors/Contracted Work.....	91
Facility Maintenance Request.....	91
Emergency Drills.....	91
Janitors.....	91
OHS Health and Safety Screener.....	92
Back to School Checklist.....	92
Vehicles	93
Vehicle Maintenance.....	93
Gas Receipts.....	93
Repairs.....	93
Service.....	93
In the Event of Accident.....	94
Vehicle Usage.....	94
Mileage Reimbursement.....	95
Mileage Reimbursement EHS.....	95
Mileage reimbursement for Cooks, Teachers, Site Managers/Family Advocate.....	95
Head Start/Early Head Start Center-Based Teaching Staff Guidelines	96
Sleeping Procedures.....	96
1302.47 Safe Sleep Practices.....	96

Responding to Children.....	97
Sanitation Procedures.....	97
Outdoor Play Area.....	97
Active Supervision.....	98
Ratios and Group Size.....	99
Home Visits.....	100
First Home Visit.....	100
Second Home Visit.....	102
Parent Teacher Conference.....	103
First Parent Teacher Conference.....	103
Second Parent-Teacher Conference.....	105
HSEHS Curriculum.....	106
HighScope Curriculum.....	106
Conscious Discipline.....	106
Education Content Area Expert Role.....	106
Education Specialist Role.....	107
Data Specialist Role.....	107
Coaches Role.....	107
Staff Role.....	107
HighScope.....	107
Second Step Curriculum.....	107
Daily Lesson Plans.....	108
Reporting.....	108
Child Observation Record (COR) Advantage.....	108
Personnel in Curriculum Quality.....	109
Teaching Staff.....	109
FSW.....	110
Coaches/Education Managers.....	110
Education Managers.....	110
Developmental Screening.....	110
Parents as Teachers (PAT).....	110
ASQ Online.....	112
ASQ Screeners.....	112
Brigance.....	113

PEEP.....	113
PEEP assessments.....	113
Program Quality Assessment (PQA).....	114
Classroom Support.....	115
Classroom Setup.....	115
Cell Phone Use in the Classroom.....	116
Using Safe Materials in the Classroom.....	116
Correct Use of Smartboards/Computers/Technology in the Classroom.....	117
Displaying Lesson Plans in the Classroom.....	118
Watching Movies in the Classroom.....	118
Resetting and Rotating Materials.....	119
Before Class:.....	119
After Class:.....	119
Classroom Environment.....	120
Release of Children.....	120
Visitors.....	120
Education Folder.....	120
Classroom Sanitation.....	120
Work from Home.....	121
Paperless.....	121
Zenefits/Work Hours.....	121
Teacher/TA Work Hours.....	121
Developmentally Appropriate Activities without the use of worksheets.....	122
Celebrating or Recognizing Holidays or Themes.....	123
Potential Choking Hazards.....	124
Reverse Evacuation of Children.....	125
Guidelines for Extreme Cold and Hot Weather.....	126
Guidelines for Cold Weather:.....	126
Guidelines for Hot Weather:.....	126
Communication with Families.....	127
Prenatal Care.....	128
1302.81: Prenatal Requirements.....	128
Prenatal Education and Services:.....	128
Prenatal Services.....	128

Mental Health.....	128
Prenatal 2-Week Visit.....	128
Father Engagement and Caregiving:.....	130
Family Partnership Services.....	130
Family Services Data Monitoring.....	130
Labor, Delivery, and Postpartum Recovery:.....	130
Infant Care.....	132
Infant Care and Safety:.....	132
Tooth Brushing for Infants.....	132
Toddlers First Tooth - 2 Years.....	132
Toddler 2-3 Years.....	133
Meal and Snack Periods.....	133
Signs of Hunger.....	133
Signs of Fullness.....	133
Storing Breast milk.....	134
Warming Breast milk.....	134
Preparing Formula.....	135
How to Feed with a Bottle.....	135
Storage of Formula/Baby Food.....	135
Labelling Pacifiers.....	136
Safety.....	137
Child Health and Safety System.....	137
Create a Culture of Safety.....	137
Training.....	137
Monitoring.....	138
Camera Monitoring.....	139
Risk Assessment.....	139
Checklists.....	140
Health & Safety Checklist.....	140
Lice Checks.....	140
Tooth brushing.....	140
Offer Water.....	141
Modeling Positive Eating Behaviors.....	141
Ouch Reports.....	141

Child Accident Report for Serious Injury.....	142
Animals and Classroom Pets.....	142
Reporting Child Health and Safety Incidents.....	143
Identifying Significant Child Health and Safety Incidents.....	143
Reporting Significant Child Health and Safety Incidents.....	143
Staff Training and Support.....	143
Documentation.....	145
Monitoring.....	145
Education.....	147
Role of the Education director.....	147
Role of the Education Manager/Disability Specialist.....	147
Role of the Education Manager/Coaching Specialist.....	148
Role of the Education Specialist.....	149
First Education Home Visit - Home Based.....	149
Teacher.....	149
Transition.....	152
Coaching.....	153
Coaching Specialist Role.....	153
Coaches Role.....	153
Coaching Tiers.....	154
Coaching Expectations for Tier 4.....	154
Coaching Expectations for Tier 3.....	154
Coaching Expectations for Tier 2.....	155
Coaching Expectations for Tier 1.....	155
Peer Coaching.....	155
CLASS Observations.....	155
Using CLASS.....	156
Swivl.....	156
Transitions - Six Months to Success.....	157
0-5 Transitions.....	157
Education Content Area Experts Role.....	157
Supervisors Role.....	158
Education Data Specialists Role.....	158
Staff's Role.....	158

Transition to other early childhood programs outside of Head Start or between programs...	
158	
Sanitization.....	159
Disabilities.....	160
Flag Concerns.....	160
Digital Consent Forms.....	160
Parent Consent and Release of Information.....	161
Roles.....	161
Disability Coordinator.....	161
Disability Specialist.....	162
FSW.....	162
Teachers.....	162
Parent Concern.....	164
Family Services Manager- after concern sent to me:.....	164
View Open Concerns Monthly.....	164
Closing Concerns.....	165
Interventions and Referrals.....	165
IFSP/IEP Process.....	165
Review IEP/IFSP.....	165
IEP Meetings.....	166
Documentation of Special Needs.....	166
IEP Tracking.....	166
School Readiness.....	167
School Readiness Assessment Guidelines.....	167
School Readiness Committee.....	168
School Readiness Goals.....	168
School Readiness Goals/ Next Steps.....	168
Parent Engagement in School Readiness.....	169
Parent-Child Activities.....	169
School Closure.....	170
Site/Center/Classroom Closure.....	170
Family Educators	172
ASQ:3.....	172
Family Development Certification.....	172
Home Visitor Child Development Associate.....	172

Home Visiting Rating Scale (HORVS).....	172
ChildPlus Training Documentation.....	173
Socialization.....	173
Family Services.....	174
Crisis Needs.....	174
Family Opportunity and Interest Questionnaire.....	174
Coordination of Services.....	174
Parent Gauge.....	175
Family Services Data Monitoring.....	175
Parenting Curriculum.....	176
Training.....	176
Implementation and Documentation.....	176
Monitoring.....	176
Father Engagement.....	177
Implementation.....	177
Documentation.....	177
Family Engagement Activity (FEA).....	177
Park & Play.....	177
Celebrity Chef.....	177
Traditions.....	178
Documentation.....	178
Data, Monitoring, and Compliance.....	178
Community Partnerships.....	178
Community Resources for Family Support.....	178
Community Partnerships.....	178
Written Agreements.....	179
Monitoring.....	179
Pedestrian Safety.....	179
Documentation.....	179
Monitoring.....	180
PIR System.....	180
Monitoring.....	181
Reporting the PIR.....	181
ERSEA.....	182

Eligibility.....	182
Recruitment.....	182
Selection.....	183
Enrolment.....	183
Attendance.....	185
Center-based program option.....	185
Center-based Attendance Monitoring.....	186
Attendance and Point of Service.....	187
Document Daily Attendance.....	187
Review Attendance Weekly.....	188
Terminating Services.....	188
Completion of Services for Dropped Children.....	189
School Days and Hours.....	189
Sign Out/Authorized Release.....	190
Sign Out/Authorized Release Data and Monitoring.....	190
School Calendar.....	190
Leadership and Volunteer Opportunities for Parents.....	192
Volunteers.....	192
Training and Screening.....	192
Acknowledgement.....	192
Monitoring Volunteers.....	192
FSW/FEs Responsibility in Volunteer Management.....	192
Parent Committee.....	192
Parent Committee and FSWs.....	193
Leadership Responsibility.....	193
Center Manager Role.....	193
Center Managers will:.....	194
Center Managers will not.....	194
Content Area Expert Role.....	194
Content Area Experts will:.....	194
Content Area Experts will not:.....	195
Compassionate Leadership is:.....	195
Compassionate Leadership is not:.....	195
Social Media.....	196

Facebook Private Group Page.....	196
Managing a Private FB Group.....	196
Accessing and Using Private Group Page.....	196
Parent Gauge.....	197
Parent Gauge Training.....	197
Behavior Plans.....	198
Mental Health/Behavior Support.....	200
ASQ: SE-2.....	200
ASQ Online.....	200
e-DECA.....	200
Conscious Discipline.....	203
Three Tier Pyramid Model.....	203
Conscious Discipline on Lesson Plans.....	204
Conscious Discipline Training and Support.....	205
Classroom Behavior Concerns.....	205
Other Behavior/Mental Health Concerns.....	205
Monitoring.....	206
Behavior Support.....	207
Mental Health.....	208
Coordination of MH Services.....	208
In-house Mental Health Support Requests for Children and Families.....	208
Parent or Screener Warranted Mental Health Request.....	209
Mental Health Support.....	209
Training and Support.....	209
Mental Health Home-based Option.....	210
Mental Health Support.....	210
Parent/Child Behavior Supports.....	210
In-Kind.....	211
In-Kind Pro (IKP).....	213
Training.....	213
IKP Support.....	213
Procedure.....	213
Identifying Needs/Opportunities of Families.....	215
Following up on Opportunities.....	215

Family Opportunity and Interest Questionnaire.....	215
How to Complete the FOIQ Part 1 at In-Person Registration.....	216
How to Score the FOIQ Part 1?.....	216
How to Complete the FOIQ Part 2 at in-Person Registration.....	216
How to Score the FOIQ Part 2.....	216
How to Score the FOIQ Part 2.....	216
Family Partnership Process.....	217
Family Partnerships.....	217
Community Partnerships.....	217
UniteUs.....	217
Family Engagement Activity or Socialization.....	217
ReadyRosie.....	218
Pack and Play.....	219
Celebrity Chef.....	219
Newsletters.....	219
RUCD Procedures	221
ECHS 1: Ratios, Group Size, and Active Supervision of Children.....	222
Operational Procedure.....	222
Center-based Operational Procedure.....	222
Home-based Operational Procedure.....	222
ECHS 2: Celebrations and Holiday Activities.....	223
Making Decisions About Holiday Activities Throughout the Year:.....	223
Involve Family Members:.....	223
Plan for Working with Children and Families Who Do Not Celebrate Holidays:.....	223
Birthdays:.....	224
Menus for Planned Activities:.....	224
Guidelines for Presentations:.....	224
Guidelines for Year End Closing:.....	224
Budget:.....	225
ECHS 3: Transitions.....	226
Transitions from Early Head Start:.....	226
Transitions from Head Start to Kindergarten:.....	227
Transitions between programs:.....	228
ECHS 4: Disability Referral and Evaluation.....	229

Evaluation of potential disabilities:	229
ECHS 5: Individual Education Program (IEP) Meeting	230
Operational Procedure:	230
ECHS 6: Communicable Disease Control/Sick Children and Staff Guidelines	232
Operational Procedure:	232
ECHS 7: Universal Precautions and Bodily Fluid Clean Up	234
Universal Precautions:	234
Bodily Fluid Clean Up:	234
ECHS 8: Health and Safety Practices	235
Operational Procedure:	235
Fire and Earthquake Prevention and Preparedness:	235
Safety Practices: Fire:	235
Safety Practices: Earthquake	236
Family Support for promoting children's health and well-being:	236
Accident Prevention:	236
Workplace	236
Classrooms	237
Playground(s)	237
Power Outage:	237
Before School	237
During School	237
Loss of Electrical Power	237
Loss of Water	238
Lost Child	238
Death of a Child	238
Injury to a Child	238
Emergency Preparedness Procedures:	238
Lockout	238
Lockdown	239
Evacuation	239
After Building Evacuation	239
Emergency Preparedness Kit	240
Shelter	240
Incident Response	240

children's mental health home-based plan.....	241
Limitations on suspension.....	241
Prohibition on expulsion.....	241
Process.....	242
Final Option.....	243
ECHS 9: Medication.....	244
Operational Procedure:.....	244
ECHS 10: Individualized Healthcare Plan (IHP).....	245
Operational Procedures:.....	245
ECHS 11: Meal Requirements.....	246
Head Start:.....	246
Early Head Start:.....	247
ECHS 12: Nutrition Guidelines.....	248
Operational Procedure:.....	248
FCP 1: Child Abuse Reporting.....	249
Legal Responsibilities:.....	249
Reporting procedures:.....	249
Training:.....	249
Record Keeping:.....	250
CPS Interview Procedures:.....	250
FCP 2: Eligibility Determination and Selection Criteria for Enrollment.....	252
Process Overview:.....	252
Income Requirements.....	252
Age Requirements:.....	252
Selection Criteria:.....	252
FCP 3: Attendance Monitoring and Special Options.....	255
Tracking Attendance:.....	255
Centers:.....	255
Chronic Absenteeism:.....	255
Strategies to Promote Attendance:.....	255
Home-Based Programs:.....	256
Program Attendance Issues:.....	256
Special Attendance Options for Children and Families with Special Needs:.....	256
FCP 4: Children Before/After Class Hours.....	257

Early Arrival of Child:	257
Late Arrival of Child:	257
Late Pick-Up:	257
Unable to Contact an Authorized Person After Class Hours:	257
FCP 5: Custody Issues and Releasing Children:	259
Parental Rights:	259
Authorized Person(s):	259
Updating the Emergency Form:	260
Unauthorized Pick-up:	260
Emergency Situations:	260
Intoxicated Parent:	261
Child Abuse and Domestic Violence:	261
Restraining Orders:	261
FCP 6: Volunteers:	263
Volunteer Registration and Orientation:	263
Staff Responsibilities:	263
Volunteering While Intoxicated or Suspected Intoxication:	264
Children of Volunteers:	264
PDM 1: Confidentiality:	265
Definitions:	265
Confidentiality Agreement:	265
Individuals able to access files:	265
Disclosure with parental consent:	265
Disclosure without parental consent but with notice and opportunity to refuse:	265
File Cabinets with Children's Files:	266
Computers:	266
Removal of files:	266
Disciplinary Action for Breach of Confidentiality:	266
Retention Period:	266
File Maintenance:	267
PDM 2: Governing Body Internal Controls for Safeguarding Federal Funds:	268
Operational Procedure:	268
PDM 3: Internal Dispute Resolution Impasse Procedure:	269
Partnership:	269

RUCD Standard Mechanism:	269
Arbitration Procedure:	269
PDM 4: Policy Council and Board of Directors	271
Policy Council:	271
Board of Directors:	271
Other Information:	271
Confidentiality:	271
Responsibilities of groups and individuals:	272
Negotiations and Impasse Procedure:	273
Board Reimbursement:	273
Policy Council Reimbursement:	273
Babysitting:	273
Mileage:	273
Car Pools:	274
Disqualified Carpool Drivers:	274
PDM 5: Tobacco Use	276
PDM 6: Community Grievance	277
Procedures for Filing Complaint:	277
Formal complaints:	277
Hearing Procedures:	277
Other Considerations:	278
PDM 7: Employee Incentives	278
PDM 8: Safe Driving	279
Operational Procedure:	279
PDM 9: Working at Home	280
Expectations for All Staff Who Work at Home:	280
Expectations for Home Offices:	280
PDM 10: Employee's Work Environment	282
Expectations for All Staff:	282
Babies at Work:	282
Children of Staff Members:	283
Family and Friends of Staff Members:	283
PDM 11: Cell Phone/Technology	284
Cell Phones:	284

RUCD Technology.....	284
PDM 12: Use of RUCD Buildings.....	285
Operational Procedures.....	285
PDM 13: Facility Maintenance and Repairs/Facility Monitoring.....	286
Operational Procedure for Emergencies.....	286
Facility Maintenance and Repairs:.....	286
Facility Monitoring Checklist:.....	286
Summer Facility Monitoring:.....	287
PDM 14: Purchasing.....	288
Purchasing Procedure:.....	288
Classroom Purchasing:.....	288
Office Supplies:.....	288
Early Head Start Home-Based Purchasing:.....	288
Cook Purchasing:.....	288
Staff Meals:.....	288
Facility Maintenance and Repair Purchasing:.....	289
HS Family Engagement /EHS Socialization:.....	289
PDM 15: Computer and Internet Use.....	290
Operational Procedures:.....	290
Appropriate Use:.....	290
Security:.....	292
Privacy:.....	292
Confidentiality:.....	293
Responsibility:.....	293
PDM 16: Social Media.....	294
Operational Procedures:.....	294
Appendix: Forms.....	296
HB Home Visit Plan How-To.....	296
ASQ Online.....	305
Creating a School Family - Guidelines.....	308
CB Lesson Plan How-To.....	313
RUCD School Readiness Goals.....	323
Mental Health Deployment Plan.....	327
Universal Active Supervision Plan.....	329

Verbal Reminder.....	331
Staff Physical Form.....	332
Head Start / Early Head Start Autorización (Spanish Consent).....	333
Consent for Release of Information.....	334
Electronic Fingerprint Form.....	335
Infant Meal Plan Chart.....	336
Release of Information.....	337
Child Abuse Registry Form.....	338
Consent & Interests Form.....	340
Utah Consent to Background Check.....	341

RUCD Mission Statement

Creating an environment of opportunities where Head Start and Early Head Start families are empowered to change their lives.

Copyright - The Write Direction Inc.

RUCD Culture and Values

1. We Share Love of the Children and Families We Serve. We honor and respect the families we serve, and are loyal to them and work together for empowerment and education.
2. Our Work is Not Based on Our Wants and Needs. We focus our efforts in the workplace on children and families, and strive to work toward the goals of the program, and not our personal gain.
3. We Are Solution Focused. We reflect on situations and use our creativity and problem-solving skills to create positive outcomes.
4. We Are a Culture of Accountability. Each staff member is accountable for their job performance and we support each other to achieve excellence.

RUCD is:

- a. An education and comprehensive service agency using all efforts during designated service models toward the goal of school readiness
- b. A trauma informed agency
- c. An agency fully funded by federal dollars that follows all federal laws and cost principles

RUCD is not:

- a. An employment agency
- b. A trauma informed services agency
- c. An agency that provide care outside of business hours
- d. An agency that provides clothing, housing, financial help, crisis care etc.

General Information

RUCD Email

All RUCD employees receive a company email account upon hire. Employees are expected to check and respond to emails daily.

Google Chat

RUCD uses Google Chat as another method to communicate and for groups to stay connected with each other. Employees are expected to read messages daily and actively communicate with peers, coworkers, managers, and other groups they are involved in.

Facebook Workplace

Employees receive an invitation to Facebook Workplace through their company email. Facebook Workplace is used to share ideas, and successes, ask questions and connect with team members. Check the Executive Director's blog for updates and important information.

Team Meetings/Data Meetings/Office Hours

Team Meetings: Centers should hold team meetings at each site. A good team meeting helps teams align on the discussion topics, air any concerns or obstacles, and clarify future actions. Teams may managers to team meetings as desired.

Data Meetings: Centers will meet monthly with the data team members to discuss data. Monthly data meetings are meant to look at data in real-time to help drive the program's outcomes.

Office Hours: Centers may be required to attend office hours provided by RUCD staff or consultants. The times of the office hours may vary.

Weekly Communication

Weekly communication includes an all-staff email, staff shout-outs, and center to-do lists. RUCD uses weekly communication to achieve specific outcomes.

1. Internal communication is consistent so employees are informed about program goals and initiatives and can take action to help achieve those goals.
2. Tasks are organized and communicated once a week so employees can schedule assignments, ask questions, and meet objectives on time.
3. Employees can access content area experts and contact them anytime when a question or concern is related to their expertise.
4. To ensure successful interactions, Direct supervisors and employees have mutually respectful relationships involving open communication and warm handoffs to other managers.

All Staff Email

The management team uses email to communicate program updates every Wednesday. Employees are expected to review all-staff emails each week to stay informed. Use the quick links at the bottom of the all-staff email to request support with many common issues, e.g., submit a technology or equipment request, supply request, appliance repairs, etc.

Staff Shout-outs

Any employee may recognize another employee through a staff shout-out using the Google Form (accessible via the link at the bottom of the all-staff email).

To-Do Lists

To-do lists are organized by site using Google Sheets. Managers use the to-do list to communicate once a week to support employees in completing objectives promptly. Managers and specialists update the to-do list and notify staff weekly to review and complete tasks. Employees are expected to stay up-to-date and complete tasks by the deadline or to communicate with the individual who assigned the task if an extension is requested. To indicate a task is complete, employees use the strikethrough function. Select Task>Format>Strikethrough

Annual Preservice

Employees receive training during the required annual preservice and throughout the program year. The annual preservice communicates any changes and expectations for the coming program year. Arrangements for the preservice will be made in advance, and staff will be notified prior. Staff should plan for preservice each year as a starting point for the new program year.

Professional Development Plans

Professional Development Plans are required for all staff annually. The managers meet with staff within the first three months of a new program year to discuss ideas for professional development. Staff enters a goal and action steps in ChildPlus.

ChildPlus>Management tab>Personnel tab >Click on name>Professional Development Plan tab>Add Professional Development Plan>Enter information in all sections and sign at the bottom.

Employees are expected to notify their manager when the professional development plan is complete;

Staff Qualifications

Operations Director/HR: Baccalaureate degree, preferably related to one or more of the disciplines they oversee.

Operations Manager: Baccalaureate degree, preferably related to one or more of the disciplines they oversee.

Education Manager: Baccalaureate or advanced degree in early childhood education or Baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.

Family Services Manager: Baccalaureate degree, preferably related to one or more of the disciplines they oversee.

Health & Nutrition Manager: Baccalaureate degree, preferably related to one or more of the disciplines they oversee.

Data/Compliance Manager: Baccalaureate degree, preferably related to one or more of the disciplines they oversee.

Administrative Assistant: Experience supervising staff, fiscal management, and administration. Specialist: Associate's or Bachelor's degree in a related field or equivalent coursework.

Coach: Baccalaureate degree in early childhood or related field.

Head Start Center-Based Teacher: Minimum Associate or Baccalaureate degree with a minimum of 15 early childhood credits or are enrolled in a program that will lead to a degree with required credits within three years of the time of hire.

Head Start Assistant Teacher (TA): Child Development Associate (CDA) credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential or enrolled in a CDA credential program to be completed within two years of the time of hire.

Classroom Support: Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.

EHS Center-Based Teacher: Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.

FE: Home-based CDA credential or comparable credential, equivalent coursework as part of an associate's or bachelor's degree, and minimum, a credential or certification in social work, human services, family services, counseling, or a related field.

FSWs: Minimum, a credential or certification in social work, human services, family services, counseling, or a related field.

Cook: Food Safety Manager Certification or equivalent within 12 months of hire.

Program Design and Management

OHS Updates to Policy and Regulations

Outcome: Consistent communication and support to staff and families following notification of changes to Head Start policies or regulations.

1. A communication plan is created that outlines each step, who is responsible, and timelines for completion. The plan includes:
 - a. All managers fully read, discuss, and understand the communication from the Office of Head Start (OHS) before sending a message to parents and staff.
 - b. Communication is sent to parents using CP messaging within two business days of a change in the Federal requirement unless otherwise noted in notice of change from OHS.
 - i. Communication is drafted by the CS team in coordination with the education team, and sent for approvals as needed.
 - c. Communication to parents is shared to all staff and ways to support families outlined and sent to staff at the same time as the message to parents.
 - d. Contact information for a specific manager or director is included in each message to parents and staff.
2. Management team provides continued communication to staff and families to answer questions, clarify expectations, and reiterate benefits and desired outcomes for change.
3. Management team utilizes various methods to collect data on the impact of implementation plans, reviews and analyzes the data, and makes adjustments to the system as necessary.

Specialist Expectation

Outcome: The expectations for Specialists will be the guide for all performance appraisals to ensure high performance from all Specialist level staff.

Data

1. All headings are concise to indicate the data being displayed. Longer explanations can be added to the notes column.
2. Use drive downs to show more detail in data sets.
3. Drive downs are indicated in the title of the DOMO card.
4. Drive down data is directly related to the original data set (not new data). The drive down aims to further explore the data measurement on the previous display.
5. Each drive down explains the previous data point only. Do not use multiple drive downs that refer to the original data set.
6. Use dashboard collections in story mode to show correlations between more than one data set.
7. Use card collections to group like cards together and the heading to indicate the topic being viewed.
8. Use consistent center names and classrooms to compare data sets.
9. In a grouping, do not use a filter on a card that will rearrange the classroom/center names in the data set.
10. Each data card displays one data set to show the question you are asking, the answer the data is displaying and what interventions were done to improve data outcomes.
11. When displaying data, choose the card type that helps answer the question you are asking related to compliance, performance standards, policy and procedures etc.
12. If you use cards that have a summary feature, make sure the data points are logical to add together, as the addition creates a new data measurement.
13. The question you are asking in the card can be added to the description in the DOMO card.
14. Data cards are to be created with the audience in mind
15. View your card through the perspective of a PC/Board member, a teacher, cook or SM.
16. Make the card easy to understand, with the outcome data clear and simple.
17. Use a format that shows the data as well as the lack of data, to identify gaps as well as non-compliance.
18. Data is reporting monthly in the Management Data Tour to show outcomes and interventions to the ED and the specialist team.
19. Data is reported up, with a summary of trends, questions and action taken to increase outcomes.
20. Specialists prepare for the data tour and follow requirements for meetings as outlined below.
21. All data tables in Google Sheets are formatted with no color, no extra spaces, no bold or italicized text and no cell merging.
22. All data tables are Times New Roman font, size 12.
23. All data tables are spelled correctly and capitalization is accurate and uniform.
24. All data is collected using the same methodology e.g. pre and post data will measure by the same method to ensure the scale is consistent.

25. All names follow the same convention as the ERSEA data for HS and EHS and are used uniformly across all data tables.
26. All data is updated on time and correctly for each data submission due date. E.g. weekly monitoring data, monthly reports for PC and Board of Directors, annual report, PIR etc.
27. The guiding principles for reporting are the responsibility of each Specialist to know and follow, as found in the Head Start Performance Standards, Head Start Act, directives given by leadership etc.
28. All data has a notes column and interventions column to explain noncompliance or outlier data.
29. All data is collected for the 5-year grant cycle, with tabs along the bottom of each sheet for each grant year e.g. 19-20, 20-21
30. All monthly data is inputted into DOMO cards for Education and CS as a full data set.
31. All data is assessed, corrected, and understood by each Specialist before submission.

Meetings

1. Meeting schedules will be similar and management meetings will be held on Monday, calendar invites will be sent out and all meetings kept on schedule.
2. Only add agenda items that affect the group you are meeting in. The weekly meeting will be scheduled for an hour, and only agenda items that affect the entire group will be added, with an explanation and any documentation linked so all can prepare before the meeting.
3. Agenda items that do not have an explanation and an action item/task expectation will be tabled and will not be discussed during the meeting. Agenda items must be added two work days before any scheduled meeting. This does not apply to a 1:1 meeting with the ED, agenda items for the 1:1 meeting must be added by the end of day one day before.
4. Meetings are not used for the following:
 - a. Sharing information
 - b. Status updates
 - c. Just for team building
5. Meetings are:
 - a. Data and continuous quality improvement
 - b. Task driven
 - c. Action oriented
 - d. Outcome focused
 - e. Well prepared for/majority of work done before the meeting
 - f. Only involve those who are most impacted by the decisions of the group.
 - g. Issues ‘on the table’ not out ‘in the hall’
 - h. Ends with Who? Does what? When?

Weekly Schedule

1. Each Specialist will follow the proscribed schedule as explained in previous communications:
 - a. Monday: Meetings.
 - b. Tuesday: Data input, review and monitoring.
 - c. Wed & Thurs: Travel as needed (assess what can be done by video, phone or cameras etc.).

- d. Friday: Finish open projects, plan for the following week.
- 2. Travel is coordinated with all specialists.

Above/Below the Line

- 1. Above the line behavior: *See it. Own it. Solve it. Do it.*
 - a. *See* the problem, think it fully through from all angles, assess the situation/problem.
 - b. *Own* the part of the problem that is ours, have strong boundaries and stay non-reactive, non-emotional. If you do have an emotional reaction, remain professional and manage your emotions privately.
 - c. *Solve* part of the problem we own, stay out of the problems we do not own. Be innovative, be willing to try new things, get input on how to solve it.
 - d. *Do it* without procrastinating, waiting for others to tell us, waiting for someone else who is an expert to show us, figure it out for ourselves and own the solution and any failure that may come in trying new ways. After failure, try again and again.

Below the line behavior

- 1. Wait and see.
- 2. Confusion/tell me what to do.
- 3. It's not my job.
- 4. Ignore/deny.
- 5. Finger pointing.
- 6. Cover your tail.

Prioritizing and Barriers

- 1. Your boss's priority is your priority. Insert new tasks when requested into your daily/weekly calendar and prioritize according to need.
- 2. If you have a late task, you work late until it is complete.
- 3. Check email/hangouts/texts twice per day.
- 4. If there is a barrier:
 - a. Can you move the barrier?
 - b. If it cannot be moved, can you get around it?
 - c. Where can you get information and input for ideas on how to move or get around the barrier?
- 5. Head Start Performance Standards and preamble.
 - a. Head Start Act
 - b. ECLKC
 - c. RUCD internal documents such as systems, policies, procedures, manuals etc.
 - d. Other Utah Head Start program staff.
 - e. List serves from NHSA.
 - f. Innovation labs.
 - g. Work/focus groups.

Tasks and Deadlines

- 1. Each individual will monitor their own deadlines.

2. Specialists will use an internal locus of control to manage and monitor and be responsible for their own tasks.
3. All tasks that have an output to any audience (DOMO card, reporting, training, narrative, PC/Board of Director materials etc.) will go through the approvals process.

Project Management List:

1. DOMO is used for all tasks, management meeting agendas, and ED approvals on the Project Management List.
2. The due date on tasks will be the day it is to be fully complete and correct and will designate due by, not due on.
3. The task owner may request an extension on a due date once with approval from their direct supervisor.
4. If there is a pattern of late/incomplete or incorrect tasks the disciplinary system will be followed.
5. All tasks that are moved to the completed or ED approval list will have the backup pasted in the activity e.g. document, DOMO card, Google Sheet

System for Tasking

1. All tasks will have a due date, an owner, contributors and in the description box have an itemized list of action items or expected outcomes with clarifying statements as needed.
2. Tasks in the 'all' that are not given by the ED, will go through an approval process, be discussed in a meeting as needed and then added with all elements listed above.
3. Tasks given by the ED will be added to meeting agendas as applicable, to the 'all' list, and/or on content areas lists.

Task Completion and Approval

1. The specialist will complete the task (DOMO card, reporting, training, narrative, PC/Board of Director materials etc.) and submit it to the direct supervisor for approval and feedback by tagging the supervisor in the DOMO task card activity, or by presenting materials during a peer review process.
2. The supervisor will send back questions or needed clarifications to the specialist once using the DOMO card activity thread.
3. If the resubmitted task materials are approved the direct supervisor send to ED for approval using the ED approval list in DOMO.
4. If changes or corrections need to be made the ED will send back once using the DOMO card activity thread, or by moving the card back to the content area list.
5. If the resubmitted task materials remain unapproved, the direct supervisor may send back to the specialist with no further corrections or suggestions; it is then the responsibility of the specialist to problem solve the barrier of completing the work accurately and on time.
6. The due date for the task is for it to be complete and correct, so these steps must be executed so the final approval to the ED is on time.
7. Data will be collected on tasks that are completed successfully as well as tasks that remain undone, incorrect, or incomplete and reported to the ED as needed.

Tasking Flowchart

Specialist completes the assigned task and send to direct supervisor for approval
Was the task approved?

Documentation & Data

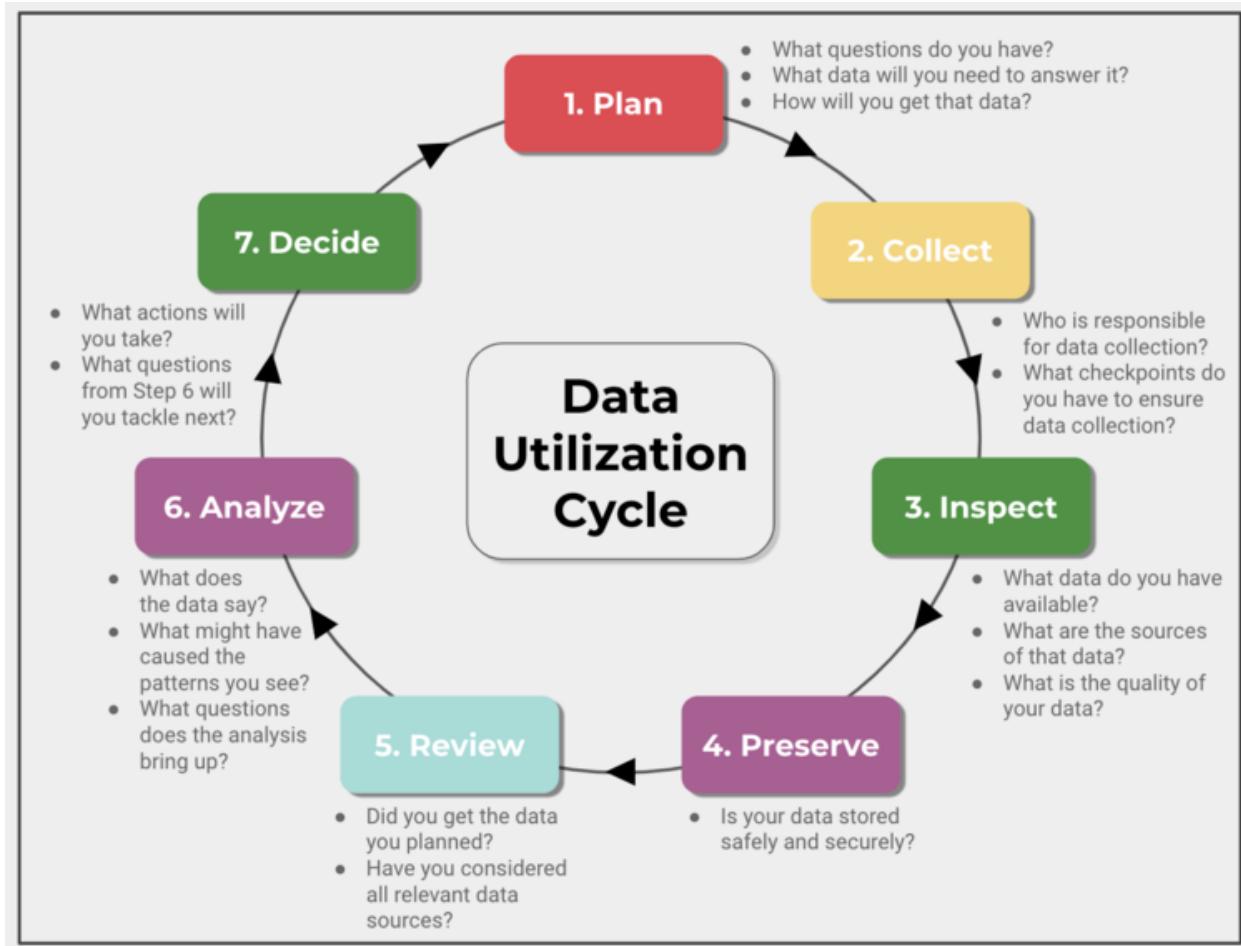
"If it's not in ChildPlus, it didn't happen."

As FSW, staff will document nearly every interaction with a family. Documentation is one of the essential everyday practices staff will do. Knowing how to document is critical because it ensures consistency, efficiency, and standardization. Good documentation allows anyone to review the completed work and see where staff left off.

1. What to Document

- a. Efforts in communication with family- when staff is working on a task with a family, like registration, staff will need to document all efforts made to reach them.
- b. Family Opportunity and Interest Questionnaire- thorough documentation in the notes section will help guide setting goals with the family. The more documentation staff have, the easier it will be to support the family in setting a goal.
- c. Events and Actions
 - i. Caseworker notes- add this event when staff cannot classify what is wanted to document in the other event types. An example would be when staff shares information with their families or send out the monthly newsletter. These events generally won't have many actions attached to them.
 - ii. Collaboration-interagency- add this event when staff works with a community partner to assist families.
 - iii. HS/EHS Coordination for Dual-Enrolled Families- add this event when staff work with the FSW or FE to coordinate services for dual-enrolled students. Coordination ensures staff are not duplicating services for the family.
 - iv. Opportunity/Interest/Goal-add this event when creating an opportunity, interest, or goal. See more detail below. Add actions any time staff communicate or follow up with the family and if staff refer them to other services.
 - v. Registration- add an event for registration. Staff will add several actions to this event because registration is completed in parts (online registration, in-person registration)
 - vi. Transition Field Trip- add this event for any transition field trips organized for the family. Add actions on follow-up and follow-through.

Data Utilization Cycle



Continuous Quality Improvement

Outcome: RUCD data is used for continuously assessing, evaluating and creating opportunities for improvement.

1. Management and Executive teams use data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals.
 - a. Leadership team uses data to identify program strengths and needs each week on data day and they create:
 - i. Quarterly progress data on Five Year Goals, objectives, action steps.
 - ii. Content area data: ERSEA, COR, ASQ 3, ASQ SE-2, behavior plans, MH referrals, PIR data, Health 45/90-day screenings, family services needs assessment
 - b. Develop and implement plans that address program needs:
 - i. Develop improvement plans based on self-assessment
 - ii. Review CQI projects, open and complete.
 - iii. Review any current and closed corrective action plans.
 - c. Evaluate compliance with program performance standards and progress towards achieving program goals:
 - i. Ongoing monitoring results.
 - ii. DOMO data reports/meeting.
 - iii. DataSay reviews.
2. Ensure data is aggregated, analyzed, and compared to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas.
 - a. Data is aggregated, analyzed, and compared to identify risks and inform strategies:
 - i. DOMO data is displayed for program data, reported in monthly management meetings (1st Monday of every month)
 - ii. Analysis is documented on management meeting agenda notes and follow up items
3. Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate.
 - a. Analyze, aggregate, and compare COR data three times per year
 - i. Aggregate data to show outcomes for dual language learners.
 - ii. Aggregate data to show outcomes for children with disabilities.
 - iii. Aggregate data to show outcomes for children who will transition to Kindergarten
 - b. Identify risks and inform strategies.
4. Continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design, and other program decisions, including changing or targeting scope of services:
 - a. Yearly review of curriculum choice.
 - b. Ongoing monitoring and improvement on curriculum implementation.
 - c. Individualized coaching for continuous improvement on teaching practices.

- d. Professional development, including training platform lessons, in-person trainings, and beginning of the year training on areas targeted for improvement.
 - e. Continuous improvement of program design:
 - i. Evaluate program design yearly
 - ii. Target areas for improvement
 - f. Continuous improvement of program decisions:
 - i. Evaluate program decisions yearly
 - ii. Change or target scope of services
5. Use information from ongoing monitoring and the annual self-assessment and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services to identify program needs and develop and implement plans for program improvement:
- a. Use and analyze data from ongoing monitoring.
 - b. Annual review in Datasay of findings.
 - c. Specialized training in training platforms, face to face and orientation trainings based on needs of the program.
 - d. Create ways for continuous quality improvement based on identified needs.
 - e. DOMO data displayed to show continuous improvement in all areas.
6. Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.
- a. Review program improvement plans.
 - b. Create a plan based on the needs of the program to create professional development opportunities in person, training platforms, or other means.
 - c. Evaluate school readiness goals yearly to adapt to changes in the program and the needs of the families we serve.
 - d. Create strategies to address the needs to all sub-groups

Ongoing Monitoring

Outcome: Data is monitored and corrections made in a timely manner to effect positive change to achieve full compliance and complete all screening and follow up care for each child and family served by RUCD.

1. Establish and perpetuate an ongoing monitoring system for all content areas using DOMO, DataSay, Child Plus reports, and other tracking that is updated annually:
 - a. Follow ongoing monitoring system.
 - b. Display monitoring results data in DOMO dashboard.
 - c. Create to-do list items, DOMO tasks, improvement plans, or corrective action plans as needed to correct non-compliance or areas of needed follow up found in ongoing monitoring.
 - d. Document all monitoring events in the Monitoring Results Google sheet:
 - i. Content area managers to monitor all direct services and report monthly to the director.
 - ii. Directors to monitor the results of content area managers' monitoring, and review content area data to ensure complete and accurate data reporting and report monthly to the ED.
 - iii. ED to monitor the results of the directors' monitoring and reviews all monitoring results in the DOMO dashboard monthly.
 - e. Report results of monitoring at monthly management data tour meeting.
 - f. Report results of monitoring quarterly in the extended management meeting.
2. Corrective Action plans will be completed when a non-compliance is identified in ongoing monitoring.
 - a. Manager/Director will fill out the Corrective Action Form in their content area.
 - b. Objectives are listed that are the desired outcome and will include a list of tasks to reach full compliance.
 - c. All corrective action plans are submitted to the direct supervisor.
 - d. All corrective action plans are submitted to ED for final approval
 - e. Timelines will be followed and check back dates submitted until resolved.
3. Improvement Plans will be completed when an area of concern is identified that does not reach the level of a non-compliance.
 - a. Manager/Director will complete the improvement plan in their content area.
 - b. Objectives are listed that are the desired outcome and will include a list of tasks to reach full compliance.
 - c. All improvement plans are submitted to the direct supervisor.
 - d. All improvement plans are submitted to ED for final approval

ED Grant Management

Outcome: To retain current funding add supplemental funding and compete for new funding for RUCD.

Grant Submission for Region VIII Grant Cycle.

1. Baseline grant application, Year 1 of 5 Year Grant Cycle.
 - a. Create new funding application in OHS Enterprise System (HSES):
 - i. Import the previous year application, including all grantee information and budget amounts.
 - ii. Edit 424 A to update contacts, administrative addresses, etc.
 - iii. Review all error messages and fix.
 - b. Begin new budget with amounts sent in the Funding Guidance Letter:
 - i. Edit amounts in HSES budget tab.
 - ii. Add to budget narrative the description of each line item
 - iii. Check to ensure amounts match in HSES and in budget narrative
2. Grant narrative:
 - a. Follow current grant instructions (version 3) for baseline and continuation grants.
 - b. For continuations grants, content area experts update in suggestion mode, approved by content area directors and ED.
3. Documents to add to HSES:
 - a. Annual report
 - b. T/TA plan with budget
 - c. Selection criteria
 - d. Community assessment or updates (may also be added to narrative).
 - e. PC and Board minute and signature page.
 - f. 5-year goals/objectives/barriers.
4. Grant review by regional/national office:
 - a. Receive grant questions, directors and ED reply within regional office deadlines
5. When notice of award is given, all managers, directors and ED will ensure compliance to the actions outlined in the grant narrative, any changes through the year are documented and updated in the next application cycle.

Five Year Goals System

Outcome: RUCD Five Year Goals are created, updated, and shared with all stakeholders to create effective change in the program and communities where we provide services to children and families.

1. Establish goals, objectives, and outcomes at the beginning of each 5 Year Grant Cycle.
 - a. Set up measurable objectives at the time of establishing goals.
 - i. Create workgroup.
 - ii. Create broad program goals by reviewing data such as: self-assessment, community partners, staff surveys, parent surveys etc.
 - iii. Set up measurable objectives based on the identified goals.
 1. Choose data with consistent measures and 2-3 data points.
 - iv. Long term goals written based on community assessment.
 - b. School readiness goals written based on educational, health, nutritional, and family and community engagement program services:
 - i. May create workgroup, including teaching staff, parents, specialists etc.
 - ii. School readiness goals written based on ELOF
 - c. Health and safety goals written to ensure children are safe at all times:
 - i. May create work group including site managers, teaching staff, specialists, etc.
 - ii. Health and safety goals written based on OHS screener, Caring for Children, Health Advisory recommendations, etc.
 - d. 5 Year Goals approved by Policy Council and Board of Directors
 - e. Create action steps:
 - i. Semi-annual review of action steps and outcomes in April/October.
 - ii. Annual reporting of progress via DOMO card shared with PC/Board/Staff.
 - iii. Annual reporting of barriers via HSES in grant document.
 - iv. Create improvement plan for barriers with management team and share with PC/Board/Staff.
 - f. Annual review of internal documents:
 - i. Review of relevant supporting documents, policy, procedure, checklists, and staff manuals.
 - g. Ongoing assessment of program goals:
 - i. Effective progress with program goals annually:
 1. Annual self-assessment:
 - a. Create a workgroup.
 - b. Using aggregated program data such as child assessment data, professional development, and parent and family engagement data, etc.
 - c. Evaluate programs progress meeting goals.
 2. Compliance of program standards such as the effectiveness of professional development, family engagement systems in promoting school readiness, etc.
 - a. Collaborate with staff, program parents, specialists, governing body, policy council, etc.
 - b. Submit self-assessment and information to HHS.
 - h. Grant Application instructions for Continuation Grants:

- i. Continuation Application Instructions.
- i. If applicable, list any additions, deletions, or revisions to your Program Goals, Measurable Objectives, and Expected Outcomes that have occurred since last year's application and briefly describe the reasons for those changes (such as) resulting from ongoing oversight or from using data for continuous improvement as described in 1302.102(b)&(c).
 - i. If no updates or changes have occurred, include a sentence to that effect.

For each Program Goal:

1. Demonstrate your Progress/Outcomes this year toward meeting your Measurable Objectives and Expected Outcomes.
2. Describe any Challenges in achieving progress towards Expected Outcomes and how your program is working to address those Challenges.
3. If additions, deletions, or revisions were made to your program's School Readiness Goals since last year's application, then describe how the revised goals align with the Head Start Early Learning Outcomes Framework:
 - a. Ages Birth to Five, state and tribal early learning guidelines, as appropriate, and requirements and expectations of the local schools where children will transition.
4. If additions, deletions, or revisions were made to your Program Goals since last year's application, then include information on how parents and the governing body were involved in those changes.

Note to Readers:

Thank you for exploring this sample of our work. In order to maintain the brevity of our online showcase, we've provided only a selection from this piece.

Should you be interested in viewing the complete work or wish to delve deeper into our portfolio, please don't hesitate to reach out. We're more than happy to provide extended samples upon request.

**Warm regards,
The Write Direction Team**