

**SIUC HEAD START
Operating Policies and Procedures Manual**

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Subject: Program Planning - Systematic Process	Number: D.51.1
Service Area: PDM-Management Systems & Procedures	Section: Program Planning
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51(a)(1)

POLICY: SIUC Head Start must ensure a systematic ongoing process of program planning which includes consultation with the Head Start Advisory Board body, Policy Council, program staff and other appropriate community organizations.

PROCEDURE:

- A multi-faceted approach is utilized in the development of program plans.
- Committees comprised of:
 - Coordinating staff, direct line staff, Health Advisory Committee representatives and Policy Council members (including community representatives), administrative staff and Advisory board governing body members are asked to participate and be involved in the planning process.

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Subject: Community Assessment/Community-wide Strategic Planning	Number: D.51.2
Service Area: PDM-Management Systems & Procedures	Section: Program Planning
Relevant Forms: Located on P:/common drive	Date Effective: Revised 08/2008

REGULATION REFERENCE: Performance Standard 1304.51(a)(1)(i)

POLICY: The program must complete an assessment of the community strengths, needs and resources and prepare a community assessment report. The assessment must be in accordance with the requirement of 45CFR 1305.3 The Head Start Community Assessment (CA) is conducted to assist in identifying relevant physical, economic, social, and other community resources, as well as problems, as they relate to the design and implementation of the SIUC Head Start Program.

The Community Assessment is a process for collecting data that describes the status of the communities within Jackson and Williamson counties. The findings of the Community Assessment (CA) can be utilized to identify needs of families and children within the service areas, in addition to determining the types of services and program options that would best meet those needs. The CA findings can also assist in identifying where shortages exist in community linkages, suggest possibilities in bridging those gaps, and build upon the current community resources to further enhance the services that are currently being provided.

The community-wide strategic planning process incorporates the findings of the community assessment, program self-assessment with input from community and staff stakeholders into the development the philosophy, long range and short term goals of the program, define current, as well as future service areas, and identify resources that would be able to address identified needs.

PROCEDURE: Full Assessment – The full community assessment is to be conducted every three years, which is the year that is the first year of the triennial cycle requiring a full continuation grant application. The following steps outline activities in completing the CA. The required content of the Community Assessment include the following information:

- Demographic make-up of Head Start eligible children and families, which include the number, geographic location, and racial composition;
- Number of children with disabilities, types of disabilities, and relevant services and resources provided by community agencies;
- Data on education, health, nutrition, and social services needs of Head Start eligible children and families;
- The education, health, nutrition, and social service needs of children and their families as defined by families of Head Start eligible children and by institutions in the community serving young children;

- Other child development and publicly funded state and local preschool programs, and the approximate number of Head Start eligible children served by each;
- Resources in the community that could be used to address the needs of Head Start eligible children and their families, including problems with availability and accessibility.
- A summary of the process used to conduct the Community Assessment (CA), which includes the involvement of parents, staff, and other sources of statistical information and data.
- The FCPS Coordinator works in coordination with the Program Director to determine areas of focus, timeframes/due dates, participants and assignments.
 - Timeframes for data collection are generally November – January, concluding with a findings meeting for stakeholders and participants held in February and the final report prepared.
 - Participants may include staff at all levels, Policy Council members, University officials and community members and determines the schedule of activities.
- Generally, the FCPS Coordinator is responsible for overseeing data collection, preparing the report and presenting community assessment data at the findings meeting.

Update Year – The Community Assessment update takes place during the two intervening years following a full assessment. The purpose of the update is to review the full Community Assessment to determine if there have been significant changes that need to be reported and impact program design and options.

- The FCPS Coordinator works in coordination with the Program Director to determine areas of focus, timeframes/due dates, participants and assignments.
- Generally, The FCPS Coordinator is responsible for overseeing data collection, preparing the report and presenting community assessment data.

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Subject: Goals - Multi-Year & Short-Term and Financial Objectives	Number: D.51.3
Service Area: PDM-Management Systems & Procedures	Section: Program Planning
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51(a)(1)(ii)

POLICY: The program must develop long-range program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Head Start and reflect the findings of the program's annual self-assessment.

PROCEDURE:

- The long-range goals and short-term and financial objectives are derived each program year during the planning process carried out December through March.
- The findings of both the completed Community Assessment and Self-Assessment are reviewed.
- A team is formed comprised of staff, Policy Council, Advisory board Member and appropriate community agencies to review the results of the completed assessments.
- After collecting the information, reviewing the presentations, the information is reviewed and analyzed and the trends, major issues and concerns affecting the well being of low-income families with young children.
- These are then drafted into multi-years goals and short-term and financial objectives by the end of February.
- At the March Policy Council meeting, goals are submitted for review and approval following any needed revisions and are included into the next program year grant application.
- Before the end of May, the management team establishes step-by-step task to complete the multi-year goals and short-term and financial objectives.

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Subject: Service Implementation Plans	Number: D.51.4
Service Area: PDM-Management Systems & Procedures	Section: Program Planning
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51(a)(1)(iii) & 1304.51(a)2

POLICY: The program must develop written plans for implementing services in each of the program areas covered by Early Childhood Development and Health Services, Family and Community Partnerships and Program Design and Management.

PROCEDURE:

- Each March the program begins the review/revision of the written service implantation plans.
- Service Area staff work in coordination with assigned Policy Council members review the plan's respective area for needed revisions.
- The draft updated plan is provided to the full council for review and recommended changes.
- It is presented for approval in May to the Policy Council.

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Subject: Communication-General	Number: D.51.5
Service Area: PDM-Management Systems & Procedures	Section: Communication
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51 (b)

POLICY: The program must establish and implement systems to ensure that timely and accurate information is provided to parents, Policy Council, staff and the general community.

PROCEDURE: *See individual procedures on communication with families, Governing Body & Policy Council, staff and community.*

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Subject: Communication - Families	Number: D.51.6
Service Area: PDM-Management Systems & Procedures	Section: Communication
Relevant Forms: Located on P:/common drive	Date Effective: 08/2003

REGULATION REFERENCE: Performance Standard 1304.51 (C)(1) & (2)

POLICY: The program must ensure effective two-way comprehensive communications between staff and parents that are carried out on a regular basis throughout the year. The program must communicate with parents in the parents’ primary or preferred language or through an interpreter, to the extent feasible.

PROCEDURE: Communication between the program and families is achieved through a variety of activities and opportunities:

- Recruitment materials are posted throughout the communities in English and Spanish
- Parent Orientation occurs each year in late August and Spanish interpreter is provided as needed
- Parent Committee Meetings are scheduled each month
- Policy Council Meetings are conducted monthly
- Agency-wide Family Newsletter is distributed monthly
- Parent Handbook provides information and encourages families to visit the child’s center any time during operating hours
- Family partnership agreements are developed via home visits during the first 90 days of the child’s entry date.
- Educational home visits and parent-teacher conferences are each scheduled two times during the program year, usually during October, December, February and April.
- Parent conferences are held on an as needed basis for children with presenting issues/concerns
- Pre-referral meetings are held for children suspected of disability
- Representation by parents and staff during child’s Individualized Education Plan (IEP) development and annual review of the plan
- Classroom teacher newsletter is provided monthly
- Phone calls and written notes occur on-going
- Program’s web-site provides over-view about the program and up-to-date activities

Communicating in the parents’ primary or preferred language:

- Assessing English Proficiency—Families will be assessed during the enrollment process to determine the predominant language spoken in the home. If the family’s predominant language is not English, the intake person will, at the time of the enrollment, note the family’s proficiency in communicating effectively. The data collected will be analyzed program wide as well as for individual centers and classrooms.

- Activities/Events Needing Communication assistance—Communication assistance will be provided a the flowing activities/events conducted by the agency:
 - Enrollment (when know in advance assistance will be needed)
 - Home Visits by Teachers and Family/Community Service Workers
 - Parent Teacher Conferences
 - Parent Orientation
 - Parent Meetings and Training
 - Classroom volunteering
 - Recognition Night Activities
 - Family Literacy Events
 - Policy council
 - Translation of Written materials
- Resources for Communication Assistance—staff that are bi-lingual and based on availability may be utilized to assist with any of the above activities. Each fiscal year a list of approved interpreters is to be compiled and shared with Coordinators, Specialists and Center Directors. The Program Systems Operation Coordinator (PSOC) is responsible to compile and maintain an up-to-date list. The PSOC must provide names, addresses, social security numbers and any other required information to the accountant to ensure paperwork is in place prior to payment.
- Procedures for Scheduling Assistance—Center Directors and Collaboration/Training Specialist are responsible to ensure interpreter is available for scheduled parent activities, meetings, training, home visits, parent teacher conferences, enrollments, family assessments and partnership goal development.
- Tracking Hours—Interpreter hours are to be tracked on a Consultant Invoice Form which will be signed by the interpreter and Center Director/Collaboration/Training Specialist arranging the service. Invoices will be submitted to the PSOC who will review and submit to the Accountant
- Training of Staff—Procedures will be reviewed with staff annually during Pre-service training. New staff hired throughout the year will receive training as part of the orientation process
- Monitoring—the monthly center director meetings are used as a method to identify and address issues regarding this plan.

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Subject: Communication - Governing Body & Policy Council	Number: D.51.7
Service Area: PDM-Management Systems & Procedures	Section: Communication
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51 (C)(2)

POLICY: Communication between staff and Policy Council and the Executive Director, Program Director and Governance Advisory Board is achieved through an established system including Policy Council meetings, Governance Board meetings, a shared governance plan, policies and procedures, and staff and program planning meetings.

PROCEDURE:

- Shared Governance Plan is developed biannually by key management staff, Advisory Board and Policy council. The plan identifies various reports and activities that will be provided to the groups along with the time frame.
- Policy Council establishes a planning calendar each July to identify activities, reports that are to occur each month
- Fiscal reports are provided each month to Policy Council and Advisory Board
- Program Plans are reviewed and approved by Policy Council annually in May.
- Continuing grant application is developed in February and March and must have PC and Advisory Board approval prior to April 1 due date.
- Grant applications throughout the year are presented to PC and Advisory Board for input and approval.
- Quarterly reports and SF269 reports provides fiscal oversight by the Advisory Board.

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Subject: Communication - Staff	Number: D.51.8
Service Area: PDM-Management Systems & Procedures	Section: Communication
Relevant Forms: Located on P:/common drive	Date Effective: 08/2003

REGULATION REFERENCE: Performance Standard 1304.51(e)

POLICY: SIUC Head Start must have mechanisms in place to ensure regular communication among all program staff.

PROCEDURE: Staff communication occurs through a variety of methods:

- Regularly scheduled staff meetings are developed at the beginning of each fiscal and program year.
- All staff meet together at least twice per year.
- Management staff meetings are denoted on the agency calendar; service area managers meet monthly with the Director; fiscal staff conducts monthly meetings with the Director. Central office staff meet on a bimonthly basis. Meeting minutes (except for budget meetings) are prepared and posted on common drive for access.
- Center staff meeting is determined each respective site director and submits the schedule to the supervisor. Meeting minutes are submitted to the supervisor for review.
- All administrative staff along with site directors and family/community service workers have work e-mail addresses and access to computers. Communication is conducted regularly via e-mail messaging. In addition, telephone/voicemail is available to administrative, fiscal and service area, center directors and family/community service workers.
- Memos and letters are used on an as needed basis for communicating.
- Pre-service and in-service trainings are conducted at the beginning and throughout the year. These provide opportunities for introduction and clarification regarding policies and procedures along with professional development workshops and for input and discussions among staff.

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Subject: Communication - Community	Number: D.51.9
Service Area: PDM-Management Systems & Procedures	Section: Communication
Relevant Forms: Located on P:/common drive	Date Effective: 08/2003

REGULATION REFERENCE: Performance Standard 1304.51 (b)

POLICY: The program must establish and implement systems to ensure that timely and accurate information is provided to the general community.

PROCEDURE: The program communicates with the community through the following systematic processes:

- Annual Report—the program prepares an annual report and makes available to the public that contains information regarding total amount of public and private funds received segmented by source, explanation of budgetary expenditures, proposed budget for the current fiscal year, total number of children and families served including average monthly enrollment, percent of eligible children served, percentage of enrolled children that received medical and dental exams, information on parental involvement activities, agency’s efforts to prepare children for Kindergarten, and any other information required by the Secretary of DHHS.
- Community Connections newsletter contains information of relevance to community stakeholders and is distributed twice per year – Spring and Fall.
- Web-site www.headstart.siuc.edu provides enrollment, services, locations, volunteer information and news/updates about the program.
- Interagency agreements/memoranda of understanding are established with community service providers to ensure children/families have access to needed services.
- Community Involvement—program staff serve on a variety of community agency meetings per meeting schedules; likewise community agency staff serve on Head Start committees including Health Advisory Committee, Self-Assessment Committees.
- *For detailed procedures regarding Community Connections newsletter, Community Partnership Agreements and other Community Involvement see Family Community Partnerships.*

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Subject: Record Keeping Systems/Confidentiality	Number: D.51.10
Service Area: PDM-Management Systems & Procedures	Section: Record Keeping-Systems
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51(g)

POLICY: SIUC Head Start must establish and maintain effective, efficient and confidential record keeping systems to provide timely and accurate information.

PROCEDURE:

Record Keeping Systems: The chart lists records that are maintained by the program. The data base systems, Child Outcomes and Planning Administration (COPA) and Creative Curriculum Assessment (CC.Net), allow for enhanced organizational analysis and reporting. For specific instructions to use the databases see the COPA procedures at the end of this manual and the CC.Net manual.

TYPES OF RECORDS		
<p>Children:</p> <ul style="list-style-type: none"> • Enrollment Income & Age Eligibility • Health • Child Development Screening • Child Assessment • Child Abuse/Neglect reports • Medications required • Child Observation reports • Attendance & Meal Participation • Parent Teacher Conferences • Home Visits Documentation • Community Complaints • Monitors • Communicable Disease Reports • Food Production Records 	<p>Family:</p> <ul style="list-style-type: none"> • Assessments • Partnership Agreements • Parent Interests Surveys • Emergency data • Parent Committees • Parental Leadership • Rosters 	<p>Staff & Consultants:</p> <ul style="list-style-type: none"> • Personnel Records • Professional Development Plans/Training Records • Performance Evaluations • Contracts • Confidentiality • Conflict of Interest • Emergency Data • Credentials / Certifications • Resumes • Transcripts • DCFS Licensing Requirements

Confidentiality:

This policy covers all persons working, volunteering or doing business with SIUC Head Start both during and after employment. Head Start deals with information that is confidential and restricted. SIUC Head Start employees, volunteers and consultants may be exposed to information that is not to be disclosed. SIUC Head Start is required by HHS/ACF to establish safeguards which will ensure the confidentiality of information collected regarding Head Start children, Head Start families and Head Start staff. Head Start staff and families shall have the right to protection from the disclosure of personal information during and following their involvement with the Head Start program. SIUC Head Start personnel shall respect the confidentiality of children, family and personnel records.

Conduct of personnel, volunteers and consultants:

All individuals are expected to be professional and maintain confidentiality at all times whether dealing with children's records, participating in program directed meetings or carrying on conversations. Situations in violation of this policy include, but are not limited to:

- "Loose" talk among Head Start staff, volunteers or consultants regarding information about children, families or fellow employee.
- Discussing children/families development, functioning, appearance, behavior, standard of living outside the work setting
- Sharing of information acquired by persons in the course of their work to others who don't have a need to know the information
- Permitting unauthorized access to children's files and staff files; and permitting unauthorized access to Head Start computers to confidential child/family information and employee information
- Accessing information that the individual doesn't have the authority to access in the course of his/her work

A breach of confidentiality may result in disciplinary action by the department.

Children's Files, including Children with Disabilities

No files/records will be released to any other agency, school, institution, organization or person without the written consent of the parent/guardian listed on the child's Head Start application.

Personnel Files

All personnel files are maintained in locked files at the Head Start director's administrative office as well as Human Resource office at SIUC. Accessibility to these files is limited to:

- Head Start director and executive director
- Administrative assistant and secretaries

Each center is required to maintain personnel files in order to comply with Department of Children and Family Services regulations. Each center director maintains center personnel files in a locked file cabinet. Only the center director has access to these files.

Electronic Data

Records of all enrolled children and their families are entered into SIUC Head Start's primary database, Child Outcomes Planning & Assessment (COPA). The Child Outcomes Planning and Assessment database is web based; therefore it can be accessed from any computer with an internet connection. COPA assumes all rights and responsibilities for the information stored within COPA. The SIUC Head Start Program further utilizes user levels and special access restrictions that exist within COPA. Those security levels are as follows:

- Grantee Level—Program Director, Program Systems Operation Coordinator, Data Operations Research Specialist
- Agency Level—Coordinators and Specialists
- Site Level Center--Directors and Family and Community Service Workers
- Class Level—Teachers and other personnel as assigned.

Children's Records

- Normally SIUC Head Start Policy regarding official child records is as follows:
 - Confidentiality is maintained with paper documents through identified personnel accessibility to files and storage of files in locked file cabinets.
 - Confidentiality of electronic information is ensured by use of username/password system whereby only authorized personnel have access to electronic information that is deemed confidential.

Review and/or Copy of Records

- Parents and legal guardians who wish to review or obtain copies of their child's file should contact the Center Director to make the request and to complete necessary paperwork. All requests to **review** the child's folder will be process within 72 hours.
- All requests to **copy** the child's folder will be processed within two (2) weeks.

Transfer of Records to Public School

- Records of children who are age-eligible for kindergarten are normally provided to the respective school district. During the month of April, parents/guardians will be provided a form to complete indicating the specific items from the child's Head Start folder to provide to the public school.
- No records will be released to any outside agency without the express **written consent** of a child's parent and/or guardian.

Fiscal

- The record keeping is designed to provide adequate source documentation for each transaction and to separate transactions by program account. The following fiscal records are maintained by the Head Start Program accounting staff and the respective University department, i.e., Purchasing, Surplus Property, Accounting Services, Travel Services, Risk Management, Legal Counsel, Human Resources and Office of Research and Development Administration:
 - Copies of financial reports, AMOs, Program monthly budget reports, 15% administrative costs reports, Child and Adult Care Food program reports, Childcare Assistance Program (subsidy) records,
 - Requests/purchase orders/procurement card statements/receipts/reconciliation reports/disbursements for all purchases

- Inventory records
- Personnel fringe benefit reports
- In-Kind reports
- Vehicle lists
- Insurance certifications
- Facility leases

**SIUC HEAD START
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Subject: Reporting Systems	Number: D.51.11
Service Area: PDM-Management Systems & Procedures	Section: Reporting Systems
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51 (h)(1)

POLICY: SIUC Head Start must establish and maintain efficient and effective reporting systems that generate periodic reports of financial status and program operations to control program quality, maintain accountability and advise Advisory Board, Policy Council and staff of program progress.

PROCEDURE:

- Reports are sent to the Head Start Director, Policy Council and Advisory Board on a monthly basis.
- Data entered into the database provides information to generate reports that include: monthly enrollment, absenteeism follow-up, average daily attendance, disabilities status, child assessments, child screenings, home visits, referrals, immunization tracking, growth assessments, health status tracking, health information report, family assessments, family demographics, CACFP meal count, daily meal count, USDA meal participation, staff training, personnel information, and staff qualifications.
- Director’s Report: are to be submitted monthly by each service area to the program director by each Wednesday prior to the regularly scheduled Policy Council Meeting. The report is shared with Executive Director, Policy Council and Head Start Advisory Board for operational oversight and fiscal accountability. Additional procedures on collecting data and generating reports are located in the respective service area. The report includes:
 - Enrollment
 - Average daily attendance (ADA)
 - Disabilities enrollment
 - Educational activities
 - Health requirements status
 - CACFP reimbursement
 - Recruitment efforts
 - Parent involvement
 - Facilities updates
 - Bus maintenance
 - Staff training
- DHHS Semi-Annual Report—this report is prepared by Program Director. It must be submitted to the Regional Office and ORDA within 30 days following the end of each 6-month period of the fiscal year (July 31 and January 31). Reports are submitted to the Office of Research and Development. The report is provided to the Executive Director and the Head Start Advisory Board.

- Audits and corrective action reports—annual external audit report, child and Adult Food Program audit report and the Triennial Federal On-site Monitoring Review Report is provided to the Executive Director and Head Start Advisory Board
- Budget reports are prepared by Business Manager/fiscal staff monthly to review with Policy Council and Head Start Advisory Board.
- Annual self-assessment is led by the Program Systems Operations Coordinator.
- Regional Office semi-annual narrative report—Program Information Report (PIR)—grantee is notified via e-mail message each April providing instructions on completion of this report. The program utilizes the database to retrieve data to complete the report.
- Financial report-SF 269- is completed by Accounting Services within 30 days following the end of each 6-month period of the fiscal year and the final report is submitted prior to 90 days of the end of the fiscal year (September 30).
- Financial audit reports and reports of financial status and expenditures are submitted as required.
- Inventory and property control records are updated annually in September; Budget Manager is responsible to ensure reports are complete and submitted per time schedule.
- Insurance policies are reviewed annually and documentation is to be maintained of their benefits, premiums and effective dates—Accident & Causality for students and volunteers is renewed annually in August; Automobile and General Liability is reviewed and renewed annually in July; Miscellaneous Marine Articles (furniture and equipment) is reviewed and renewed annually in October; Property Insurance (buildings) is reviewed and renewed each July.
- Accounting schedule for financial reports are listed below. These reports are to be completed by the accounting staff and submitted to the Business Manager for accuracy and then submitted to Program Director.
 - CACFP (due on-line on the 5th of each month)
 - Vehicle mileage (due to Travel Service on the 6th of each month)
 - 15% Administrative Cost (end of each quarter-15th of next month)
 - In-Kind report (end of each quarter (15th of next month)
 - Employee physical/TB's due list (3rd Monday of each month)
 - "P" card-Reconcile transactions from previous month (3rd Monday of each month)
 - "P" card equipment transaction forms submitted to fixed assets (3rd Monday of each month)
 - PSO report (3rd Wednesday of each month)
 - "P" card report (3rd Wednesday of each month)
 - Blanket report (3rd Wednesday of each month)
 - Policy Council budget report (4th Monday of each month)
 - Personnel budget report-Executive Director (4th Monday of each month)
 - Personnel budget report-Director (4th Monday of each month)
 - Monthly status report on extra-help employees-Director (4th Monday of each month)
 - 508 to DCFS (30th of each month)
 - DCFS physical expired & due-letter to staff (30th of each month)

- Check on DCFS required physical/fingerprint/reference letters due back (30th of each month)
- V/SL report (30th of each month)
- Supply report (30th of each month)
- Personnel Reports-All Staff (including substitutes), administrative, center staff lists (30th of each month)
- Childcare assistance program report (CCAP)-PSOC to Director (due by the 10th of each month)

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Subject: Reports - Official	Number: D.51.12
Service Area: PDM-Management Systems & Procedures	Section: Reporting Systems
Relevant Forms: Located on P:/common drive	Date Effective: 08/2003

REGULATION REFERENCE: Performance Standard 1304.51 (h)(2)

POLICY: SIUC must have a system to ensure required official reports are generated.

PROCEDURE: Head Start Director is responsible to ensure the following reports are submitted timely:

- Regional Office semi-annual narrative report—required within 30 days following the end of each 6-month period of the fiscal year (July 31 and January 31). Reports are submitted to the Office of Research and Development.
- Program Information Report (PIR)—grantee is notified via e-mail message each April providing instructions on completion of this report. The program utilizes the database to retrieve data to complete the report.
- Financial report-SF 269- is completed by Accounting Services within 30 days following the end of each 6-month period of the fiscal year and the final report is submitted prior to 90 days of the end of the fiscal year (September 30).
- Financial audit reports and reports of financial status and expenditures are submitted as required

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Subject: Self-Assessment & Monitoring	Number: D.51.13
Service Area: PDM-Management Systems & Procedures	Section: Program Self-Assessment & Monitoring
Relevant Forms: Located on P:/common drive	Date Effective: 08/2006

REGULATION REFERENCE: Performance Standard 1304.51(i)(1) & (2)

POLICY: SIUC Head Start must conduct an annual on-site evaluation and assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations. SIUC head Start must establish and implement procedures for the ongoing monitoring of their operations to ensure that that these operations effectively implement Federal regulations. Ongoing regular monitoring of SIUC Head Start program operations is designed to ensure that the program effectively implements federal, state, and local regulations. The monitoring process analyzes program reports, progress towards meeting goals, accurate completion of tasks within designated time frames, and ensures necessary follow-up and appropriate intervention is completed in a timely manner. Procedures are developed and implemented to ensure on-going monitoring and follow-up of Head Start Program regulations for Parts 1304, 1305, 1306, 1308 and 1310 as outlined in the Performance Standards, along with fiscal and other relative administrative regulations per local, state and federal mandates, i.e., Department of Children and Family Services (DCFS), Illinois State Fire Marshal, Jackson and Bi-County Health Departments, Illinois Department of Transportation (IDOT)

PROCEDURE:

Self-assessment: Process is conducted annually as follows:

- The self-assessment instrument/on-going monitoring tool that will be used by HHS/ACF/Office of Head Start to conduct the Federal on-site triennial monitoring reviews is used to conduct the assessment; to augment the process additional assessment materials may be used.
- PSOC is responsible to plan and lead the self-assessment process.
- Developing self-assessment teams is initiated in October; the process begins with recruiting, assigning and training Policy Council members, parents, community representatives, Advisory Board and staff; a staff person, usually a service area coordinator is the team leader.
- Team leaders are responsible for providing additional guidance to team members in conducting the assessment.
- Teams are responsible to conduct an on-site review of all the Head Start service components between the months of October and January. Participants review appropriate documents, interview staff and parents, and conduct on-site observations.
- Information gathered from the assessment is compiled into a report by each team leader.

- In February, a findings meeting is held. All team members are invited to the meeting along with the full Policy Council, staff representatives, and specific agencies identified to participate in the communitywide strategic planning. Plans are developed for areas needing improvement and information is used to establish short-term and long-term goals.
- A final report is prepared to detail the results, acknowledge areas in which the program exceeds performance standards, and plan remediation strategies for program improvement.
- The plans are presented to the Policy Council and Advisory Board in March for approval and included in the annual grant application as required.

External Monitoring: The SIUC Head Start program is monitored for compliance with state and local regulations by the Department of Children and Family Services, Illinois State Fire Marshal, Jackson and Bi-County Health Departments, Illinois Department of Transportation and Illinois State Board of Education. Implementation of the procedures set forth by the above agencies is necessary to maintain day care license, health department food service permits, transportation services and the Child and Adult Care Food Program.

Department of Children and Family Services (DCFS)

- Every three years head Start centers must complete an application for daycare license renewal. Business manager prepares and submits the application.
- An on-site visit is conducted by the DCFS daycare licensing representative. The center director is responsible to provide all necessary forms, files, records, etc during the licensing visit.
- In addition to the triennial renewals, an annual unannounced site visit is conducted by the licensing representative.
- Report is prepared and provided to the center director; any areas needed corrected are identified. Follow-up is completed by using the non-compliance corrective action process outlined at the end of this section.

Illinois State Fire Marshal

- The Illinois State Fire Marshal conducts an annual unannounced visit to the centers to conduct an inspection.
- Report is prepared and provided to the center director; any areas needed corrected are identified. Follow-up is completed by using the non-compliance corrective action process outlined at the end of this section.

Jackson and Bi-County Health Departments

- Kitchen areas of each Head Start Center are inspected annually by each respective county's health department.
- Report is prepared and provided to the center director; any areas needed corrected are identified. Follow-up is completed by using the non-compliance corrective action process outlined at the end of this section

Illinois Department of Transportation (IDOT)

- Inspectors from this agency conduct an unannounced inspection of Head Start buses; the schedule of these inspections is unknown, i.e., annually, biannually, etc.

- Report is prepared and provided to the center director or in the event it is during the summer when buses are parked at the Carbondale Center lot, report is provided to the Director's office. In coordination with SIUC Travel Service areas identified are corrected. The program/Travel Service must verify in writing citations have been corrected and submit to IDOT.

Internal Monitoring: The SIUC Head Start program uses a variety of methods and tools to monitor program operations. Service areas monitoring procedures, time frames, and responsibilities are described in each areas' operating procedures.

Additional monitoring occurs at the monthly service area meeting with coordinators, specialists and managers via the On-going Monitoring Management Schedule and the short term/long term goals. Coordinators are responsible to report status of activities/tasks to the Program Director. The Center Directors are to complete a daily center report, daily center safety check, a monthly center report, a weekly classroom observation form and review a monthly management schedule to ensure completion of required duties and review with PSOPC monthly.

Monitoring Reports:

- Director's Report: submitted monthly by each service area to the program director and shared with Executive Director, Policy Council and Head Start Advisory Board for operational oversight and fiscal accountability. This report includes such things as:
 - Enrollment
 - Average daily attendance (ADA)
 - Disabilities enrollment
 - Educational activities
 - Health requirements status
 - CACFP reimbursement
 - Recruitment efforts
 - Parent involvement
 - Facilities updates
 - Bus maintenance
 - Staff training
- DHHS Semi-Annual Report
- Audits and corrective action reports (CACFP)
- Budget reports
- Annual self-assessment
- Program Information Report (PIR)

Follow-Up Regarding Monitoring Reports:

During Head Start Federal Reviews, Child Care and Adult Food Program Audits, Fire Marshall Inspections, DCFS Re-Licensures and annual External Audits SIUC Head Start is monitored on how the program deals with circumstances that are not compliant with numerous rules and regulations that are mandatory by these agencies. One of the ways the program addresses this is by identifying non-compliances (rules or regulations/procedures that are not being met) and developing steps to ensure the rule, regulation or procedure will be followed (corrective action). The word non-compliance is

the term that the Office of Head Start Monitoring Tool uses to identify rules/regulations that the program is not following during a federal review.

The intent of the non-compliance corrective action report is to have an on-going monitoring process that ensures the program is fulfilling the terms and conditions of the DHS/ACF/Office grant contract. If it is determined by these various regulating entities that programs are not complying with rules/regulations, we place ourselves in jeopardy of receiving deficiencies, citations, etc. and therefore, possible issues with continued receipts of our grant awards.

The systematic process in place for correcting non-compliances is:

- Non-compliance identified through the monitoring process
- A Non-Compliance Corrective Action form is generated by staff with assigned accountability and responsibilities for program operations in the service areas. The corrective action form identifies the issue needing corrected and cites regulations, rules, and/or performance standards. Timeframes are set for correction.
- The forms are provided to the Program Systems Operations Coordinator for distribution to appropriate staff for development of corrective action steps. A coordinated approach can be used to develop the corrective action steps.
- The Program Systems Operations Coordinator monitors the completion of the form and the implementation of the corrective action steps.
- The Program Director reviews the Non-Compliance Corrective Action forms once they have been corrected.
- Executive Director, Policy Council, and Head Start Advisory Board will be informed of any significant non-compliances requiring necessary input and/or approvals.