PROGRAM OPERATIONS

PERFORMANCE STANDARD 1302

SUBPART A – ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT & ATTENDANCE

SUBPART B – PROGRAM STRUCTURE

SUBPART C - EDUCATION & CHILD DEVELOPMENT PROGRAM SERVICES

SUBPART D – HEALTH PROGRAM SERVICES

SUBPART E – FAMILY AND COMMUNITY ENGAGEMENT PROGRAM SERVICES

SUBPART F – ADDITIONAL SERVICES FOR CHILDREN WITH DISABILITIES

SUBPART G – TRANSITION SERVICES

SUBPART H – SERVICES TO ENROLLED PREGNANT WOMEN

SUBPART I – HUMAN RESOURCES MANAGEMENT

SUBPART J – PROGRAM MANAGEMENT AND QUALITY IMPROVEMENT

Performance Standard	*1302.47(k)(5)(i) Program Operations Family and Community Engagement*
Subpart	*E*
Effective Date	*07/2026*
Revised Date	
Reviewed Date	
Responsibility	*Family Advocates (1 & 2), Family Community Partnership (FCP) Specialist, EHS Specialist, Director*

Head Start & Early Head Start Policies and Procedures

Eastern Panhandle Instructional Cooperative

EPIC

Serving the educational needs of the entire community

Subject: Child Abuse and Neglect Reporting Procedure

Policy: As an employee of EPIC/EHS/HS/Pre-K, you are a mandated reporter of suspected child abuse and neglect. (WV Code 49-6A-2) As a mandated reporter, you have 24 hours to file with Protective Services.

Procedure:

1. *When a child makes a concerning disclosure to an EPIC staff member, they must immediately document disclosure then contact your direct supervisor/county mamager and family advocate. During disclosure document the child's disclosure only, do not question the child or have communication about the child/situation in front of the child. The Family Advocate will then assist and support staff when/if they make the report to central intake and complete the Child Protective Service Form. Family Advocate will Contact the FCP Specialist for HS or EHS Specialist accordingly. If the Family Community Partnership Specialist is not available, they will contact the program, Director. FCP Specialist 304-267-3595 ext 145, EHS Specialist 304596-3490(staff only), Director 304-596-2644(office)*
    - *A. Be sure all documentation includes:*
        - ✓ *Names of all staff present at time of disclosure and included in reporting.*
        - ✓ *Date, Time, Location of disclosure with Child' name and disclosure information.*
        - ✓ *All visible injuries should be appropriately photographed and included.*
    - *B. All Documentation should be filed in a Confidential file placed at the back of the Child's file and submitted to Family Community Partnership Specialist.*
2. *If you see a case of suspected abuse or neglect late in the day or in the evening, or you later believe that something you observed during the day is of concern, contact the designated person above.*
3. *A call to Central Intake is made by calling 1-800-352-6513 within 24 hours of disclosure. If the disclosure involves imminent danger or sexual conduct, an additional call must be made immediately to West Virginia State Police. (local detachment).*
4. *Refer to all parents who contact staff concerning any CPS involvement to the County Manager and Family Community Partnership Specialist.*
5. *Family Advocates who have concerns about completing Home Visits or contacting parents after a CPS report has been made should discuss their concerns with their direct supervisor or the Family Community Partnership Specialist.*
6. *All reports, documentation, and discussions regarding the child's disclosure or any CPS involvement will be handled with strict confidentiality. Staff should not have these discussions with anyone who is not directly involved with the family.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *FCP Specialist will collect and maintain all CPS reports and court documents.*

Early Head Start/Head Start/Pre-K
REFERRAL FOR CHILD PROTECTIVE SERVICES
DHHR Telephone 800 352-6513

Teacher Name: _____ **Room #:** _____ **Site:** _____

Date: _____ **Time:** _____ **Reported by:** _____

Others Observing: _____

Child's Name: _____ **DOB:** _____

Parent/Guardian(s): _____

Address: _____

Phone Numbers: _____

Child's location now: _____ **Child Care Center:** _____

Other Children in the Home: Yes ____ **No** ____

DESCRIBE THE SUSPECTED MALTRATMENT AND CIRCUMSTANCES: _____

_____

_____

_____

Comments about home safety: _____

_____

_____

Previous reports made on same child and dates: _____

_____

Additional comments or concerns related to report: _____

_____

_____

Documented by: _____ **Date:** _____

Eastern Panhandle Instructional Cooperative
EPIC
Serving the educational needs of the entire community

Confidentiality Policy

Confidentiality in relation to the EPIC Early Head Start/ Head Start/Pre-K Program is interpreted as the following: preserving information received in confidence and disclosing to agencies/professionals only such information as is needed to plan and deliver effective services to parents/guardians and children and preserving information contained in personnel records. The EPIC Early Head Start/ Head Start/ Pre-K Director is held responsible for overseeing procedures which will assure adequate protection of confidential information.

EPIC will adhere to the following principles:

1. Parents/guardians shall be the primary source of information about themselves or their families (Example: other relatives such as grandparents are not entitled to information on the child or family unless the parent or guardian has provided written consent. Emergency contacts are listed for emergency purposes only and do not allow access to confidential information).
2. Only facts and objective information relative to services to a family shall be recorded or discussed among staff members on a need-to-know basis.
3. The family has a right to know what specific use will be made of the information collected. The family can have access to information contained in the file with a written request to their child's Family Advocate. The family advocate has up to **72** hours to provide the family with the opportunity to view the file/read contents or prepare requested information.
4. Parents/guardians are prohibited from reviewing records other than those of their own children.
5. Children's health and education records and family social service records are open only to Early Head Start/ Head Start/ Pre-K staff and special consultants on a need-to-know basis. These individuals must sign in on the inside cover of the permanent file.
6. Information to be treated as confidential and kept in a locked file:
   Children's permanent records including the following:
   a. Application and verification of income screening criteria.
   b. Information contained in correspondence forms or notations from or about individual families.
   c. Information contained in reports and records relating to specific individuals and/or families.
7. No information shall be released to other agencies or professionals without the specific written authorization of the parent/guardian unless required by law (Example: Information cannot be released to a physician or other medical facility/agency without a release of information signed by the parent/guardian). Information needed for court must be requested by subpoena.
8. All program information shall be made available to auditors and other federally appointed review/evaluative personnel.
9. Because federal/state laws require employees to report suspected child abuse/neglect, specific information must be reported through proper channels as outlined in the Child Abuse/Neglect Reporting Procedure.
10. Any breach of confidentiality or program information by a program employee shall be grounds for disciplinary action. (Example: Sharing information about children and families outside of the workplace. Communicating about children and families where confidentiality is compromised such as when children are present in the classroom, on the playground, in common areas, in public places or around other staff not related to the caseload.)
11. Confidential and sensitive information (such as referrals to child protective services and some court orders) will be kept in a sealed folder marked Confidential and placed in the back pocket of the child's permanent file.

I _____ **(print name)** have read the EPIC Early Head Start/ Head Start/ Pre-K Confidentiality Policy and will adhere to its requirements.

_____ _____

Signature Date

Performance Standard	*Program Operations Family and Community Engagement*
Subpart	*E*
Effective Date	*07/2026*
Revised Date	
Reviewed Date	
Responsibility	*Family Advocates (1 & 2), FCP Specialist, EHS Specialist, Director*

Head Start & Early Head Start Policies and Procedures

Eastern Panhandle Instructional Cooperative

EPIC

Serving the educational needs of the entire community

Subject: Court Order and Subpoena Procedure

Policy: Staff should be aware of all court orders received regarding children/families in their caseload. All court orders must be sent to the Family Community Partnership Specialist to be filed at the EPIC office.

Procedure:

1. *Upon receiving a court order from a parent, it must be given to the Family Advocate to be placed in the child's file behind the Emergency Form. The Family Advocate will ensure copies are:*

    a) *Filed in the Emergency Binder located at Head Start Centers. Emergency Binders are located at the centers, to access information when calls need to be made for early dismissal, no parent at bus stop; a child is sick, or other emergency.*
    b) *Provided to the transportation staff with the Emergency Form. The bus drivers need these copies on the first day the child attends school, or the order is issued and received.*
    c) *Send a copy to the FCP Specialist at EPIC. 304-267-3595 ext 145 or EHS Specialist 304-671-9072*

2. *There are occasions when our documentation/information pertaining to a child/family may become important to a court case. If/When this information is requested, a court order or subpoena is required. If the Court order or subpoena is received by classroom staff or Family Advocate, they must contact their supervisor immediately. The FCP/EHS Specialist will be contacted and will then give instructions on how to proceed.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *FCP Specialist will file and retain copies of court orders/subpoena at the EPIC office.*

Early Head Start/Head Start/Pre-K Family Demographics

CONFIDENTIALITY STATEMENT: Information shared with Head Start staff will be kept strictly confidential unless its release is authorized in writing. These forms will be maintained in locked files.

Date:_____

Child's Last Name:_____ FA Worker: _____

Family Composition
 # in family the income supports
List Adults (Head of Household first), then children oldest to youngest. **Put a * by the Head Start enrollee.**

Name	DOB	Gender	Race	Language: Primary/ Secondary	Highest Grade	School/Training Employment Type & Location	Relationship to enrollee	Health and/or Mental Health Concerns

Family Type:

- ☐ Two Parent Family
- ☐ Single Parent Family (mother figure only)
- ☐ Single Parent Family (father figure only)
- ☐ Single parent family (mother figure only) living with partner
- ☐ Single parent family (father figure only) living with partner
- ☐ Other relative (single)
- ☐ Other Relatives (2 parent)
- ☐ Foster family (single)
- ☐ Foster family (2 parent)
- ☐ Other family type (2 parent)

Parents' English Ability (Check all that apply.): ☐ very well ☐ well ☐ not well ☐ not at all

Child's Ethnicity: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian ☐ other

---

Primary Occupational Status (If two-parent family, please check all that apply:

☐ Full – time (more than 34 hours per week)
☐ Part-time
☐ Seasonal-Non Agricultural
☐ Seasonal- Agricultural
☐ Employed and in school
☐ Training program with salary
☐ Training program without salary
☐ Other

☐ Unemployed
  ☐ With past employment history
  ☐ With no previous job experience
☐ Unable to work due to disability
☐ Active Military
  ☐ Veteran
☐ Retired
☐ Homemaker

☐ **In School**
  ☐ Towards high school diploma/GED
  ☐ Towards trade/business qualification
  ☐ Towards college degree
  ☐ Towards postgraduate degree
  ☐ In school and employed
  ☐ Other

Types of Services or Financial Assistance Received (mark all that apply):

☐ No services received
☐ Medical financial assistance (i.e. Medicare/Medicaid) ☐ Unemployment insurance
☐ Food Stamps ☐ Public housing assistance
☐ Public assistance/Welfare (i.e. TANF/AFDC)* ☐ Emergency program assistance
☐ WIC ☐ LIEP
☐ Supplemental Security income (SSI) ☐ Child Support/ Alimony
☐ Foster Care/Adoption subsidy ☐ Other:

Housing Payment Arrangement:

☐ Own House ☐ Exchange Services for housing ☐ Receive subsidized housing
☐ Rent Housing ☐ Make no payment for housing ☐ other: Specify:

;Type of Housing:

☐ House ☐ Mobile home/trailer ☐ Homeless/no housing ☐ Migrant housing
☐ Apartment ☐ Community shelter ☐ M/Hotel room ☐ Other:

Family currently has means of transportation: ☐ Yes ☐ No

Primary mode(s) of transportation used (mark all that apply):

☐ Private vehicle (car, truck, van) ☐ Public transportation (bus, subway, taxi)
☐ Friend or relative's vehicle ☐ Other:

Child to be cared for by someone other than the head of household in addition to participating in Head Start:

☐ Yes ☐ No

Day Care Provider (s) (mark all that apply):

☐ Older sibling 12 -
☐ Older sibling 12 +
☐ Relative
☐ Adult non-relative in child's home
☐ Adult non-relative in non-relative's home
☐ Childcare center
☐ Other:
☐ Not arranged yet

Do you receive a subsidy for child care; example – Mountainheart? ☐ Yes ☐ No

Performance Standard	*1302.50, 1302.52 Program Operations Family and Community Engagement*
Subpart	*E*
Effective Date	*07/2026*
Revised Date	
Reviewed Date	
Responsibility	*Family Advocates 1 & 2, Family Community Partnership Specialist, EHS Specialist, Director*

Subject: Family Partnership Agreement/Goal Setting

Policy: Family Advocates and parents will develop a Family Partnership Agreement which seeks to support families in their efforts to reach goals they have identified. (FPA is the mutually developed, written document (ongoing process) that outlines specific actions, timetables and responsibilities that both the family and FA will take to make the goal a reality)

Procedure:

1. *Family Advocates will visit families immediately after their child is enrolled in the Head Start program and within 60 calendar days/45 days EHS of enrollment to:*
   - *I. Complete Family Assessment/Outcomes or updates as needed.*
   - *II. Establish a Family Partnership Agreement that includes:*
     - *a) Create a family goal and steps to reach that goal. This goal should not duplicate Head Start's standard objectives that are already in place for enrolled children and families.*
     - *b) Problem solve with families to remove barriers to reach the goal and make appropriate referrals as needed.*
     - *c) Discuss opportunities available through HS/EHS to help achieve the goal.*
     - *d) If the family is already working with another agency and has established goals or pre-existing plans, goals will be the same as those previously identified. Efforts to exchange information regarding pre-existing plans should be made. The FA must obtain copies of plans and avoid duplication of goals.*
     - *e) When the family has a child/expectant mother enrolled in both HS and EHS (shared family), the program that first enrolls the participant will be responsible for setting the goal for that program year. FAs from both programs will share goal follow up; progress will be discussed during the county monthly FA meetings attended by both EHS/HS FAs.*
     - *f) Goals should be related directly to the family's assessment/outcomes.*
2. *Family Advocates will set at least one (1) written goal with the family to include two (2) steps per parent and two (2) steps per Family Advocate within 60 days/45 days (EHS) of enrollment. The goals and referrals will be logged in the program database within 2 days.*
3. *Family Partnership Agreements will be reviewed during subsequent visits. Progress will be documented on the program database in the actions section on the goal event. Printed and filed in the child's permanent file*
4. *Contents of the Family Partnership Agreement will be shared with other staff only when appropriate.*
5. *Family Partnership Agreements can be altered, changed, or replaced at the family's request.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *Program Specialists will conduct the Monthly monitoring of files and Status Report to monitor the implementation of policies and procedures.*

4. *Program Specialists will review online data systems to ensure compliance.*

7/26

Add Family Goal

Initial Date		Associated With	Entire Family
Description		Case Worker	Haines, Geri
Service Area		Family Members	
Issue		Closure Expected	
Source of Information		Progress	
Family Outcome		Date Closed	
		Result	

Event Notes

Parent Signature

Staff Signature

Actions

This event does not have any actions. Add Action

Action Type Required		Type of Contact	
Scheduled		Description	
Action Date		Status	
		Case Worker	Haines, Gerri
		Hours	0
		Minutes	0

Action Notes

Performance Standard	*1302.34, 1302.50, 1302.52, 1302.53, 1302.102 Program Operations Family and Community Engagement*
Subpart	*E*
Effective Date	*07/2026*
Revised Date	
Reviewed Date	
Responsibility	*Family Advocates 1 & 2, Family Community Partnership Specialist, EHS Specialist, Director*

Head Start & Early Head Start Policies and Procedures

Eastern Panhandle Instructional Cooperative
EPIC
Serving the educational needs of the entire community

Subject: Family Assessment

Policy: Identified family needs will be addressed through support, information, and referral.

Procedure:

1. *To begin a collaborative partnership with parents concerning their long-term goals, it is imperative to address the family in relationship to their immediate concerns. Therefore, the family assessment will be initiated during the initial home visit.*
2. *The Family Advocate will ensure that the first family assessment is completed no later than 60 calendar days (HS) and 45 calendar days (EHS) from the date of enrollment. Should a family be shared with EHS/HS one assessment will be completed.*
3. *The Family Advocate will ensure that the second family assessment is completed, beginning in April of the program year, as directed by the FCP Specialist.*
4. *The information provided will assist the Family Advocate in determining how best to maximize and maintain family strengths while focusing on needs and/or concerns.*
5. *While the Family Assessment form is a questionnaire, it will serve as a conversational guide to engage families in discussions in what they perceive as their needs.*
6. *Once the family's strengths and needs have been identified, the next step is to prioritize. At this point, services will then be made available to meet the needs of each family.*
7. *In areas where the family has identified needs, the Family Advocate will make appropriate referrals and provide resource information and materials.*
8. *A discussion with the family about their goals will occur next. When setting a family goal, a Family Partnership Agreement form outlining their goal is completed. All parents will be encouraged to complete the Family Partnership Agreement.*
9. *To the extent possible, family assessment and goal setting will be developed with the family in a home setting.*
10. *Following the home visit/contact, the Family Advocate will check with family to see if resources and/or referrals met their need. If not, additional referrals will be given, or advocacy efforts will be initiated with relevant agencies.*
11. *The Family Advocate will document as follows:*
    a. *Complete the Outcomes or Needs assessment in the program database, within 45/60 days.*
    b. *Complete the final outcomes/Needs assessment in the program database as instructed by Specialist.*
    c. *Family goals should be linked to the outcomes/Needs assessment.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *Program Specialists will conduct the Manger Monitor Log to monitor the implementation of policies and procedures.*
4. *Program Specialists will review online data systems to ensure compliance.*

Performance Standard	1302.50, 132.51 Program Operations Family and Community Engagement	Head Start & Early Head Start Policies and Procedures Eastern Panhandle Instructional Cooperative EPIC Serving the educational needs of the entire community
Subpart	E	
Effective Date	07/2026	
Revised Date		
Reviewed Date		
Responsibility	Family Advocates (1 & 2), Family Community Partnership Specialist (FCP), Director	

Subject: Family Advocate Home Visits

Policy: Family Advocates will complete a minimum of 10 home visits per month: with additional home visits as needed by the family. Family Advocates will work with classroom staff to attend as many first and last home visits as a team, if possible. All home visits must be documented on the program database, and all required forms and filed in the Child's file. Initial home visits will provide an opportunity for families to set goals, complete assessments, and achieve various Head Start requirements.

Procedure:

1. *Family Advocates will work with classroom staff and parents/guardians to schedule the initial home visit. The initial home visit must be completed within the first 60 calendar days after enrollment. Family Advocates will address *required paperwork and Parent orientation time and date or if the school year has begun Parent Orientation hand-out.*
   - **Family Advocates should discuss:*
     - *A) Individualized family partnership services: Family Assessment/Outcomes/Goal*
     - *B) ERSEA documentation*
     - *C) Health documentation*
     - *E) Policy Council*
     - *F) Volunteer/Employment opportunities with the program*
     - *G) Community Resources*
2. *Home visits will take place at the families' home, unless pre-approved by the Family Community Partnership Specialist in writing. Alternative locations may include but are not limited to appropriate public settings. The alternate location must be submitted when the request is made.*
3. *Visits will be conducted in the families' preferred language with approved translators and interpreters when needed. Staff will work on every aspect to make sure families' unique cultural, ethnic, and linguistic backgrounds are accounted for in all program aspects, especially home visits.*
4. *Family Advocates will recognize parents as their children's primary teachers. They will create a safe environment for families to share information. They will develop relationships with parents that are respectful and encourage trust and two-way communication. If the child's parents are separated and have dual or joint custody, the Family Advocate may conduct Home Visits in both households. Each household will have its own Family Goal Plan.*
5. *Additional required Home Visits will be completed periodically with each family and as needed. Family Advocates will complete a minimum of 10 Home Visits per month. This should ensure that each family receives 3+ visits during the school year.*

   Family Advocates should:

   A. *Review the Family file prior to the visit to familiarize themselves with family needs and goals.*
   B. *Documents to take on the Home Visit*
      - ✓ *Home Visit Checklist and documentation*
      - ✓ *New Emergency Form*
      - ✓ *Copy of the current Emergency Form from the file*
      - ✓ *Family Goal Plan to update*
      - ✓ *Strengths/Needs Assessment.*
      - ✓ *Provide and review flyers for upcoming events and resources pertaining to the Family Goal Plan.*
      - ✓ *Health follow up documentation*
   C. *Complete/Review with the family*
      - ✓ *Demographics*
      - ✓ *Strengths/Needs Assessments*
      - ✓ *Family Goal Setting Plan*
      - ✓ *Goal Log Sheet.*
      - ✓ *Assist with health follow up appointments*

D. *Provide families with any fliers, invites or information pertaining to events, goals or needs the family may have/need, to include Mental Health services/referrals.*

6. *Family Advocates will provide support documentation for all attempts to make Home Visit appointments, cancelations, and rescheduled appointments in writing and in the program database within 48 hours. All paperwork from completed Home Visit should be filed in the children's file and documented in program database within 48 hours.*
7. *Should EHS/HS share a family, the Family Advocates should attempt to schedule at least one combined home visit.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *Program Specialists will conduct the Monthly monitoring of files and Status Report to monitor the implementation of policies and procedures.*
4. *FCP Specialist will review online data systems to ensure compliance.*

Add Family Service Home Visit

Initial Date		Associated With	Entire Family
Service Area		Case Worker	Haines, Gerri
Issue		Family Members	
Source of Information		Closure Expected	
Family Outcome		Progress	
		Date Closed	
		Result	

Event Notes

Parent Signature

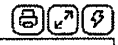
Staff Signature

Actions

This event does not have any actions. Add Action

Action Type Required		Type of Contact	
Scheduled		Description	
Action Date		Status	
		Case Worker	Haines, Gerri
		Hours	0
		Minutes	0

Action Notes



Performance Standard	1302.53 Program Operations Family and Community Engagement
Subpart	E
Effective Date	07/2026
Revised Date	
Reviewed Date	
Responsibility	Family Advocates 1 & 2, Family Community Partnership Specialist, Director

Subject: Family Service/Health Referrals and Tracking
Policy: Family Advocate will track family services/health referrals and follow-up services.

Procedure:

1. *Head Start will provide available services to each family based on identified needs.*

2. *Services will be provided through the program or referred to Community resources when appropriate. Family Advocates will assist families with referrals as they are received/needed.*

3. *Referrals can be made by any staff member. (see Family Service/Health referral form and instruction form)*

4. *Family Service/Health referrals will be addressed within 5 days, and documentation will be returned to the sender.*

5. *Family Advocate will follow up on family service/health referrals and document in program data base. The referral information will be entered under the Family Services tab, under the needs identified. All follow-ups will be documented in the actions section within the event tab chosen. Health referrals will be documented under the health tab, under the appropriate health event in the actions section.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *Program Specialists will conduct the Manger Monitor Log to monitor the implementation of policies and procedures.*
4. *Program Specialists will review online data systems to ensure compliance.*

EPIC Early Head Start/Head Start/Pre-K
Family Service / Health Referral

Date: _____ Service Needed: ☐ Attendance ☐Social Service ☐Health

☐ Critical Need Need Identified: _____

To: (FA/Specialist/Manager)	
From: (Head Start Staff)	
Classroom:	

Child Information

Head Start / Pre-K Child	
Parent / Guardian Name	
Phone	
Address	
Birth Date	

Services / Assistance Needed: _____

Reply and Follow-up Completed: _____

Office Use

Additional referral needed: Yes ☐ No ☐ Referred to: _____

EPIC Early Head Start/Head Start/Pre-K
Family Service / Health Referral

Date: _____ Service Needed: ☐ Attendance ☐Social Service ☐Health (*the staff member submitting the form will write the date of the referral and mark the type of referral they are submitting)*

☐ Critical Need Identified: *(This box is checked if staff has identified a critical for the child or family. This may be information they found out on a phone call, home visit, other face to face contact w/ parent or another agency)*

To: (FA/ Specialist/Manager)	*Staff members can send this form to the child's FA, site manager or a specialist.* *Family Advocates can send this form to their FA specialist or health specialist.*
From: (EHS/ HS Staff)	*Any staff member can send a referral. If you are unsure how to use this form or who to send it to speak with the site manager, FA or specialist to get instructions.*
Classroom:	*This is the name of the classroom the child is located in; for example, BR2 or DES.*

Child Information

EHS /Head Start / PK Child:	*Name of the Child*
Parent / Guardian Name:	*Name of the parent/guardian: which can be obtained from ER form or the child's file.*
Phone number:	*Phone number to reach the parent or guardian: also from ER form or child's file.*
Address	
Birth Date:	*Child's Date of Birth can be obtained from the ER form.*

Services / Assistance Needed: *This is where the staff member submitting the form will write their concern for attendance, health or social services needed. The form will then be scanned, emailed, faxed or hand delivered to the intended recipient. If the staff member submitting the form has any questions about the use of this form then they can consult with the site manager or specialist.*

_____

_____

Reply and Follow-up Completed: *This will be filled out by the intended recipient of this form. They will address the concern or critical need in a timely manner and return the form to the sender. If further assistance is needed that will be handled on a case by case basis and team members involved with the case will be contacted.*

The office use at the bottom needs to be filled out if the sender and recipient feel that another referral is needed. This could be a referral to an internal service such as transportation staff or to an external service such as WIC or DHHR.

_____

_____

Office Use

Additional referral needed: Yes ☐ No ☐ Referred to: _____

How Parents Are Involved in Early Head Start/Head Start/Pre-K

Early Head Start and Head Start supports partnerships between parents and program staff. Staff and Parents can work together to decide what kinds of learning experiences they want their children to have in Early Head Start/Head Start.

Making a good Early Head Start/Head Start/Pre-K program calls for many people to work together sharing their talents, knowledge and energy so that the children can receive the greatest benefit. The more knowledge and involvement parents and staff can invest in the program, the better the program will be.

There are three areas of special knowledge parents have that can make the program a better one:

1. The world's most informed expert on any child is the parent.
2. Parents know the ways in which they want their children to be growing and learning.
3. Parents know the community they live in.

These are, of course, only a few examples of the special kinds of knowledge parents have to share with other parents and with staff in planning and operating an Early Head Start/Head Start/Pre-K program. The more parents contribute their knowledge to the program, the stronger the program can be. Staff members and others also have special areas of knowledge to offer which makes it important for everyone to be heard when decisions are made affecting the program.

Five Kinds of Parent Participation in Early Head Start/Head Start/Pre-K Programs

1. Participation in the process of making decisions about the nature and operation of the program through Policy Council and other committees.
2. Participation in the home and at the Center as volunteers, observers, supporters and paid employees.
3. Helping to develop activities for parents and children.
4. Working with their children in cooperation with the staff of the center and at home.
5. Attending parent meetings, trainings, and conferences.

Words Most Often Used in Early Head Start/Head Start/Pre-K Programs

Administration for Children and Families (ACF): This is the part of the federal government that is responsible for Early Head Start/Head Start. It is part of the Department of Health and Human Services (DHHS).

Parent Activity Funds: Money in an Early Head Start/Head Start/Pre-K program that the Policy Council sets aside to use for specific activities planned and/or conducted by the parents for their enrichment.

Proposal: Written descriptions of the local Early Head Start and Head Start programs, which are submitted, to the Administration for Children and Families in order to receive the money to run the program.

Self-Assessment: ACF requires all programs to determine their level of performance in relation to the Performance Standards and to help parents and staff develop skills to conduct self-assessments. Parents must be included as members of the assessment teams.

Five Different Kinds of Responsibility Policy Councils Have

1. General Responsibility: Responsibilities for seeing that policies, which are set for the program, are carried out, including legal and fiscal responsibilities associated with Early Head Start and Head Start.
2. Operating Responsibility: Providing guidance to the individuals who carry out the work or activities of the program.
3. Must Approve or Disapprove: Providing approval of activities and plans carried out in the program.
4. Must Be Consulted: Giving advice and suggestions to staff and others involved in the program regarding planned activities before those activities can be carried out.
5. May Be Consulted: Providing information, advice, and recommendations to those who operate the Early Head Start and Head Start program.

Head Start Policy Council: Who Is On It?

At least fifty-one percent of the Policy Council must be current Early Head Start or Head Start parents elected by parents of Head Start and Early Head Start children currently enrolled in the program. A representative from each county Pre-K program will also be elected. These elections take place in September every year. Staff members talk to parents about membership at the initial home visit and during orientation.

The Policy Council meets one morning a month, usually during the third or fourth week of the month. Meeting locations rotate among the three counties.

Parents attending Policy Council meetings and related committees may be eligible for mileage and childcare reimbursement. Membership on the council includes current parents and community members, some of whom may be past Head Start parents. No member can serve more than five years.

Performance Standard	*1301.4 Program Operations Family and Community Engagement*
Subpart	*E*
Effective Date	*07/2026*
Revised Date	
Reviewed Date	
Responsibility	*Family Advocates 1 & 2, Family Community Partnership (FCP) Specialist, EHS Specialist, Director*

Head Start & Early Head Start Policies and Procedures

Eastern Panhandle Instructional Cooperative

EPIC

Serving the educational needs of the entire community

Subject: Parent Planning Committee/Parent Meeting

Policy: Establish a parent committee, at a county level, comprised of parents of currently enrolled children. Family Advocates and Parents will plan monthly parent meetings.

Procedure:

1. *Recruitment of parents for the Parent Committee.*
    a. *At program start up and within 30 days, Family Advocates will present the opportunity for parents to join the Parent Planning Committee.*
2. *Parent Planning Committee meetings will be conducted monthly, led by a parent Chairperson or Family Advocate.*
    a. *Parent meetings will be held at a time that is convenient for most families. ** EHS parent meetings can be conducted during socializations. **
    b. *Times will be established through a survey of the enrolled families at the beginning of each program year.*
    c. *Parents from the committee will designate a chairperson to lead the meetings.*
    d. *If designated parent does not attend, individual sites may resurvey families and designate a new meeting time during the program year.*
    e. *Parent meetings will consist of a set topic each month. Family interest surveys can determine topics.*
    f. *There are required topics that MUST be covered during the parent meeting; these are part of the Parent Training Plan.*
3. *Monthly Parent Planning Committee should consist of but not limited to:*
    a. *Family Advocate will have a meeting sign in form.*
    b. *Family Advocate will have an agenda and distribute to each member.*
    c. *All parent business must be recorded on the Parent Meeting Form by an enrolled parent.*
    d. *A parent event outline form and requisition form will be completed for any funds needed for meetings or activities.*
4. *Responsibilities of the Family Advocates:*
    a. *The Family Advocate will have a sign-in form for each meeting.*
    b. *The Family Advocate will have a meeting agenda and distribute to each member.*
    c. *The Family Advocate with the FCP Specialist will collaborate with Community Resources to meet the needs of the Parent meetings.*
    d. *The Family Advocate must ensure that all program policies are upheld.*
    e. *The Family Advocate will collect the agenda, attendance sign-up, summaries, and handouts. These documents will be submitted to the FCP Specialist upon completion of the monthly parent meeting.*
    f. *The Family Advocate will submit a yearly meeting plan to the FCP/EHS Specialist by the November Policy Council meeting of the program year.*
    g. *The Family Advocate will record the parent's attendance on a Monthly in-kind form.*

Monitoring & Reporting

1. *Dissemination of Policies & Procedures will be available to all employees through the agency's website. EPIC Head Start will educate and train applicable staff regarding the policy and any conduct that could constitute a violation of policy*
2. *Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observation conducted by Mangers and Specialist; retraining is provided on an as needed basis.*
3. *FCP/EHS Specialist will collect the meeting documents and monitor monthly parent meetings.*
4. *FCP/EHS Specialist will assist with Community Resources.*
5. *FCP/EHS Special will provide meeting templates and parent surveys.*

Procedures for Approving Parent Travel

1. An Early Head Start or Head Start staff member will determine the mileage from the home of each family and anyone else who will be transporting the child (babysitter, grandparents, etc.) in your caseload to the center at the beginning of the year and record this.

2. Check the mileage on the travel forms with the mileage you have recorded.

3. Match the dates claimed for travel with your attendance sheets of the children.

4. **Only one round trip per household per day may be claimed**. Parents are encouraged to stay and volunteer in the classroom.

5. If bus transportation is provided, the parent is not eligible to receive reimbursement for travel except for transporting to the bus stop.

6. The staff member is to sign his/her name at the bottom of the form only **after** checking it carefully and verifying totals.

7. Mileage reimbursement for over-income families may only be arranged under special circumstances approved by the Director.

8. Travel reimbursement forms must be submitted within 1 month of travel in order to be eligible for reimbursement.

Reminder: The mileage form and all signatures must be completed using a blue pen. If parents have a change of address, they must call the Early Head Start/Head Start/ Pre-K Program Operations Coordinator at 304-267-3595 ext.113, to obtain a change of address form. Otherwise, the payment will be delayed.

Head Start/Early Head Start Enrollment Parent Survey
Program Year:

Dear Parent, **You** are the most important person in your child's development and education. The Head Start Program will be offering a Parent Meeting titled "Parent Planning Meeting" at the beginning of the school year. We encourage you to join other Head Start parents to discuss and participate in activities of interest to you. Please select the topics you would be interested in learning more about throughout the year.

Parent Interest Survey

☐ Parenting (behaviors, potty training, etc.)

☐Child development-disabilities/WV BTT

☐ Obtaining GED

☐ Colleges/vocational /technical schooling

☐ ESL/Citizenship

☐ Childcare

☐Financial/budgeting/credit

☐Employment opportunities/interviewing

☐ Participating in male/father involvement activities

☐ Participating in a women's support group

☐ Participating in a young parent support group

☐ Learning about CPR/First Aid/Safety

☐ Improving family fitness/health

☐Feeling good about myself/self-care, stress reduction

☐Improving family relationships

☐Sharing and learning about different cultures

☐ My child's transitions (to PreK, other programs)

☐Community Resources

☐ Other_____

Parents as Partners

Parent participation is an essential part of our early childhood programs and a great way for parents to involve themselves in their child's education. Below please check the area(s) in which you will participate in the decision-making process at school, at home, or in your community. Your participation is a step toward ensuring your child a successful future. THANK YOU!

1. In the decision-making process:
   - ☐ Head Start Policy Council (once per month)
   - ☐Program Self-Assessment/Program Policies (a few meetings throughout the year)
   - ☐ Health/Education Advisory (2 meetings per year)
2. At School:
   - ☐ Planning program activities (trunk or treat, winter festival, etc.)
   - ☐ Sharing personal resources and talents from various ethnic backgrounds and experiences
3. At home:
   - ☐Creating items for program events such as games, pillows, aprons, albums, etc.
   - ☐Collecting materials for classrooms such as recyclables, leaves, etc.
4. In the Community:
   - ☐ Recruiting other volunteers
   - ☐ Collecting materials on community resources
   - ☐Sharing information about Head Start with other families in your neighborhood and the community

Preferred day to attend meetings: M T W T F Preferred time: Morning Afternoon Evening

Parent Name_____ Phone _____

Child Name_____HV_____

Your Strong and Unique Family!

Please share with us!

Something special about my family is (interests, hobbies, cultural activities, traditions):

_____

_____

Something special about my child is:

_____

_____

My family likes to:

_____

_____

Is there any other important information that you would like to share with us?

_____

_____

Thank you!

Your Strong and Unique Family!

Please share with us!

Something special about my family is (interests, hobbies, cultural activities, traditions):

Something special about my child is:

My family likes to:

Is there any other important information that you would like to share with us?

Thank you!

Eastern Panhandle
Instructional Cooperative
EPIC
Serving the educational needs
of the entire community

EPIC Early Head Start / Head Start / Pre-Kindergarten
Permission for Release and Exchange of Information

Name: _____

Date of Birth: _____

Parent / Guardian Name: _____

_____

I authorize the EPIC Early Head Start / Head Start / Pre-K program to release / receive the following confidential information regarding the above-named child / expectant mother to / from:

_____
(Individual or Agency Name)

The purpose of this release is for:

□ Coordinating Services
□ Sharing information about progress
□ Planning for transition
□ Sharing status of referral
□ Coordinating care with child's health care provider
□ Other: _____

Records / Information to be release/received:

□ All information
□ Specific Information: _____
□ Specific Information that you DO NOT want released: _____

I have read and understand the conditions of this release. I understand I have agreed to disclose the information only to the individual or agency listed above, and the individual/agency may not disclose it to anyone else without my written prior consent. **SENSITIVE INFORMATION**: I understand that if the information in my record includes information relating to sexually transmitted diseases; Acquired Immunodeficiency Syndrome (AIDS); infection of the Human Immunodeficiency Virus (HIV); behavioral or mental health services; or, treatment for alcohol or drug abuse, I must indicate any specific information not to be released, or the information checked above could be released with my consent below.

Printed Name of Expectant Mother / Parent / Guardian: _____

Signature: _____

Date: _____

This consent will be valid for one year unless otherwise specified above. Consent may be revoked at any time upon the written request of the expectant mother, parent or guardian except to the extent that information has already been supplied under this authorization.

Procedure for Dealing with Concerns
EPIC Early Head Start/Head Start

CONCERN FORM

1. If possible, discuss the concern with the person(s) directly involved and/or with supervisory personnel in the EPIC Early Head Start/Head Start Office in your county.

2. If uncomfortable discussing concern with person(s) involved, or if concern is unresolved, please complete the following form and send one copy to either the Director or the Policy Council Appointees. Also, please fell free to contact the Director or any staff member regarding your concerns at any time by calling 304-267-3595.

3. All concerns will be addressed as quickly and as confidentially as possible. If the Policy Council Appointees or Director determines the concern needs to be addressed by the Policy Council, the issue will be placed on the next Policy Council meeting agenda. Names will be withheld whenever possible.

4. Concerns will be addressed by the Director, the Policy Council appointees (one from each county), and the appropriate supervisory staff members. Written responses will be provided if requested.

Name: _____

Address: _____

Phone: _____ County: _____

Date: _____

Child's Name: _____

Child's Placement: _____

Home Based: Home Visitor's Name: _____

Center Based: Teacher's Name: _____

Please write your concern on why, how or what happened:

_____

_____

_____

_____

Where: _____

Date of occurrence: _____

What you feel should be done: _____

_____

_____

_____

Policy Council Appointees for Concerns

EPIC EHS/HS (appointed by Policy Council)
109 S. College St.
Martinsburg WV 25401

Heidi Bach-Arvin
Early Head Start/Head Start Director
109 S. College St.
Martinsburg WV 25401

_____ _____

Signature Date