

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

Head Start Family Advocate Monthly Monitoring Log

Month:

Manager/Specialist:

Family Advocate:

Name of Child File reviewed	Eligibility Information	# of Direct Services Provided (month)	YTD	# of HV's completed (month)	YTD	Is goal developed/set?	Is goal directly linked to Family Outcomes Assessment?	# of Objectives Achieved (month)	YTD	Are health regulations complete? (PH, DN, IMMUNS, H&W)	Notes
	C. I.							S- P-	S P-		
	C. I.							S- P-	S- P-		
	C. I.							S- P-	S- P-		
	C. I.							S- P-	S- P-		
	C. I.							S- P-	S- P-		

Expectation Status	__ of 5 (%)	_ of 5 (%)	__ of 5 (%)	__ of 5 (%)	__ of 5 (%)	__ of 5 (%)
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Analysis: (Questions)

What do the percentages indicate about this caseload?

Are you identifying any trends as you complete these monthly reviews? (strengths of service provision, areas underdeveloped)

Results: PD needed _____ Community Contacts needed _____ Individualized Supports needed _____

Month _____

Child Initials	Physical up to date FUP needed	Abnormal Results indicated	Dental up To date	Treatment Needed/ Completed	Immunus up to date	FUP Needed/ Completed	Screenings (HCT/HGB or Lead) Completed	High Risk indicates referral needed	a. Individualized Health Plan present or needed? Is it being followed?
									b. Additional Needs/Concerns? Who is doing follow-up?
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									a.
									b.
									b.

Manager Monitor/Observation Log

Site/Classroom	
Staff:	
Date/Start/End time	
Manager	

Child/Staff Interactions

- ☐ 5:1 ration of positive attention
- ☐ Directly teaching behavioral expectations
- ☐ Directly teaching peer related social skills
- ☐ Children's cultures, languages are acknowledged during interactions
- ☐ CLASS (open-ended questions, extensions, etc.)
- ☐ ECPBIS/TPOT (strategies used, proximity, flexibility)

WV Teacher Summative Evidence

- ☐ Establishes a positive, respectful learning environment
- ☐ Uses questioning and discussion techniques that promote higher level thinking
- ☐ Monitors student engagement and adjusts instruction as needed

Notes/Observation

Family Style Dining

- ☐ Children set table, clean up, serve selves
- ☐ All children are sitting together
- ☐ Staff sit with children
- ☐ Conversations are occurring
- ☐ Enjoyable atmosphere
- ☐ All children are included in meal routines regardless of ability or background

WV Teacher Summative Evidence

- ☐ Supports communication and language development
- ☐ Encourages student independence and responsibility
- ☐ Creates a nurturing classroom climate

Notes/Observation



Schedule, Routine, Preparedness

- ☐ Schedule (type/picture, posted, followed, taught, etc)
- ☐ Materials for activities available
- ☐ Labels on all shelves/material in English/2nd language
- ☐ Posting current (rules/expectations, newsletter, art dictation)
- ☐ Establishing routines within routines

WV Teacher Summative Evidence

- ☐ Learning environment maximizes instructional time
- ☐ Classroom procedures support independence
- ☐ Physical environment supports student learning

Notes/Observation

Planning

- ☐ Creative Curriculum Fidelity (question of the day, mighty mins)
- ☐ Lesson plans posted, current, updated with changes
- ☐ Developmentally appropriate activity
- ☐ Children's backgrounds are incorporated into learning experiences
- ☐ Transitions (necessary, short, educational)
- ☐ Anecdotal Notes are up to date ☐ Yes ☐ No (Standard 6)
- ☐ Lessons include diverse perspectives and cultures

WV Teacher Summative Evidence

- ☐ Instruction aligned with standards and child assessment data
- ☐ Differentiated instruction
- ☐ Individualizes instruction based on children's needs

Notes/Observation

Health and Safety

- ☐ Active supervision (Daily roster, scan/count, name to face recognition)
- ☐ Checklist completed (First Aid, outdoor, cleaning)
- ☐ Practices established/followed (washing hands/brushing teeth)
- ☐ Expectations are supportive for all learners
- ☐ Environment clean/clutter free, materials/furniture in good
- ☐ No safety hazard (cords out of reach/<6")

WV Teacher Summative Evidence

- ☐ Maintains a safe, orderly learning environment
- ☐ Classroom management supports learning
- ☐ Student well-being is consistently prioritized

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Notes/Observation

Evidence of Standard 4, 5, and 7

- ☐ Participates in professional learning and applies knowledge to classroom practices ☐ Reflects on teaching practices
- ☐ Collaborates effectively with teaching team and support staff ☐ Offer ongoing opportunities for families to participate
- ☐ Adheres to all policies and procedures ☐ Uses technology/equipment with agency expectations
- ☐ Contributes positively to the program by demonstrating teamwork, flexibility and accountability
- ☐ Maintains professionalism in appearance, communication and interactions with children, families, and colleagues

Feedback/Follow up Notes

*Review 4 files and document needs on back of this form.

Performance Standard	Program Management and Quality Improvement 13021.100-1302.103	Head Start & Early Head Start Policies and Procedures <i>Eastern Panhandle Instructional Cooperative</i> EPIC Serving the educational needs of the entire community
Subpart	J	
Effective Date		
Revised Date		
Reviewed Date	07/2026	
Responsibility	Teaching Staff, Family Advocates, CD Managers, Program Specialists, Director	

Subject: Child file staffing focus

Policy: Within 30 calendar days after the child first attends the program, EPIC Head Start will conduct a child file staffing focus to hold a discussion to determine that the family's required documents that were received in a timely manner and within program time frames, child referrals/concerns are made and met and that the parent needs/concerns. A second child file staffing will be conducted in February; as determined by the program calendar.

Procedure:

1. CD managers will schedule with classroom and family advocate staff to complete a child file staffing focus form; as directed by the program calendar.
2. Teaching Staff, the Family Advocate and the CD Manager will review the documentation in the child's file and document on the child file staffing focus form, completing each data filed.
3. Missing documents and follow up as it pertains to each section is to be followed up in a timely manner by the staff member assigned to each area (ie: family services/family advocate)
4. Child file staffing focus form is to be filed in the child development section of the child's file.

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 Managers and Specialist; retraining is provided on an as needed basis.
3. CD Managers will document on the form and ensure the child file staffing form is given to staff to file in the child file.

FIRST STAFFING				SECOND STAFFING			
Child's Name:			Site / Classroom:				
Teacher:			Family Advocate:				
Asst. Teacher:			Site Supervisor:				
Eligibility		F/U needed: Y / N		Eligibility		F/U needed: Y / N	
Emergency Form				Emergency Form			
Registration Form				Registration Form			
State Birth Certificate/application				State Birth Certificate/application			
Income Verification Form				Income Verification Form			
Income documents				Income documents			
Selection Criteria				Selection Criteria			
Parent/Staff Contract				Parent/Staff Contract			
Internet Safety Permission				Internet Safety Permission			
Emergency Relocation Form				Emergency Relocation Form			
Pesticide Notification				Pesticide Notification			
NOTES:				NOTES:			
Family Services:		F/U needed: Y / N		Family Services:		F/U needed: Y / N	
Demographics / Family Status:				Demographics			
Goal				Goal		Complete: Y / N	
Concerns:				Family Changes/Concerns:			
Disability:		Parents involved: Y / N		F/U needed: Y / N		Disability:	
IEP date:		current: Y / N				F/U needed: Y / N	
IEP date:				IEP date:		current: Y / N	
Concerns:				Progress Notes			
				Concerns:			
Child Development:		F/U needed: Y / N		Child Development:		F/U needed: Y / N	
ED Home Visit 1 (date):				P/T Conference 1 (date):			
School Readiness Plan (date):				Sch. Readiness Plan (date):			
Cognitive:				Status:			
Adaptive:							
Communication:							
Fine/Gross Motor:							
ELRS/doc:				ELRS / updated doc:			
S R Goals:				S R Goals:			
NOTES:				NOTES:			

FIRST STAFFING		SECOND STAFFING	
Health:	Follow up needed: Y / N	Health:	Follow up needed: Y / N
Physical - date: _____		Physical - date: _____	
Birth History		Birth History	
HCT / HGB - test results _____ f/u needed: Y / N		HCT / HGB : status _____	
Lead Level - test results _____ f/u needed: Y / N		Lead Level: status _____	
Growth Chart 1		Growth Chart 1	
Dental - date: _____ Tx needed: Y / N		Dental (TX completed: Y / N)	
C.P. Imm Report Immunization up to date: Y / N		C.P. Imm Report Imm up to date: Y / N	
Immunization Record - doctor/health dept/state site		Imm Record - doctor/health dept/state site	
Allergies: Y / N _____		New/Changed Allergies: Y / N	
Form(s) completed & signed : Y / N		New/Changed Meds: Y / N	
Medications: Y / N _____		Health Concerns: Y / N	
Form(s) completed & signed : Y / N		NOTES:	
Health Concerns: Y / N			
NOTES:			
Screenings (date / results / follow up): Follow up Needed: Y / N		Screenings (date of follow up/status):	
		Follow up needed: Y / N	
Vision: _____ / _____ / _____		Vision: _____ / _____	
Hearing: _____ / _____ / _____		Hearing: _____ / _____	
Speech: _____ / _____ / _____		Speech: _____ / _____	
Develop.: _____ / _____ / _____		Develop.: _____ / _____	
SH/Soc-Em: _____ / _____ / _____		SH/Soc-Em: _____ / _____	
NOTES:		NOTES:	
Social / Emotional / Behavior: Follow up needed: Y / N		Social / Emotional / Behavior: Follow up needed: Y / N	
Social Interactions:		Concerns:	
Behavior on bus:			
		Mental Health status if referred:	
Mental Health referral needed? Y / N			
		MH paperwork current: Y / N	
Concerns:		NOTES:	
TODAY'S DATE: _____		TODAY'S DATE: _____	
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. _____		5. _____	