

Family and Community Engagement Procedure

Interactions and relationships between the family and the child can directly affect the early childhood years. Family Services in Early Head Start are designed to address the following:

1. Assist the family in its own efforts to improve the conditions and quality of family life and to access community resources.
2. Work with parents to help crisis management.
3. Establish and maintain an outreach and recruitment process.
4. Maintain up-to-date enrollment data.
5. Work with the education and health service areas to report suspected cases of child neglect and child abuse to protective services.
6. Complete and follow up on a Family Partnership Agreement with each family enrolled in the program.
7. Provide multiple opportunities for parent involvement and adult education.
8. Encourage parents to become actively involved in the program through Policy Council, Committees, and other volunteer opportunities.

The Family and Community Engagement Service Area of the Early Head Start Program seeks to:

1. Provide the opportunity for all parents to participate in the process of making decisions about the nature and operation of the program.
2. Encourage parents to participate in the program on a voluntary basis to gain experience towards possible employment.
3. Provide support for the development of parenting skills so that parents can provide experiences in their child's growth and development, which will reinforce and strengthen the parent as the primary influence in their children's lives.
4. Provide methods and opportunities for involving parents in health, mental health, dental and nutrition education.
5. Provide assistance to parents in planning educational and developmental activities for children in the home and community.
6. Provide and make parents aware of family and community resources to meet the basic needs of the family.
7. Assist parents in identifying opportunities in continuing education leading to self-enrichment and employment.
8. Provide opportunities for parents to meet with the Head Start/Pre-K Teachers, Early Head Start staff and other appropriate staff to discuss the child's individual needs and progress.
9. Facilitate communication between staff and parents that provides information about the program and its services, program activities for children, policies, and available resources.
10. Provide opportunities for parent training and support.
11. Assist parents with their child's transition to Head Start/Pre-K and Kindergarten and encourage them to continue to be advocates for their child.

**EPIC Early Head Start / Head Start / Pre-K
Child Abuse and Neglect Reporting Procedure**

1. 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 report with Protective Services.
2. When you suspect child abuse and neglect, immediately contact your direct supervisor and the family advocate. The family advocate will document information about the incident and contact the designated Specialist. For EHS, contact Anna Thurston. For Head Start/ Pre-K, contact one of the FA Specialists. If the designated person is not available, contact one of the other specialists listed below. If none of the persons below can be reached, contact the EHS/ HS/ PK Director.

Anna Thurston, EHS Specialist 304-596-3490 (staff only) or 304-267-3595 (office)

Abigail Kerns, FA Specialist 304-671-7926 (work cell) or 304-433-7181 (staff only)

Heidi Bach-Arvin, EHS/ HS Director 304-596-2644 (office)

3. 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.
4. After you have notified your direct supervisor and the family advocate, record your observations and interactions with the child on a Contact Note. Be sure to include the names of other staff members who have spoken with or seen the child. Give the form, any other relevant information and any photographs taken to your direct supervisor.
5. If determined that a report should be made, you will be directed to do so by the Specialist or designated person above. A CPS Report is made by calling 1-800-352-6513. In addition to the verbal report, staff must complete a Child Protective Service Referral form. The completed form must be faxed to CPS at 304-267-0121 and to the designated Specialist. The original form will be placed in a confidential folder, kept in the back pocket of the child's individual file. (The Child Protective Service Referral form is in the staff manual or can be emailed to you if needed.)
6. If the Specialist or designated person above determines that a report is not necessary and you feel differently and want to make a report, you are encouraged to call child protective services individually at the above numbers to make an anonymous report.
7. Refer all parents who are concerned with being reported to CPS to the Specialist/designated person involved or your direct supervisor.
8. Contact your direct supervisor about any concerns you may have regarding making home visits, etc. after a CPS report has been made.
9. All reports, documentation and discussions about child abuse and neglect will be handled with strict confidentiality.

**EPIC 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 MALTREATMENT AND CIRCUMSTANCES: _____

Comments about home safety: _____

Previous reports made on same child and dates: _____

Additional comments or concerns related to report: _____

Documented by: _____ Date: _____

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 does not allow them 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.
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:
 - A. Children's permanent records including the following:
 1. Application and verification of income screening criteria.
 2. Information contained in correspondence forms or notations from or about individual families.
 3. 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).
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 binder clipped to back of file.

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

Staff Signature

Date

EPIC Early Head Start/ Head Start/ Pre-K

Court Order/Subpoena Procedure

Many of the children that we serve in the program have family situations that entail court involvement. We often receive court orders that consist of but are not limited to custody orders, visitation, child support, divorce, or family protection orders. The orders we receive contain information that is important for making appropriate accommodations for children and families. The family advocates and teaching staff both need to be aware of court orders in place for the children on their caseload. All court orders we receive for Head Start/Pre-K children must be filed at EPIC. If you have a court order that includes information regarding your child, contact one of the FA specialists; Abigail Kerns or Jennifer Bennett, their numbers are listed below. The following bullet points explain the process for filing court orders:

- When the EHS/HS staff member receives a court order from a parent it must be placed in the child's file in the appropriate section. Example: if it is a visitation or custody order it will go in the eligibility section with the emergency form.
- Copies of Court Orders (custody, visitation, FPO or emergency orders) must be filed in the Emergency binders located at our centers. The emergency binders are there so staff have access information when calls need to be made for early dismissal, no parent at the bus stop, a child is sick or other emergency.
- Copies of Court Orders (custody, visitation, FPO or emergency orders) must be provided to the transportation staff with the emergency form so that they are aware of the court order. The bus drivers need these copies the first day the child starts on the bus.
- A copy of ALL Court Orders must be sent to EPIC to be filed; typically, the Family Advocate assigned to the classroom will send the court orders when received.

There are times when we are more directly involved in the court system or case of a child/family we serve in the program. In this event, our documentation or information pertaining to a child/family may become important to a court case and we could be ordered to provide information to the courts. Upon receiving a subpoena or order to appear in court, staff must immediately notify their direct supervisor. The supervisor will contact the FA Specialist (Abbey or Jennifer) assigned to that caseload and scan a copy of the court order or subpoena for review. After reviewing the documents, the FA Specialist will contact the applicable staff member with instructions on how to proceed.

Contact information for the Family Advocate Specialists:
Abigail Kerns at 304-267-3595 ext. 145 or 304-671-7926
Jennifer Bennett - 304-267-3559
Anna Thurston – 304-596-3490 (for staff use only)

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

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 Concerns

Family Type:

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

- | | |
|--|---|
| <input type="checkbox"/> Full – time (more than 34 hours per week) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> With past employment history |
| <input type="checkbox"/> Seasonal-Non Agricultural | <input type="checkbox"/> With no previous job experience |
| <input type="checkbox"/> Seasonal- Agricultural | <input type="checkbox"/> Unable to work due to disability |
| <input type="checkbox"/> Employed and in school | <input type="checkbox"/> Active Military |
| <input type="checkbox"/> Training program with salary | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Training program without salary | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other | <input type="checkbox"/> 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):

- | | |
|--|---|
| <input type="checkbox"/> No services received | <input type="checkbox"/> Unemployment insurance |
| <input type="checkbox"/> Medical financial assistance (i.e. Medicare/Medicaid) | <input type="checkbox"/> Public housing assistance |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Emergency program assistance |
| <input type="checkbox"/> Public assistance/Welfare (i.e. TANF/AFDC)* | <input type="checkbox"/> LIEP |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Child Support / Alimony |
| <input type="checkbox"/> Supplemental Security income (SSI) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Foster Care/Adoption subsidy | |

Housing Payment Arrangement:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Own House | <input type="checkbox"/> Exchange Services for housing | <input type="checkbox"/> Receive subsidized housing |
| <input type="checkbox"/> Rent Housing | <input type="checkbox"/> Make no payment for housing | <input type="checkbox"/> other: Specify _____ |

Type of Housing:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Mobile home/trailer | <input type="checkbox"/> Homeless/no housing | <input type="checkbox"/> Migrant housing |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Community shelter | <input type="checkbox"/> M/Hotel room | <input type="checkbox"/> Other: |

Family currently has means of transportation: Yes No

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

- | | |
|--|--|
| <input type="checkbox"/> Private vehicle (car, truck, van) | <input type="checkbox"/> Public transportation (bus, subway, taxi) |
| <input type="checkbox"/> Friend or relative's vehicle | <input type="checkbox"/> 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):

- | | |
|---|--|
| <input type="checkbox"/> Older sibling 12 - | <input type="checkbox"/> Adult non-relative in non-relative's home |
| <input type="checkbox"/> Older sibling 12 + | <input type="checkbox"/> Childcare center |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult non-relative in child's home | <input type="checkbox"/> Not arranged yet |

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

**EPIC Head Start
Goal Setting and Service Plan**

Date: _____

Family Name: _____

Big Picture: _____

What can we do now? _____

Is my goal SMART...

Specific

Measurable

Achievable

Realistic

Timely

What steps do we take to get there?

Timetable

Step completed date

 1. _____

1. _____

1. _____

 2. _____

2. _____

2. _____

 3. _____

3. _____

3. _____

 4. _____

4. _____

4. _____

What steps can we take to help?

Timetable

Step completed date

 1. _____

1. _____

1. _____

 2. _____

2. _____

2. _____

 3. _____

3. _____

3. _____

 4. _____

4. _____

4. _____

*** Additional spaces are located on the back.**

Family Member Signature _____ Date _____







Staff Signature _____ Date _____

Other Agency Identified _____ Date _____

Goal Revised Date _____ Parent Initials _____ Staff Initials _____

Goal Completed Date _____ Parent Initials _____ Staff Initials _____

What steps will staff take to help parent?

-  5. _____
-  6. _____
-  7. _____
-  8. _____
-  9. _____
-  10. _____







Timetable

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Step Completed Date

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

What steps will parent take to meet goal?

-  5. _____
-  6. _____
-  7. _____
-  8. _____
-  9. _____
-  10. _____

Timetable

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

Step Completed Date

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

**Head Start Family Advocate
Home Visit Checklist**

*All items must be addressed during every routine home visit. Form must be completed at each home visit and then placed in file under FS section. Form does not need to be completed during crisis visits.

Child's Name: _____ **Child's D.O.B.:** _____

Name of parent/guardian who is present for home visit: _____

Eligibility/Family Services/Attendance:

- State birth certificate if needed
- Changes in phone numbers, addresses, emergency contacts
- Goal established: _____ (Reviewed goal objectives and timeframes)
- Family Outcomes Assessment
- Demographics reviewed
- Attendance issues discussed if applicable
- Discussed upcoming parent meetings/trainings, classroom activities, parent field trips, and/or classroom field trips
- Discussed participation and involvement in parent committee/center committee and policy council

Notes/Follow up: _____

Health information:

- Physical (paperwork needed, appointment needed, concerns, questions)

Follow up: _____

- Height/Weight concerns addressed if needed

Notes/Follow up (BMI, %, etc.) _____

- Dental (paperwork needed, appointment needed, concerns, questions)

Follow up: _____

- Immunizations (incomplete immunizations, concerns, questions)

Follow up: _____

- Lead Blood level and concerns discussed if applicable

- HCT/HGB level and concerns discussed if applicable

Notes/Follow up: _____

Education, Disabilities, and Mental Health:

- Discussed with parent/guardian any educational concerns regarding child development, IEP, etc.

- Discussed with parent/guardian any mental health concerns regarding the child

- Participation in communication app

Notes/Follow up: _____

Screenings:

- Followed up on any screening results with the parent/guardian (vision, hearing, speech, developmental, social emotional)

Notes/Follow up: _____

Other: _____

Signature of Parent/Guardian: _____ **Date:** _____

By signing this form, I certify that I have participated in a home visit with my Family Advocate.

Signature of Family Advocate: _____ **Date:** _____

By signing this form, I certify that I have conducted a home visit with the parent/guardian.

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

Date: _____ Service Needed: Attendance Social Service Health

Critical Need Identified: _____

To: (FA/ Specialist/Manager)	
From: (EHS/ HS Staff)	
Classroom/Home Visitor	

Child Information

EHS /Head Start / PK Child:	
Parent / Guardian Name:	
Phone number:	
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.
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.

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/ Administrative Assistant at 304-267-3595, to obtain a change of address form. Otherwise, the payment will be delayed.

EPIC EHS/HS Parent Feedback Survey

Session Topic: _____ Session Date: _____

1. Today's session interested me:

- a. A lot b. A Little c. Not at all

2. Something from today's session that I will use with my children is:

3. The value of today's session to me as a parent is:

- a. A lot b. A Little c. Not at all

4. The information presented was easy to understand and use in my life?

- a. A lot b. A little c. Not at all

5. Overall, I feel:

6.



7. I am interested in more information on today's topic: Yes No

If yes, how would you like to be contacted?

Name: _____

Phone: _____ Email: _____

8. What did you like about the presentation?

9. Are there any changes that you would suggest for future sessions?

10. Other comments/suggestions/feedback?

Thank you for your valuable input!

EPIC EHS/HS Pre-K Parent Interest Survey

County: _____ Teachers/Home Visitor: _____

Parent/ Guardian Name: _____

Child's Name: _____

Phone #: _____ Email: _____

Favorite Social Media Apps? _____

Do you prefer to be contacted via: _____ phone _____ email _____ text _____ Remind _____

What time is best for you to attend EPIC events? Morning _____ Afternoon _____ Evenings _____

What day of the week would work best for you to attend events? _____

Would you attend a Saturday event? Yes _____ No _____

Do you have a special interest or hobby that you would be willing to share with other parents?

Yes _____ No _____ If YES, what is your special interest or hobby? _____

Have you heard about our Policy Council? Yes _____ No _____

Would you be interested in information about our Policy Council? Yes _____ No _____

Would you be interested in attending a Policy Council meeting? Yes _____ No _____

Please pick topics that interest you or you would like to learn more about:

Family Well Being	Positive Parent Child relationships	Family as lifetime learners	Family engaged in transitions	Family connections to the community	Family as advocates and leaders
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Co-parenting	<input type="checkbox"/> Collogas	<input type="checkbox"/> Birth to three	<input type="checkbox"/> Community TODD	<input type="checkbox"/> Citizenship
<input type="checkbox"/> Coupons	<input type="checkbox"/> Custody/CS info	<input type="checkbox"/> Computer	<input type="checkbox"/> Childcare info	<input type="checkbox"/> EPIC Jobs	<input type="checkbox"/> OLL info
<input type="checkbox"/> Fire safety	<input type="checkbox"/> Dad Events	<input type="checkbox"/> FAFSA/Loans	<input type="checkbox"/> Early HS info	<input type="checkbox"/> Grief Support	<input type="checkbox"/> EPEC/DV help
<input type="checkbox"/> Fitness/Health	<input type="checkbox"/> Family Events	<input type="checkbox"/> Home Buying	<input type="checkbox"/> Head Start info	<input type="checkbox"/> Health Care	<input type="checkbox"/> ESL Classes
<input type="checkbox"/> Nutrition/WL	<input type="checkbox"/> GP as parents	<input type="checkbox"/> Interview skills	<input type="checkbox"/> K-Readiness	<input type="checkbox"/> Insurance	<input type="checkbox"/> Financial Res.
<input type="checkbox"/> Organizing	<input type="checkbox"/> Mom events	<input type="checkbox"/> Job Skills	<input type="checkbox"/> Post Partum	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Internet safety
<input type="checkbox"/> Self-Care	<input type="checkbox"/> PBIS	<input type="checkbox"/> JRTI	<input type="checkbox"/> Potty Training	<input type="checkbox"/> SNAP/TANF/SSI	<input type="checkbox"/> Legal Aid
<input type="checkbox"/> Stress Reduction	<input type="checkbox"/> Other	<input type="checkbox"/> Resume help	<input type="checkbox"/> PSSN/IEP info	<input type="checkbox"/> Transportation	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Managing Time	<input type="checkbox"/> RAPP	<input type="checkbox"/> TASK/GED	<input type="checkbox"/> Routines	<input type="checkbox"/> WIC	<input type="checkbox"/> Volunteering

**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:

- | | |
|---|--|
| <input type="checkbox"/> Coordinating Services | <input type="checkbox"/> Sharing status of referral |
| <input type="checkbox"/> Sharing information about progress | <input type="checkbox"/> Coordinating care with child's health care provider |
| <input type="checkbox"/> Planning for transition | <input type="checkbox"/> 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.

**EPIC Early Head Start/Head Start/Pre-K
Thoughts/Suggestions Form and Procedure**

EPIC Early Head Start/Head Start/Pre-K values the input of our parents and guardians! We welcome your thoughts and suggestions that may help us improve our program in any way. If you would like to provide us with feedback at any time during the school year, please complete this form with detailed information in regards to your suggestion and/or thoughts. We sincerely appreciate all of your comments and ideas!

- Please complete this form and return it to the drop box provided at your child's center. Feel free to contact your Policy Council representative regarding your suggestions. If you are not familiar with your representative, please ask a staff member for more information.
- All suggestions and needs will be addressed confidentially and as quickly as possible. Suggestions and needs will be reviewed by a Policy Council representative who will then present the thoughts and suggestions at the next Policy Council meeting. Policy Council meetings are typically held the last Wednesday of each month, beginning at 10:15 am. All parents are welcome to attend Policy Council meetings. If you would like a list of the Policy Council meeting dates, please ask your Policy Council representative or a staff member.
- Suggestions and needs will be addressed by the Director, the Policy Council, and the appropriate staff members. Concerns may or may not receive written responses, based on the appropriateness and confidentiality.

Date: _____

Child's Placement: _____

Home Based: Home Visitor's Name: _____

Center Based: Teacher's Name: _____

Please share your suggestions or requests in regards to you and your family's Early Head Start/Head Start/Pre-K experience:

Please provide the following information if you wish to be contacted:

Name: _____

Phone: _____

Email: _____

For Policy Council use only:

Addressed at Policy Council on: _____

Signature of Policy Council Chairperson: _____

Signature/Date of EPIC Head Start/Pre-K Director _____

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 feel 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