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	Program Operations Eligibility, Recruitment, Selection, Enrollment and Attendance	**Head Start & Early Head Start Policies and Procedures** *Eastern Panhandle Instructional Cooperative* EPIC Serving the educational needs of the entire community
Subpart	§ 1302.10-1302.18	
Effective Date	03/2026	
Revised Date	03/2026	
Reviewed Date		
Responsibility	ERSEA Specialist, Family Advocate Specialist, Site Supervisor, Program Director	

Subject: ERSEA

Policy: The purpose of ERSEA training is to ensure staff understand federal requirements and program procedures related to determining eligibility, recruiting families, enrolling children, and monitoring attendance in Head Start programs.

Procedure:

1.Identification of Staff Requiring Training- The ERSEA Specialist will identify newly hired staff whose duties involve Eligibility, Recruitment, Selection, Enrollment, or Attendance (ERSEA) responsibilities. This may include:

- Family Advocates
- Family Advocate Specialist
- Site Supervisors
- Program Managers
- Teachers/Assistant teachers
- Other staff responsible for determining eligibility or enrollment

2. Scheduling the Training- Within 10–30 days of hire, the ERSEA Specialist will schedule ERSEA training for the new employee. All staff with ERSEA responsibilities must complete training no later than 90 days after their hire date.

3. Training Content- The ERSEA training will include instruction on:

- Head Start eligibility requirements and documentation
- Federal poverty guidelines and income verification
- Recruitment procedures and outreach strategies
- Selection criteria and prioritization of families
- Enrollment processes and waiting list management
- Attendance monitoring and follow-up procedures
- Confidentiality and protection of family information
- Prevention of fraud or misrepresentation in eligibility determination

4. Training Delivery

Training may be provided through:

- In-person orientation sessions
- Virtual training sessions
- Program training workshops
- Review of ERSEA policies and procedures with a supervisor

5. Documentation of Training

The ERSEA Specialist will maintain documentation of completed training, including:

- Training agenda or materials
- Sign-in sheets or completion certificates
- Date of training
- Staff name and position

Documentation will be kept in the employee training file.

6. Follow-Up and Support

Supervisors will provide ongoing coaching and monitoring to ensure staff correctly apply ERSEA procedures in their daily work. Additional training will be provided if needed.

7. Compliance

All ERSEA training will comply with Head Start Program Performance Standards (45 CFR §1302.12), which require staff responsible for determining eligibility to receive training within 90 days of hire.

Monitoring & Reporting:

Dissemination of Policies & Procedures will be made available to all employees through EPIC's website www.epicresa8.org . EPIC Head Start will educate and train applicable Staff regarding the policy and any conduct that could constitute a violation of the policy.

1. **Training** will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observations conducted by Managers and Specialists; retraining is provided on an as needed basis.

Procedures for Determining Eligibility for EPIC EHS/HS Children

Information regarding the eligibility for children and expectant mothers for the EPIC Early Head Start/Head Start program will be documented on the eligibility determination record (Income Verification and Eligibility Form). The following procedures have been determined in compliance with the Federal Performance Standards and Final Rule on Eligibility.

1. Conduct an in-person or telephone interview with the family to determine whether or not the Early Head Start/Head Start child or expectant mother is eligible for the program. If an in-person interview cannot be conducted, this must be documented on the income verification/eligibility form and a reason must be attached to the income verification/eligibility form.

2. Determine if the Early Head Start/Head Start child is age eligible for the program. For a child to be enrolled in Head Start, he or she must be three or four years old on or before June 30th. Early Head Start can enroll expectant mothers or children between the ages of 0-3. Verification of age may be provided by the parent or guardian in the preferred form of a hospital, county, state, or country birth certificate, a passport, or documentation from DHHR. If a parent or guardian does not have the preferred form of documentation, the program may accept verification of age from a medical card, immunization record, or other approved (by a manager or specialist) form of documentation. If a parent or guardian does not have documentation of age for the child, the EHS/HS Family Advocate will work closely with the parent/guardian to obtain this information and complete an affidavit. Family Advocate Specialists will be notified if there is no documentation of age for a child. Verification of age must be kept in the child's file.

3. Use the EPIC Early Head Start/Head Start Income and Eligibility Verification Documentation Form to verify whether or not the child or expectant mother is eligible for the program. The number in the family is determined as: all persons living in the same household who are supported by the income of the parent or guardian of the child enrolling in the program AND related to the parent or guardian by blood, marriage, or adoption. Only Early Head Start families will include a baby in-utero as a member of the family when determining eligibility. The number in the family and the maximum income allowable per family, based on the federal poverty guidelines, must be documented on the eligibility determination form.

4. Determine which status the child or expectant mother is to be enrolled as. Children and expectant mothers are eligible based on ONE of the following forms of eligibility:

A. 100% eligible based on the federal poverty guidelines
B. 130% eligible based on the federal poverty guidelines (Head Start only)
C. Over Income
D. Foster Child
E. Temporary living situation, experiencing homelessness, or displaced housing
F. Public Assistance (SSI, SNAP, TANF)
G. Housing Adjustment

A family's income is equal to or below the federal poverty line: Children and expectant mothers eligible at 100% of the Federal Poverty Guidelines will have income that is equal to or below the poverty line.

Staff members will verify income information with the family by examining income documents provided by the parent or guardian. Documents provided by the parent or guardian should be dated within a *relevant time period (1) the 12 months preceding the month in which the application is submitted; or*
(2) during the calendar year preceding the calendar year in which the application is submitted, whichever more accurately reflects the needs of the family at the time of application unless the income is ongoing compensation that does not vary; such as Social Security benefits. The following are examples of proof of income that may be provided:

- Income tax information (Within one year of the time that the income verification has been completed.)
- W2 (Within one year from the time that the income verification has been completed.)
- TANF/WV Works
- Social Security benefits (Social Security Disability, Death, and Retirement)
- SSI
- Unemployment Compensation
- Worker's Compensation
- Verification from Employer (Signed statement)
- Child Support (Take the highest amount of child support paid to the parent)
- Pay stubs (Use the most recent pay stub. Overtime is to be calculated if it is included on the pay stub.)
- Other/Zero Income Comment

Information must be documented on the EPIC Early Head Start/Head Start Income Verification Form.

If a family does not have any income, the parent or guardian will complete the Statement of No Income Declaration/Temporary Living Situation provided by the program. The parent/guardian may also provide a signed written statement from a third party that is currently supporting the family financially. Any statement would be kept as verification of income and placed in the child's file. If a third-party statement is provided, a signed release of information must be kept in the file with the eligibility information.

If a child is determined to be eligible to participate in the program at 100% of the Federal Poverty Guidelines, this must be checked on the income verification form. The form must be signed by the parent or legal guardian, the staff member verifying the eligibility, and also a Specialist/Manager who will review the accuracy of the information provided on the form. The child should not be placed on the waiting list until this form is completed.

B. **Family's income Is equal to 130% or below the federal poverty guidelines (Head Start only-up to 35% of funded enrollment):** A child would be eligible at 130% if the family income is above 101% but does not exceed 130%. The EPIC EHS/HS program will adhere to the program ranking to ensure children and families who fall below 100% of the federal poverty guidelines are placed first

Staff members will verify income information with the family by examining income documents provided by the parent or guardian. Documents provided by the parent or guardian should be dated within a relevant time period *((1) the 12 months preceding the month in which the application is submitted; or (2) during the calendar year preceding the calendar year in which the application is submitted, whichever more accurately reflects the needs of the family at the time of application)* from the time that the income verification form is completed, unless the income is ongoing compensation that does not vary; such as Social Security benefits. The following are examples of proof of income that may be provided:

- Income tax information (Within one year to the time that the income verification has been completed.)
- W2 (Within one year from the time that the income verification has been completed.)
- Social Security benefits (Social Security Disability, Death, and Retirement This does NOT include SSI.)
- Unemployment Compensation
- Worker's Compensation
- Verification from Employer (Signed statement.)
- Child Support (Take the highest amount of child support paid to the parent)
- Pay stubs (Use the most recent pay stub. overtime is to be calculated if it is included on the pay stub.)

Information must be documented on the EPIC Early Head Start/Head Start Income Verification Form.

If a child is determined to be eligible at 130%, this must be checked on the income verification form. The form must be signed by the parent or legal guardian, the staff member verifying the eligibility, and also a Specialist/Manager who will review the accuracy of the information provided on the form. The child must not be placed on the waiting list until this form is completed.

C. **Family's income Is above 130% of the federal guidelines and the child meets the program's criteria for over income enrollment (Early Head Start and Head Start):** A child may be enrolled in the EPIC Early Head Start/Head Start program as over income if they meet the guidelines as established by the program. The Income Verification form must be completed and must be signed by a manager or specialist

If a family who is over income does not wish to disclose their income, this must be documented on the Income Verification form. Because the child is eligible due to one or more of the specific criteria as determined on the Over Income form, they are not considered income eligible, however, all information must be documented and kept in the file.

If a child is determined to be eligible over income, this must be checked on the income verification form.

D. **The child is in Foster Care:**

The parent or legal guardian may provide verification either a court order or other legal or government-issued document or a written statement from a government child welfare official demonstrating the child is in foster care.

Staff members will verify information with the legal guardian by examining documents provided. Information must be documented on the EPIC Early Head Start/Head Start Income Verification and Eligibility Determination Form. The form must be signed by the parent or legal guardian, the staff member verifying the eligibility, and also a Specialist/Manager, who will review the accuracy of the information provided on the form.

A child who is in foster care is eligible for the program regardless of income. If a child is determined to be eligible due to Foster care, this must be checked on the income/eligibility verification form.

E. **The child or expectant mother is experiencing homelessness:**

The parent or legal guardian may provide a written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates that the family is experiencing homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is in a temporary living situation. If the family cannot provide documentation from the agency, a written statement from the parent/guardian will suffice.

Staff members will verify information with the parent or legal guardian. Information must be documented on the EPIC Early Head Start/Head Start Income Verification and Eligibility Determination Form. The form must be signed by the parent or legal guardian, the staff member verifying the eligibility, and also a specialist/ manager, who will review the accuracy of the information provided on the form.

A child or expectant mother who is in a temporary living situation is eligible for the program regardless of income. If a child is determined to be eligible due to homelessness, this must be checked on the income verification form.

F. Family is eligible for or is receiving public assistance; including TANF child-only payments: Public assistance includes TANF (WVWORKS), SNAP, or SSI. Supplemental Security Income (SSI) is a Federal income supplement program funded by the general tax revenues, NOT SOCIAL SECURITY TAXES. It is designed to help aged, blind, and disabled people who have little or no income AND it provides cash to meet basic needs for food, clothing, and shelter.

The parent or legal guardian may provide documentation from either the state, local, or tribal public assistance agency that shows the family either receives public assistance or that shows the family **is potentially eligible** to receive public assistance. A family who is receiving public assistance is eligible for the program regardless of income.

Staff members will verify information with the parent or legal guardian. Information must be documented on the EPIC Early Head Start/Head Start Income Verification and Eligibility Determination Form. The form must be signed by the parent or legal guardian, the staff member verifying the eligibility, and also a specialist manager, who will review the accuracy of the information provided on the form.

5. Once eligibility is determined, a Selection Criteria is completed, and the child or expectant mother is assigned a ranking number, based on the program Procedure for Ranking Children.

6. Children and expectant mothers in Early Head Start remain eligible for the program until the child transitions out of Early Head Start. Prior to enrollment in Head Start, the EHS family income and eligibility must be re-determined. A new selection criterion will also be completed.

8. Once eligibility is determined for Head Start, the child remains eligible for the program until the end of the succeeding program year (if the child returns for a third year).

9. Eligibility information must be inputted into the database system.

G. If a child is enrolled in Head Start but later found to be not eligible, federal program rules require the program to follow specific steps. The exact process can vary slightly by program, but the general procedure typically includes the following:

1. Verify the Eligibility Determination

- *Staff review the child's application and documentation (income, age, residency, foster status, etc.).*
- *Confirm whether the initial eligibility was determined incorrectly or if new information shows the child is not eligible.*
- *Document the review in the child's file.*

2. Notify Program Leadership

- *The eligibility concern is reported to the program director or eligibility manager.*
- *They review the case to ensure the determination is accurate and complies with the Head Start Program Performance Standards.*

3. Internal Documentation

- *The program documents:*
  - *The reason the child is considered ineligible*
  - *When the issue was discovered*
  - *Who reviewed the eligibility*
  - *Any corrective actions taken*

4. Determine Whether the Child May Remain

Sometimes the child may still remain enrolled if:

- *The program has not exceeded the allowable percentage of over-income or ineligible children (generally up to 10% over-income and limited additional enrollment with approval).*
- *The error was made by the program and removing the child would cause hardship.*

If the program cannot legally keep the child enrolled, they must move to the next step.

5. Family Notification

- *The program meets with or sends written notice to the family explaining:*
  - *The eligibility issue*
  - *Whether the child can remain temporarily or must be withdrawn*
  - *Available community resources or alternative programs.*

6. Transition or Withdrawal

If the child cannot remain:

- *The program assists the family with transitioning to another early childhood program (state pre-K, childcare, community programs).*
- *The child is formally withdrawn in the program's system.*

7. Corrective Action (Program Level)

The program may also:

- *Retrain staff on eligibility determination*

- *Update verification procedures*
- *Conduct internal monitoring to prevent future errors.*

*Records are reviewed throughout the year by managers and specialists during monthly file monitoring reviews.

*Training on eligibility will be provided to staff throughout the year at FA Cornerstone meetings. Policy Council parents will receive training on eligibility yearly.

*Staff who do not comply with eligibility procedures may be placed on a support plan.

2026 FEDERAL POVERTY GUIDELINES

Effective 1/20//2026

Persons in family/household	100% Annual
1	15.960
2	21,640
3	27,320
4	33,000
5	38,680
6	44,360
7	50,040
8	55,720
9	61,400
For each extra person add $5,680.00	
100% eligible applicable for Early Head Start and Head Start	

Persons in family/household	130% Annual
1	20,748
2	28,132
3	35,516
4	42,900
5	50,284
6	57,668
7	65,052
8	72,436
9	79,820
For each additional person add $7,384.00	
130% eligible applicable for Early Head Start and Head Start	

***Any income over the amount specified as 130% is considered OVER INCOME and must meet program over Income requirements (applicable for Early Head Start and Head Start children and families).**

PROCEDURE FOR **RANKING** CHILDREN FOR ENTRY INTO EPIC EARLY HEAD START/HEAD START

In order to ensure that children and families with the most needs are placed in Head Start first, we will use the following procedure:

- Upon receipt of an Early Head Start/Head Start application, a Family Advocate will contact the family and conduct an interview to complete the age and income verification and selection criteria. Children will be placed on the waiting list when these items are completed.
- The selection criteria score will be added to the ranking categories below to determine order of placement into an option or center that the family has requested and where transportation is available, if needed.
- A database system will be used to maintain the waiting list and rank applications.
- This system will rank the children's scores as follows:

  3000 + selection criteria number for: **any HS or EHS eligible child or expectant mother at 100% of the poverty guidelines.**

  2000 + selection criteria number for: **any HS child eligible at 130%.**

  1000 + selection criteria number for: **any HS or EHS child who is over income** (up to 10% and eligible under program over-income guidelines) **as determined by the program over income requirements.**

- Children with the highest numbers, starting with 3000, will be placed in available options and centers. Notification will be provided to families who are on the waiting list, but who are unable to be placed in a center.
- In the event of identical scores, the child with the earliest application date will be placed first.
- Children transitioning from EHS to HS will be placed in compliance with the Procedure for Placing EHS Transition Children. Children transitioning from EHS to HS will need their income re-verified, as well as a new selection criteria completed.

EPIC INCOME AND ELIGIBILITY VERIFICATION DOCUMENTATION FORM

CHILD'S NAME: _____ D.O.B: _____

DATE OF VERIFICATION: _____

CIRCLE AMOUNT PER: YEAR, WEEK (52), MONTH (12), SEMI-MONTHLY (24), BI-WEEKLY (26)

Income Tax Form	
W-2 form(s)	
TANF/WV Works	
SSI	
SNAP	
Social Security Benefits – (circle type) Death, Retirement, Disability	
Unemployment Compensation	
Worker's Compensation	
Pay Stubs (source)	
Verified by employer (name)	
Foster Care	
Child Support	
Other/Zero Income Comment	

TOTAL ANNUAL INCOME: $ _____

EHS/HS EMPLOYEE SIGNATURE: _____

EHS/HS MANAGER/SPECIALIST SIGNATURE: _____
(Must be signed by manager or specialist before placement.)

PARENT/GUARDIAN SIGNATURE: _____

FOR OFFICE USE: # in family _____ Maximum income allowable _____

Conducted: _____ In person interview ____ Telephone interview (If interview was not done in person, please attach documentation.)

Check the category of eligibility (check only one):

_____100% (income at or below 100%) _____130% (income between 100-130%)

Type of Eligibility (check only one)

_____Foster Child _____Temporary Living Situation (attach verification) _____Public Assistance (TANF, SSI, SNAP)

_____Housing Adjustment

_____Over Income

_____Professionally diagnosed disability _____ Professionally diagnosed health impairment _____ An exception approved by the management team

Approved by Policy Council 1-21-26
JB 1-29-26

EPIC EARLY HEAD START/HEAD START PROGRAM

Statement of No Income Declaration/Temporary Living Situation

*This form is filled out with any parent/guardian that states they have no income.

1. Do you live with someone else? _____ Yes _____ No

2. Are you in a temporary living situation? _____ Yes _____ No

   If yes, please explain:

   _____
   _____
   _____
   _____
   _____

3. Zero income statement from parent or third party.

   _____
   _____
   _____
   _____

   Additional Comments:

   _____
   _____
   _____
   _____

Parent/Guardian Signature_____ **Date**_____

Staff Signature_____ **Date**_____

Approved by Policy Council 1/21/26
JB 1/29/26

EPIC Early Head Start/Head Start/Pre-K

Recruitment and Enrollment Procedure

RECRUITMENT

Recruitment is an ongoing, year-round process for Early Head Start and Head Start, with heavy recruitment periods for Head Start beginning in February. Recruitment of eligible children for Early Head Start/Head Start & Pre-K is the responsibility of the entire staff with the majority of the responsibility belonging to the Family Advocate. Staff are encouraged to help recruit new enrollees and spread the word about this beneficial program for children and families. Recruitment happens formally and informally.

An application may be submitted to Early Head Start/Head Start at any time during the year. All applications are processed, and an eligibility determination is made as to whether the child meets the age and eligibility requirements. Pregnant mothers must also meet the same federal income guidelines. Ten percent of the enrolled children in Early Head Start and Head Start must have diagnosed disabilities.

Each application is prioritized, and ranked according to the size of the family, income information, possible disabling conditions, and families with other special needs. Pre-K families are recruited as openings occur based on factors such as age, the date of the application, transportation needs and whether siblings attend the Head Start Center. Applications are screened by Family Advocates who determine approval based on the policies and regulations that govern the program. For further instruction on eligibility determination, see "Procedures for Determining Eligibility for EPIC EHS/HS Children."

Recruitment is based on the geographic area and demographics which are determined by the program's Community Needs Assessment and includes Berkeley, Jefferson, and Morgan counties.

Resources and agencies used for recruitment include:

- Currently enrolled families and community members
- WVDHHR list of TANF recipients, Medicaid and SNAP benefits
- Community agencies such as CCAP, WIC, Children's Home Society, WVDHHR, homeless shelters, Foster Care
- Kindergarten registrations in the spring
- Community sports event registrations
- Referrals from school systems, including children with disabilities and PSSN children
- Partnerships with childcare providers such as Little Learner's Village (Morgan County)
- WV Birth to Three
- Articles in newspaper and other news media advertisements
- Brochures and information will be provided to community members at meetings
- Door to door
- Community resources

ENROLLMENT

Throughout the year, EPIC Early Head Start/Head Start/Pre-K Family Advocate will assist parents in completing applications and placing eligible children on the waiting list

March/April:

Head Start staff will complete the "Returning Child Form" to assist with the placement of returning children. Parents/guardians will be notified of any follow up for child health information at this time.

June:

Placement processes may vary by county. Placement teams will meet to place children into classrooms throughout the county. Special needs and accommodations will be considered. Children with the highest need, according to the selection

criteria (HS) will be placed first, after returning children and eligible siblings. Four-year-old's will be given priority. Availability of transportation will also be considered at this time.

July:

Parents and guardians are notified by a phone call, letter, or email, which includes information about the child's classroom placement, orientation date, availability of transportation, and any health or child information that is needed.

Placement of children who are five years old on or before June 30th:

In special circumstances, the program will consider enrolling children who are five years old if:

a. There is a written request from the child's school which states that the child cannot be accommodated in kindergarten and Head Start services are requested by the school and the parent/guardian.

b. The child is a former Head Start student

c. The parents/guardians agree to comply with all Head Start requirements.

WAITING LISTS

Waiting lists will be maintained year-round. Staff will continuously recruit families and complete applications. Children and expectant mothers are eligible to be placed on the waiting list with a completed application for the program year, verification of age, a completed eligibility income determination record, and selection criteria. Children will continue to be assigned to openings throughout the year from the waiting list by their scores on the selection criteria and the availability of openings in their age group and geographic area.

No more than three spots in each county will be reserved for children who are homeless or in foster care. These spots can be reserved for thirty days from the first day of school. If after thirty days the spot is not filled, the spot is considered vacant and must be filled within thirty days of that time.

A waiting list of completed applications will be developed and parents will be notified about their waiting list status.

Orientations for Head Start will be held in August, children will be considered enrolled on the first day they have attended class for Head Start. Early Head Start children and expectant mothers are considered enrolled at the time of the first home visit.

criteria (HS) will be placed first, after returning children and eligible siblings. Four-year-old's will be given priority. Availability of transportation will also be considered at this time.

July:

Parents and guardians are notified by a phone call, letter, or email, which includes information about the child's classroom placement, orientation date, availability of transportation, and any health or child information that is needed.

Placement of children who are five years old on or before June 30th:

In special circumstances, the program will consider enrolling children who are five years old if:

a. There is a written request from the child's school which states that the child cannot be accommodated in kindergarten and Head Start services are requested by the school and the parent/guardian.

b. The child is a former Head Start student

c. The parents/guardians agree to comply with all Head Start requirements.

d. West Virginia provides a statewide waiver under Policy 2525 that allows families to enroll eligible 5-year-old children in PreK if they believe a Pre-K setting is a better fit for their child. To qualify, the child must NOT have previously attended a public preschool program.

WAITING LISTS

Waiting lists will be maintained year-round. Staff will continuously recruit families and complete applications. Children and expectant mothers are eligible to be placed on the waiting list with a completed application for the program year, verification of age, a completed eligibility income determination record, and selection criteria. Children will continue to be assigned to openings throughout the year from the waiting list by their scores on the selection criteria and the availability of openings in their age group and geographic area.

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A waiting list of completed applications will be developed and parents will be notified about their waiting list status.

Orientations for Head Start will be held in August, children will be considered enrolled on the first day they have attended class for Head Start. Early Head Start children and expectant mothers are considered enrolled at the time of the first home visit.

Over Income _____

SELECTION CRITERIA
EPIC EARLY HEAD START YEAR _____

Child _____ Date _____

Completed by _____

Professional referral source _____

+500 Expectant teen (18 years and under)
+250 Expectant parent (19 years and over)
+250 Parent age 18 and under (not expecting)
+150 Temporary living situation
+50 No water, electricity, indoor plumbing or heat
+50 Child has professionally diagnosed disability/receiving services from WVBTT
+50 Foster child
+50 Grandparents/other relatives/guardians have physical custody or guardianship
+50 Child abuse/neglect case with DHHR
+50 Alcohol/drug misuse in immediate family reported
+50 Parent enrolled in drug maintenance/treatment program/recovery
+50 Domestic abuse reported
+50 Child experienced Neonatal Abstinence Syndrome
+50 Receives public assistance (TANF, WV WORKS, SNAP, SSI)
+50 Parent deceased

+25 Immediate family member deceased within the past year
+25 Professional or agency referral
+25 Parent in prison/jail
+25 Parent/caretaker has physical, learning, or psychological disabilities
+25 Child has chronic medical condition/illness
+25 Expectant Parent has high risk pregnancy
+25 Child is exposed to secondhand smoke
+25 English as a second language
+25 No access to/limited transportation
+25 Parent employed by the EHS/HS program
+25 Parent(s)/Caretaker receiving Mental Health services

+10 Child has no medical/dental home
+10 Child has no medical/dental insurance
+10 Expectant parent has no medical home
+10 Expectant parent has no medical/dental insurance
+10 Single parent family
+10 Two or more EHS/Head Start eligible children in home
+10 Parent did not graduate from high school

Approved by Policy Council 1/21/26
JB 1/29/26

TOTAL POINTS_____

Over Income _____

SELECTION CRITERIA
EPIC HEAD START CHILD YEAR _____

Child _____ Date _____
Completed by _____
Professional referral source _____

+500 Child is 4 years old on or before June 30th
+250 Child enrolled in/completed EHS program
+150 Temporary living situation
+50 No water, electric, indoor plumbing, or heat
+50 Child has professionally diagnosed disability
+50 Foster child
+50 Grandparents/other relatives/guardians have physical custody or guardianship
+50 Child abuse/neglect case with DHHR
+50 Alcohol/drug abuse in immediate family reported/treatment/recovery
+50 Domestic abuse reported
+50 Receives public assistance (TANF, WV WORKS, SNAP, SSI)
+50 Teenage parent(s) at time of enrollment
+50 Professional or agency referral
+50 Parent deceased
+50 Child experienced Neonatal Abstinence Syndrome (NAS)

+25 Immediate family member deceased within the past year
+25 Parent in prison or jail
+25 Parent/caretaker has physical, learning, or psychological disabilities
+25 Child has chronic medical conditions/illness/health concerns
+25 Child is exposed to second hand smoke
+25 Two or more EHS/Head Start eligible children in home
+25 English is a second language
+25 No access to/limited transportation
+25 Parent employed by the EHS/HS program
+25 Parent(s)/Caretaker receiving Mental Health services

+10 Developmental delays/disabilities suspected
+10 Child has no medical/dental home and/or insurance
+10 Child is three years old on or before June 30th
+10 Child was formerly enrolled in HS
+10 Parents working or in training and in need of child care assistance
+10 Single parent family
+10 Unemployed family

+5 No telephone
+5 Parent(s) did not graduate from high school
+5 Parent(s) needs assistance in establishing paternity, custody, child support
+5 Child removed from child care due to behavior issues
+5 Child needs more opportunities for peer interaction and socialization
+5 Parents are unable to participate in parent meetings or Head Start classes

Total Points_____

Approved by Policy Council on 1/21/26
JB 1/29/26

Eastern Pocahontas Instructional Cooperative
EPIC

Parent/Guardian-Staff Contract

I, _____, (parent/guardian) of _____ (child's name), agree to the following conditions of maintaining enrollment in the EPIC Head Start program.

Please ✓ below confirming that in partnership we, Parent/Guardian, and EPIC Head Start Staff, have reviewed the following regarding EPIC Head Start Parent Handbook Policies and agree to work together for positive child and family outcomes.

Reviewed	SECTIONS (1) through (4)
☐	1. I understand my child's center information, including staff contact numbers and what a typical classroom day will include.
☐	2. I understand my rights, responsibilities and the program philosophy and goals.
Reviewed	**SECTION (5) GENERAL POLICIES AND PROCEDURES**
☐	3. I understand that I must comply with all requirements of the enrollment process and provide requested documents.
☐	4. I understand that my child must maintain 90% attendance each month and I will sign an attendance agreement. I will provide a parent/doctor's notes for absences to be excused.
☐	5. I understand that when my child will be absent or late, I must immediately notify the center and bus staff (if utilized) with an absent/late reason. If notification has not occurred, my Family Advocate will call to follow-up.
☐	6. I understand that after 3 unexcused absences, my Family Advocate will work with me on improving attendance and chronic absences may result in a meeting, home visit, Attendance Plan, and/or being placed back on the wait list.
☐	7. I understand that EPIC Head Start will follow all court documents provided by the custodial parent for non-custodial parents and will need written documentation from the custodial parent, if not listed on the Birth Certificate or Emergency Release form. I will provide all court orders, including Family Protection Orders that restrict visitation.
☐	8. I understand that all files/information are kept confidential. I give consent for staff members involved with my child/family to exchange information during the program year, including transitions from/to Early Head Start and Kindergarten with the school in my county.
☐	9. I understand that EPIC Head Start will not release information to outside entities without my consent (unless instructed through a court order or for reporting suspected child abuse and neglect) and I have the right not to sign the release consent form.
☐	10. I understand that I will first contact center staff and/or the county Child Development Manager for concerns. If not resolved, I will contact the Child Development Specialist for assistance.
☐	11. I understand that all EPIC Head Start staff are mandated reporters and must report any suspected child abuse and neglect.
☐	12. I understand that I will partner with EPIC Head Start staff regarding the Positive Discipline and Guidance policy for children. If Severe Behavior Interventions are needed, I will work with staff, including the Mental Health Specialist, regarding my child's behavior/safety.
Reviewed	**SECTION (6) CENTER & CLASSROOM OPERATIONS**
☐	13. I understand that I may be required to complete an USDA meal form pay the amount billed in a timely manner, if my family is not eligible.
☐	14. I understand that I must provide a doctor's note for requested meal adjustments due to allergy or medical reasons.
Reviewed	**SECTION (7) ARRIVAL AND DEPARTURE, TRANSPORTATION**
☐	15. I understand that I will not leave any child in my vehicle without an adult present when dropping off/picking up. I must accompany my child to and from her/his classroom and sign her/him in upon arrival and out upon dismissal.
☐	16. I understand that I will pick up my child promptly. Failure to do so may result in working with my Family Advocate for assistance or being placed on the waitlist.
☐	17. I understand that I must complete an Emergency Release form giving permission for my child to be released to the emergency contacts provided. **I understand that at least 1 contact must be provided on the Emergency Release in order for my child to attend.** My child will not be released to anyone who is not listed on the form, does not have photo identification (including the parent/guardian), and is under the age of 18 years old.
☐	18. I understand that I must notify my Family Advocate immediately of changes in address, phone numbers, emergency contacts or any other information listed on the Emergency Release form.
☐	19. I understand that an authorized person, listed on the Emergency Release form, must be at the bus stop to receive my child. My child will

not be released to anyone who is not listed on the form, does not have photo identification (including the parent/guardian), and is under the age of 18 years old.

☐ 20. I understand and will comply with all Transportation rules/regulations (including the Loading/Unloading policy) and assist my child with obeying the rules. Failure to comply with all rules/regulations may result in suspension or termination of Transportation services.

Reviewed **SECTION (8) HEALTH**

☐ 21. I understand that I must provide current documentation (and updated every 12 months) and complete al follow-up requested of physical exam, immunization records and dental exam for my child. My child may not be permitted to attend without the required documentation.

☐ 22. I understand and give my permission for EPIC Head Start to conduct routine screenings as required by Federal and State regulations (including, vision, speech, hearing, height/weight, lead, hematocrit/hemoglobin (Iron), nutrition, developmental, and self-help/social emotional.) I agree to follow up on all referrals and recommendations.

☐ 23. I understand and will work with EPIC Head Start and my Local Education Agencies (LEA) if my child is suspected of a disability or delay.

☐ 24. I understand that general social emotional classroom observations will be conducted by the programs Mental Health Specialist. My written consent will be necessary prior to any specific Mental Health Services being provided to my child.

☐ 25. I understand that only medication having a doctor's order is permitted and all required documentation must be completed prior. I will never send medication in my child's backpack.

☐ 26. I understand the Sick Child policy and will not send my child to center sick or have home visits unless they meet the return to center criteria. I agree to promptly pick up my child if she/he becomes sick at center. I agree to notify the center of any communicable illnesses.

Reviewed **SECTION (9) SAFETY**

☐ 27. I understand that my child's safety is the program's top priority, and they will follow all emergency and safety procedures outlined.

☐ 28. I understand the Social Media policy and will not take photos, videos or make positive or negative social media posts about other children or staff in the program.

☐ 29. I understand and will comply with the Expected Behavior in Safe and Supportive Schools / Standards of Conduct.

Reviewed **SECTION (10) OPPORTUNITIES FOR FAMILY ENGAGEMENT**

☐ 30. I understand that my Family Advocate staff will work with me to provide support/service referrals and complete a Family Partnership Agreement. I will fully participate in regularly schedule home visits with her/him and will contact 24 hours in advance to reschedule.

☐ 31. I understand that my Teaching staff will work with me on my child's development, and I will fully participate in up to 2 home visits and 2 parent conferences to review development, assessment, and program information.

☐ 32. I understand that I am encouraged to volunteer in the classroom (siblings not permitted) and to serve on Advisory committee or Policy Council. I am required to attend parent meetings/trainings and field trips, if feasible.

☐ 33. I understand that the program must generate matching funds and my In-Kind contributions will be documented on an In-Kind form.

☐ 34. I understand that I have the right to submit feedback regarding the program by using the Thoughts and Suggests form and completing periodic program surveys.

✓ One **PHOTO CONSENT**

☐ I give permission to allow my child and members of my family to be photographed, audio taped, filmed, or quoted for publicity purposes to promote the EPIC Head Start, including program social media pages.

☐ I ***DO NOT*** give permission to allow my child and members of my family to be photographed, audio taped, filmed, or quoted for publicity purposes to promote the EPIC Head Start, including program social media pages.

By signing the below, I confirm that I have reviewed the EPIC Head Start Parent Handbook with EPIC Head Start Staff and have checked the items above indicating my understanding and willingness to work in collaboration. This contract expires the last day of the program year unless revoked in writing prior to that date.

Parent/Guardian Signature _____ **Date** _____/_____/_____

By signing the below, I confirm that I have reviewed the EPIC Head Start Parent Handbook with the parent/guardian, and I have checked the items above indicating her/his understanding willingness to work in collaboration. This contract expires the last day of the program year unless revoked in writing prior to that date.

Staff Signature _____ **Date** _____/_____/_____

Date/Initial for any other updates-

_____ _____ _____

EPIC Head Start/Pre-K Emergency Release

Please use blue pen, print clearly and fill in all spaces. Include area codes with phone numbers.

Child's Full Name:_____ Date of Birth:_____ Gender M F

Address (Street/911):_____City:_____State:_____Zip:_____

Address (Mailing), if different:_____City:_____State:_____Zip:_____

Parent/Guardian:_____Relationship:_____ Email: _____

Primary Phone (1):_____Primary Phone (2):_____(w):_____

911 Address:_____City:_____State:_____Zip:_____

Workplace:_____911 Address:_____

Parent/Guardian:_____Relationship:_____ Email: _____

Primary Phone (1):_____Primary Phone (2):_____(w):_____

911 Address:_____City:_____State:_____Zip:_____

Workplace:_____911 Address:_____

Other Legal Guardian:_____Relationship:_____Email:_____

Primary Phone (1):_____Primary Phone (2):_____(w):_____

911 Address:_____City:_____State:_____Zip:_____

Workplace:_____911 Address:_____

Child Care Center:_____Phone:_____

911 Address:_____City:_____State:_____Zip:_____

Other emergency contacts; For your child's safety, our program requires at least one emergency contact on file. This person will be contacted if the parent or guardian cannot be reached in urgent situations. Please ensure your contact is reliable, available during program hours and that information is kept up to date. If you have more than 2 emergency contacts, please attach information on the form available upon request. **All contacts must be 18 or over with photo ID. For individuals not listed, parents must call teacher or center to confirm approval of unfamiliar "contact". Individual must present a note signed by legal guardian and photo ID.**

Name:	**Phone:**	**911 Address (Street, City, State, Zip):**
1._____	_____	_____
Relationship to child:_____		_____
2._____	_____	_____
Relationship to child:_____		_____

******Total Emergency Contacts:** _____

People who <u>cannot</u> pick up my child: Attach court order/ Family Protection Order.

_____

Child's Doctor- Name/Address/Phone:

_____

Child's Dentist – Name/Address/Phone:

_____

Medical / Educational Special Needs or Accommodations:

_____

Diagnosed Allergies-Attach Documentation:

_____

Current Medications and Reason/Diagnosis:

_____

Is Medication given at school? Yes or No

If Yes, explain:_____

Medicaid #, CHIPS # or insurance info (Requested by licensure):_____

In case of illness or injury requiring medical attention beyond basic first aid, the undersigned authorizes EPIC Head Start to call emergency services to have my child transported to the nearest hospital. It is understood that services will be obtained and I am responsible for the cost of such emergency medical care.

I certify that the information above is correct to the best of my knowledge and that I have read and fully understand the above authorizations.

			Updated/Reviewed (PT 1)	(PT 2)
Signature of Legal Guardian	Date	Initials and date	Initial/Date	Initial/Date
Signature of Witness	Date	Initials and date	Initial/Date	Initial/Date

For office use: (staff – check if applicable)

____Child has IEP/IFSP ____Bus Evacuation Plan ____Center Evacuation Plan ____Court order/FPO

____Urgent Medical Conditions/Allergies Bus Driver(s):_____

Teacher/Home Visitor:_____ X Day____ HB____

Primary Language: (other than English):_____

(Attach to EPIC Head Start/Pre-K Emergency Release)

EMERGENCY CONTACTS CONTINUED:

ENROLLED CHILD: _____ Date of Birth: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Relationship to child: _____ DATE ADDED: _____

STAFF NAME & INITIALS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Relationship to child: _____ DATE ADDED: _____

STAFF NAME & INITIALS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Relationship to child: _____ DATE ADDED: _____

STAFF NAME & INITIALS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Relationship to child: _____ DATE ADDED: _____

STAFF NAME & INITIALS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Relationships to child: _____ DATE ADDED: _____

STAFF NAME & INITIALS: _____

updated/reviewed at p/t conference (parent initials/date)

#1_____/_____ #2_____ /_____

EPIC Head Start/Pre-K Attendance Policy

Pre-K is not a mandatory program, however once enrolled attendance is mandatory.
Attendance is a major indicator of a child's success in school. Chronic absence and retention are directly related to each other. Tracking patterns of attendance and addressing problems early can contribute to the development of good family habits and improve your child's success in school. Our program requires that each child maintain 90% attendance, which only allows an average of one absence per month.

Parents and guardians are responsible for notifying the program whenever the child will be absent from school.

- If your child is transported by bus, please notify the bus driver/bus aide concerning your child's absence 1 hour prior to your child's designated pick-up time. Each bus is equipped with a cell phone for parents to get in touch with their child's driver. Those phone numbers will be given to parents when bus service starts.
- If your child is NOT transported by a bus, please contact the classroom staff or your Family Advocate 1 hour prior to your child's classroom start time through phone call, email, text message or communication app to report any absence. Telephone numbers for each of the centers or classroom sites are listed in this Handbook. The teaching staff and Family Advocates will provide information on other ways to stay in touch at orientation.

In the event that your child is absent, and we have not received notification of the absence, then the EPIC Head Start/Pre-K designated staff will make a phone call to verify the reason for the absence. These calls are made daily to ensure the safety of your child and to determine if the program is able to offer any support for the child and family.

All absences require a note, phone call, or a message sent via text and/or communication app, from the parent or medical professional concerning the reason of your child's absence when they return.

If your child has three UNEXCUSED absences in a month, per the program's definition of unexcused absences, your child's teacher will send an attendance referral to the Family Advocate (1302.16). UNEXCUSED absences include oversleeping, no call/no note, car troubles if the bus is available, family vacations/trips if not educational, etc.

- When a referral is received, Family Advocates will work closely with your family to help support you in improving your child's attendance and maintaining the required 90% attendance.

If a child is chronically absent when they miss 1-2 or more days in a month. If your child is experiencing chronic absences and we have received more than 10 parent notes, then the EPIC Head Start/Pre-K program may require medical documentation upon return. Chronic absences will result in one of the following actions:

- A home visit with the Family Advocate
- An attendance success plan
- A meeting with program staff
- Child will be placed on the program waiting list
- If the child's attendance does not resume, then the program must consider the slot vacant (1302.16).

Please let us know if there are any family or medical problems that make it difficult for your child to attend school regularly. Our Family Advocate staff may be able to help find resources or services to assist you. If your child has a chronic health condition, our staff will work with you to develop a health plan that will help address their attendance needs.

Policy on late arrival:

Arriving on time and being ready for school is also an indicator of a child's success in school. Our program tracks the arrival time for each child daily.

- Parents and guardians are responsible for notifying the program whenever your child will be arriving late. Prior notification of tardiness is appreciated and helps ensure that your child receives meal service that day.
- If a child arrives more than 30 minutes late three or more times in a month without an excused explanation, unless otherwise noted by the county school policy, the teacher will send a referral to your Family Advocate. If the school policy reflects a different tardy window, the school policy will be followed instead.
- Once a referral for tardiness is received, your Family Advocate will contact you to address the circumstances that have prevented your child from being on time.
- A success plan may be developed to address any barriers to attending class on time.

Withdraw from EPIC Head Start/Pre-K:

It is our goal to keep your child enrolled for the entire school year in order to assist with a successful transition into kindergarten. However, we understand that circumstances may arise where the program can no longer meet the needs of your family and you must consider withdrawing your child from the program. If this is something you are considering, please contact your child's teacher or Family Advocate to discuss options that may be available to you.

Excused absences/tardiness include the following:

1. Child's hospitalization

2. Child is incapacitated due to a serious illness or injury

3. Child or a member of the immediate family has a communicable disease

4. Child has other health ailments, which temporarily prevent attendance

5. Death in the child's family

6. A temporary family situation (moving/domestic difficulty)

7. Transportation issues

8. Weather conditions that prevent you from getting your child to school safely

9. Cultural or religious family activity

10. Child had a medical, dental, or mental health appointment

11. School approved activity

EPIC Head Start/Pre-K Staff Attendance Requirements

1. Classroom staff MUST track daily attendance on classroom attendance forms using attendance codes to identify excused and unexcused absences. Attendance is to be entered by 9:00 a.m. or 10:00 a.m. in database and on Head Start roster. Attendance MUST be recorded in attendance app. Attendance data will be utilized to track patterns of attendance for each child within the first 60 days of enrollment and throughout the year. The data will be used to identify patterns of attendance that put children at risk of falling below the 90% required attendance. Data will be used to develop strategies to improve individual and overall classroom attendance.

2. Attendance will be accessed from data base on a weekly basis.

3. Teaching staff and Family Advocates will provide parents/guardians with the approved means of communication to be used throughout the year. Communication with parents can be done through notes, phone, email, text messaging or communication app.

4. In situations where a child has been chronically absent,(defined as missing 10% or more of their school days for any reason – excused or unexcused), the program may have to limit the number of parent notes and request medical documentation for the absence (for example no more than 10 parent notes as per the county schools).

5. Transportation staff must let classroom staff know the names of any children that were absent from the bus each day and if they received notification from the parent about this absence.

6. Family Advocate staff and the classroom staff will communicate each day so that the classroom staff can report children that are absent from the classroom without notification from the parent. An Absentee Call Plan will be developed by the manager, FA staff, classroom staff, and transportation staff to determine who will communicate with the parent/guardian when there is no notification of a child's absence. A backup plan will be developed in case the original plan cannot be implemented. (See Absentee Call Procedure).

7. Once a child has had 3 UNEXCUSED absences (3 unexcused absences in a MONTH regardless of whether or not they are consecutive), teaching staff will send an attendance referral to the Family Advocate; NO EXCEPTIONS. The referral should include the dates of the absence(s) and documentation of any contact that has been made with the family, including the reason of the absence if known.

    a. Family Advocates will follow up on attendance referrals within one week of receipt through phone calls, home visits, and possible attendance plans written with the family. A referral may be made to the Family Community Specialist for assistance, support, and guidance (1302.16 (a) (2) (iv)).
    b. Daily communication should occur between classroom staff and their Family Advocate regarding attendance concerns. Communication should be documented appropriately on referral forms and placed in the file and on Child Plus.

8. If a child is tardy three or more times a month, the teaching staff will send a referral to the Family Advocate and an attendance plan may be implemented.

9. If a child is determined to be chronically absent, the Family Advocate will send a referral to the Family Community Specialist to determine what actions need to be taken.

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

EPIC Head Start/Early Head Start Attendance Agreement

Child: _____ DOB: _____

I understand the following:

1. My child's attendance and participation are very important to their education and development;
2. Chronic absenteeism negatively affects school-readiness;
3. My child's average attendance should be at or above 90% to meet the program's attendance goal;
4. If my child is unable to attend for the day, I will notify my child's teacher or Family Advocate within the first hour of school starting, otherwise, the Center will contact me by telephone or a home visit to ensure my child's safety;
5. If my child is at risk of missing 10% of program days per year, my family will receive additional supports (phone call, home visit, or attendance plan if applicable) to improve attendance rates;
6. If low attendance rates are not improved, my child's slot in the program may be considered vacated.

_____ _____

Parent/Guardian Signature Date

_____ _____

Staff Signature Date

Attendance Plan

Child:
Date of Birth:

Your child needs to attend class regularly to receive all of the benefits offered by the EPIC Head Start/Pre-K Program. When your child does not attend regularly, Family Advocates offer assistance to your family to help solve problems that are keeping your child from attending class.

Head Start performance standards require 90% attendance. Your Child's Attendance percentage is _____%. This Attendance Plan is an agreement between Epic Head Start/Pre-K staff and your family on what steps are needed to improve the child's attendance.

Barriers to Attendance:

Transportation: _____
Illness: _____
Other: _____

- Keep an attendance chart at home. At the end of the week, I will recognize my child for attending preschool everyday with _____ (visit to the park, a new book, a special treat or a hug)
- Make sure my child is in bed by _____p.m. and the alarm clock set for _____a.m.
- Find a relative, friend or neighbor who can take my child to or from preschool if I cannot
- Set up medical and dental appointments for weekdays after preschool
- Use sound judgement about mild medical complaints:

  If my child complains of a stomachache or headache, and medical concerns have been ruled out, I will send my child to preschool and ask the program to check in with my child during the day. If my child has a fever less than 100.4 degrees), I will send my child to preschool. If I do not have a thermometer, I will let my Family Advocate know.

Attendance Improvement Solution

Goal	Actions to take	Person Responsible	Timeline

Follow-up Date: ___/___/___

Follow-up Date: ___/___/___

Completion Date: ___/___/___

_____ _____
Parent Signature Date

_____ _____
Staff Signature Date

JB 6/2025

EPIC HS/PRE-K DROP / ADD / TRANSFER FORM

☐ADD (Date): ☐ DROP (Date): ☐TRANSFER (Date): ☐EHS CHILD:

1) If DROP- Complete sections A, F, G below. Drop date is determined by the parent confirmation or "respond by" date of email. * If child has an IEP – Specialist must contact Special Ed. Administrator in appropriate county. Specialist has been contacted by staff member completing drop. ☐Yes ☐No
2) If ADD- Complete sections A, B, D, E, F. Add date is the first day child attended class
3) If Transfer from Berkeley, Jefferson, or Morgan- Complete sections A, B, C, D, E, F, G.
4) If child **NEVER** attended, **DO NOT** complete form. Only complete DROP if child attended at least 1 day
5) Add form to be completed for every child after original start date of school

SECTION A. *IEP ☐ YES ☐ NO

Child Name:	
WVEIS #:	
Date of Birth:	
County/Center:	
Teacher/Home Visitor:	
FA Staff:	
	☐HS ☐HS 130% ☐PRE-K ☐OI

SECTION B.

Replaces child (if applicable):

SECTION C.

County/Center:	
Teacher/Home Visitor:	
FA Staff:	
	☐HS ☐HS 130% ☐PRE-K ☐OI

SECTION D.

Parent(s)/Guardian(s):	
Child Address:	
City/State/Zip:	
Phone #s:	

SECTION E.

Bus Needed? ☐Yes ☐No	Bus Driver Name:
Bus Stop/Directions:	

SECTION F.

☐Center/CD Manager notified ☐Teaching Staff notified ☐Transportation Staff notified ☐WVEIS info given to WVEIS department	Is child up to date on immunizations? ☐Yes ☐No Does child/expectant mother have a dental home? ☐Yes ☐No Does child/expectant mother have a medical home? ☐Yes ☐No

SECTION G.

Drop/Transfer Reason and Comments:

APPROVED BY MANAGER OR SPECIALIST: DATE:

JB 1/26