Head Start Family Advocate Monthly Monitoring Log   Month:_____

Manager/Specialist _____

Family Advocate _____

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

	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Expectation							
Status	( )%	( )%	( )%	( )%	( )%	( )%	( )%

Analysis: (Questions)
What do the percentages indicate about this caseload?

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

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

SC 7/2022

Performance Standard	Program Operations Program Management and Quality Improvement	**Head Start & Early Head Start Policies and Procedures**
Subpart	§ 1302.102	*Eastern Panhandle Instructional Cooperative*
Effective Date	07/2021	**EPIC**
Revised Date	07/2021	
Reviewed Date	07/2021	Serving the educational needs of the entire community
Responsibility	Teaching Staff, CD Managers, CD Specialist, Director	

Subject: Program Monitoring

Policy: EPIC Head Start staff will develop and implement a process of ongoing monitoring and continuous improvement of the service delivery, and program operations. The Head Start Program will provide high-quality program services, share strategies, and communicate plans to ensure child and adult safety.

Procedure:

1. CLASS-Classroom Assessment Scoring System-Teacher child interactions will be assessed 2 times a year in the areas of classroom quality including emotional support, classroom organization and instructional support.
2. TPOT- The Teaching Pyramid Observation Tool will be used as a monitoring tool 2 times per year and will measure the fidelity of the implementation of practices associated with the Pyramid Model including key practices, red flags, and responses to challenging behaviors. The classroom schedule will facilitate daily activities and will be created by the teaching staff and submitted for approval. The schedule will be posted in the classroom and all changes must be approved by CD manager or CD Specialist.
3. **Creative Curriculum Fidelity Checklist-** A progress-monitoring tool, will be completed one time a year to use as a guide for planning, implementing, and sustaining best practices. Data will be utilized for problem solving and decision-making. Teaching staff will implement the following Creative Curriculum Resources; Teaching Guide, Intentional Teaching Cards, Mighty Minutes, including Flip Chart Posters, and Question of the day. Book discussion and conversation cards will be used as needed.
4. **Manager Monitoring Logs-** Classroom monitoring will be completed monthly and consist of nutrition and safety services, behavioral concerns, and curriculum best practices. Include 2 child file reviews.
5. Status Reports/Program Data Base- Teaching staff will complete the CD program staff report by the deadline on the program calendar and send to CD manager. The CD Manager will review, compile, and update the CD program status and send to the CD Specialist. CD Specialist will send to the Program Director.
6. Individual child files- Teaching staff will maintain child files according to the individual file information forms (gray sheets) and review at a minimum every other week. CD Manager and CD Specialist each will review at a minimum 2-3 child files per class monthly for accuracy. CD Manager's will record information on the Manager Monitoring Log. The teaching staff will update and make corrections as needed within 2 weeks of notification.
7. **Lesson Plans and Newsletters-** Teaching Staff will submit lesson plans by the Wednesday prior to the upcoming week and will be posted in the classrooms. Changes will be notated directly on the posted lesson plan. The CD Manager will review the lesson plans through the Creative Curriculum Cloud and notate corrections as needed.
8. **Screenings and Disability Tracking-** CD Managers will track screening and disabilities in order to ensure data validation between child files and the program data base.

Monitoring & Reporting:

1. Dissemination of Policies & Procedures will be made available to all employees through the agency's website. EPIC Head Start will educate and train applicable Staff regarding the policy and any conduct that could constitute a violation of the policy.
2. Training will be provided to staff annually during pre-service; new staff receive training during orientation. Implementation of training is monitored during classroom observations conducted by Managers and Specialists; retraining is provided on an as needed basis.

Manager Monitor Log

EPIC
Eastern Finland's Instructional Cooperative
Serving the educational needs of the entire community

Site/Classroom _____ Staff _____

Date _____/_____/_____ Start/End Time _____ Manager _____

Child/Staff Interactions

☐ 5:1 ratio of positive attention
☐ Directly teaching behavioral expectations
☐ Directly teaching peer related social skills

☐ CLASS (open-ended questions, extensions, etc.)
☐ ECPBIS/TPOT (strategies used, proximity, flexibility, etc.)
☐ Other _____

Notes/Observations

Family Style Dining

☐ Children set table, clean up, serve selves
☐ All children are sitting together
☐ Staff sit with children

☐ Conversations occurring
☐ Enjoyable atmosphere
☐ Other _____

Notes/Observations

Schedule, Routine, Preparedness

☐ Schedule (typed/picture, posted, followed, taught, etc.)
☐ Materials for activities available
☐ Labels on all shelves/material in English and 2nd language of children

☐ Postings current (rules/expectations, newsletter, art dictation, etc.)
☐ Establishing routines within routines
☐ Other _____

Notes/Observations

Planning

☐ Creative Curriculum Fidelity (question of the day, mighty minutes, etc.)   ☐ Transitions (necessary, short, educational)

☐ Lesson Plans posted, current, updated with changes   ☐ Organized Anecdotal Notes by children/objective, etc.

☐ Developmentally appropriate activity   ☐ Other _____

Notes/Observations

Health and Safety

☐ Active supervision (Daily Roster, scan/count, name to face recognition, etc.)   ☐ Environment clean/clutter free, materials/furniture in good condition

☐ Checklists completed (First Aid, Outdoor, Cleaning, Mapping, etc.)   ☐ No safety hazards (cords out of reach/< 6", etc.)

☐ Practices established/followed (washing hands, brushing teeth, etc.)   ☐ Other _____

Notes/Observations

Feedback/Follow-up Needed

Notes/Observations

Safety/Behavior Concerns

Notes/Observations (Who, What, When, Follow Up (what, who, when))

*File Review. Review 3-4 files using the file review form and check home visit/parent conference documentation, including HV/PC and HV/PC Confirmation forms.

EPIC Early Head Start/Head Start In-Kind
Caregiver/Child Activity and Volunteer Time Sheet

EHS or Head Start Child	
Month / Year	

READ TO ME EVERY DAY (use Key)**	Minutes Daily _____ Total Hours _____

TS Gold Learning Activities / ELRS Completed by Caregiver and Child (use key)**

Hours		Activity Description	
Hours		Activity Description	

	** KEY: 5 minutes a day = 2 ½ hours a month
	10 minutes a day = 5 hours a month
**Total Hours _____	15 minutes a day = 7 ½ hours a month
	20 minutes a day = 10 hours a month

Date	Hours	(HS will only use 2 for the initial and final HV w/teaching staff)
		Home Visit
		Home Visit
		Home Visit
		Home Visit
		Home Visit
		Home Visit

Date	Hours	
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		EHS socialization or HS Classroom volunteer (Parent or caregiver assisting)
		Field Trip (Parent or caregiver chaperone)
		Field Trip (Parent or caregiver chaperone)
		EHS/HS Parent meeting/activity volunteer (Parent or caregiver assisting)
		EHS/HS Parent meeting/activity volunteer (Parent or caregiver assisting)

Date	Hours	Extra volunteer activities (do not include group activities or meetings where you signed a sign-in sheet) DESCRIBE ACTIVITY

Adult's years in Early Head Start and Head Start (check one) ☐1 ☐2 ☐3 ☐4 ☐5

Grand Total Hours _____

_____   _____
Parent/Guardian Signature   EHS/HS Staff Signature

Office use: **Total Amount $ _____**   EHS/HS Family Advocate Staff initials: _____

7/7/2022

In-Kind Matching Funds

For each dollar ($1) the EPIC Head Start/Early Head Start program receives from the federal government, our program must generate twenty-five cents ($0.25) of local matching funds. These matching funds may be in the form of cash donations, items, volunteer service, space, etc.

Each Early Head Start / Head Start staff member is to maintain an in-kind binder, which includes documentation of in-kind for each month. All in-kind must be supported by documentation, therefore there are forms located at each center for each parent to sign while volunteering in socializations, classroom or on the bus and attending field trips.

In-kind is to be totaled monthly and checked by designated Family Advocate staff. Early Head Start and Head Start totals are then submitted to the EHS/HS Director. These totals are taken to Policy Council and reviewed monthly.

Volunteer hours are calculated based on how many years a parent has been in the program (see below), whereas professionals are calculated at $29.44 per hour, unless they are willing to provide their actual hourly wage. Community representatives are calculated at $21.75 per hour, the same as a five-year parent. Staff are responsible for totaling hours and documenting donations.

1st year parent - $19.75 per hour
2nd year parent -$20.25 per hour
3rd year parent - $20.75per hour
4th year parent - $21.25 per hour
5th year parent - $21.75 per hour

SLH 7/6/2022

EPIC Early Head Start/Head Start/Pre-K
Professional and Donated In-Kind Goods/Services

Name: _____

(first and last name)

Agency *(If applicable)*: _____

Date (Date volunteer service was provided or date of donation)	Service/Materials (Provide a description of volunteer service such as chaperone or helped in the classroom. If you donated something provide a description of the items donated)	Time/Value (Provide the amount of time volunteer service was provided or amount/estimate of donation)

Parent Signature: _____

EHS/HS Staff Signature: _____

Hourly Rate Service $_____ x (#of hours) _____

Total Donation (Goods) _____

Grand Total (hourly + donated goods) _____

2022