

## 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 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 before attending 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. For Head Start children, a parent will need to complete and sign an affidavit for proof of age. 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)
- 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 2 months' time period 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:

- o Income tax information (Within one year to the time that the income verification has been completed.)
- o W2 (Within one year from the time that the income verification has been completed.)
- o Social Security benefits (Social Security Disability, Death, and Retirement. This does NOT include SSI.)
- o Unemployment Compensation
- o Worker's Compensation
- o Verification from Employer (Signed statement.)
- o Child Support (Take the highest amount of child support paid to the parent.)
- o 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 family does not have any income, the parent or guardian will complete the Statement of No Income Declaration 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 a 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 2-3 months' time period 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 a 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 and defined on the Over Income Form, approved by the Policy Council and Advisory Board. The Income Verification form must be completed, along with the Over Income form. The Over Income form 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 as 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 a 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 a 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 (WV WORKS), 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 a 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 criteria 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.**

**\*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.**

7/2023

# 2023 FEDERAL POVERTY GUIDELINES

Effective 1/17/2023

Persons in family/household	100%	Annual
	1	
2		\$19,720
3		\$24,860
4		\$30,000
5		\$35,140
6		\$40,280
7		\$45,420
8		\$50,560
9		\$55,700
<b>For each extra person add \$5,140</b>		
<b>100% eligible applicable for Early Head Start and Head Start</b>		

Persons in family/household	130%	Annual
	1	
2		\$25,636
3		\$32,318
4		\$39,000
5		\$45,682
6		\$52,364
7		\$59,046
8		\$65,728
9		\$72,410
<b>For each additional person add \$6,682</b>		
<b>130% eligible applicable for Head Start only</b>		

**\*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 _____	Is the child eligible to participate in the program? YES NO
Conducted: _____ In person interview      _____ Telephone interview (If interview was not done in person, please attach documentation.)		
<b>Check the category of eligibility (check only one):</b>		
_____ 100% (income at or below 100%)      _____ 130% (income between 100-130%)		
_____ Foster Child	_____ Temporary Living Situation (attach verification)	_____ Public Assistance (TANF, SSI, SNAP)
_____ Over Income		
_____ Professionally diagnosed disability	_____ Professionally diagnosed health impairment	
_____ Referral from Birth to Three with one or more clinically determined delays	_____ An exception approved by the management team	
Approved by Policy Council 4/27/22		

**EPIC EARLY HEAD START/HEAD START PROGRAM**

**Statement of No Income Declaration**

\*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 \_\_\_\_\_



## **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 the date of the application, transportation needs, whether the school of interest is the child's home school, and whether siblings attend the school of interest. Applications are screened by Family Advocate 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 include 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 child care providers such as Little Learner's Village (Morgan County) and ~~Little Eagle Child Care (Berkeley County)~~
- WV Birth to Three
- Articles in newspaper, ~~Buyers Guide~~, 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.

#### **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 olds will be given priority. Availability of transportation will also be considered at this time.

**July:**

Parents and guardians are notified by a phone call or 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 screening criteria and the availability of openings in their age group and geographic area.

No more than four 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. For 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 \_\_\_\_\_

+3000 Family income under federal poverty guidelines, family in temporary living situation, foster child, family receives public assistance (WV Works, SNAP, SSI)

- +500 Expectant teen (18 years and under)
- +250 Expectant parent (19 years and over)
- +250 Parent age 18 and under (not expecting)
- +50 Temporary living situation
- +50 No water, electricity, or indoor plumbing
- +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 misuse in immediate family reported
- +50 Parent enrolled in drug maintenance/treatment program
- +50 Domestic abuse reported
- +50 Child experienced Neonatal Abstinence Syndrome
- +50 Receives public assistance (TANF, WV WORKS, SNAP, SSI)
  
- +25 Professional or agency referral
- +25 Parent deceased
- +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
  
- +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

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 30<sup>th</sup>
- +250 Child completed EHS program
- +50 Temporary living situation
- +50 No water, electric, or indoor plumbing
- +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
- +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
  
- +25 Parent deceased
- +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
  
- +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 30<sup>th</sup>
- +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

**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 85% attendance each month. 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 Success 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. 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 all 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

EPIC Head Start/Pre-K Emergency Release

Date/Initial for any other updates-  
\_\_\_\_\_

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; Use other local people who could pick up child from the bus or center. If you have more than 4 emergency contacts, please attach information on a separate piece of paper. 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: _____		_____

People who cannot 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):

Please initial items for which you give permission. Write "NO" where permission is refused.

- \_\_\_\_\_ I authorize Early Head Start/Head Start/Pre-K staff to get emergency medical attention for my child from my child's physician, hospital emergency room, EMTs, or staff physician if they are unable to contact me or other legal guardian.
- \_\_\_\_\_ I authorize for my child to be transported by ambulance in case of emergency. I understand that, if required, the nearest hospital able to provide emergency treatment will be used.
- \_\_\_\_\_ I authorize the emergency doctor (and whomever he/she may designate) to perform necessary emergency treatment and/or procedures as they deem medically necessary. I understand that Early Head Start/Head Start/Pre-K will make every effort to contact me in case of an emergency and that once reached, my presence is required.
- \_\_\_\_\_ I authorize Early Head Start/Head Start/Pre-K staff and bus drivers to administer CPR/ basic first aid if required.

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): \_\_\_\_\_

7/2023



## EPIC Early Head Start/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 85% attendance, which only allows an average of three absences 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 85% attendance.
- A child is chronically absent when they miss four 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, 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 Advocates 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 Procedures

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 8:45 a.m. or 9:45 a.m. in database and on Head Start roster. Attendance **MUST** also 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 85% required attendance. Data will be used to develop strategies to improve individual and overall classroom attendance.
2. Attendance sheets will be sent to EPIC to be recorded on a monthly 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, 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 **NO** notification from the parent about this absence was received. Bus Aides will fill out an absentee sheet per class each day to provide classroom staff with this information. Teaching staff will then add children who are parent transport, **THAT WE HAVE NOT HEARD FROM**, to the paper. Designated staff will call or send messages to each family who has a child out **THAT WE HAVE NOT HEARD FROM** and record information on the form. This form will be placed in your classroom in a binder specifically labeled. Most current always goes on top.
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 Advocate 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 database.
8. Once a child has two **UNEXPLAINED** absences, the teaching staff will inform the Family Advocate and a home visit or other direct contact will be made with the family.
9. 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 success plan may be implemented.
10. If a child is determined to be chronically absent, the Family Advocate will send a referral to the Family Advocate Specialist to determine what actions need to be taken.

**Absentee Tracking**

Site/Classroom \_\_\_\_\_ Staff \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child Name	Bus / PT (Parent Transport)	Caller Name	Contact Time	Code	Staff Initials
1.	<input type="checkbox"/> Bus <input type="checkbox"/> PT				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Code: P (Phone Call), F2F (Face to Face), LM (Left Message), NA (No Answer), OS (Out of Service), OT (Other Contact)

Notes/:

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## Attendance Plan

Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Head Start performance standards require 85% attendance. Your Child's Attendance percentage is: \_\_\_\_\_%. This Attendance Improvement Action 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: \_\_\_\_\_

### Attendance Improvement Solution

- Keep an attendance chart at home. At the end of the week, I will recognize my child for attending preschool every day with \_\_\_\_\_ (i.e., a 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 is 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 him/her 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 him/her to preschool. If I do not have a thermometer, I will let someone know I need help getting one.

Goal	Persons Responsible	Timeline	Review Date(s)

Follow-up Date:                      /  /  

Follow-up Date:                      /  /  

I commit to the steps developed to assist with my child's school success.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Staff Signature

\_\_\_\_\_

Date

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

ADD (Date):

DROP (Date):

TRANSFER (Date):

- 1) If DROP- Complete sections A, F, G below. Drop date is the last day the child attended class (for HS). \* 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 or first home visit.
- 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
- 5) If placing a child in an original spot, **DO NOT** complete an add form

**SECTION A.**

Child Name:	
WVEIS #:	
Date of Birth:	
County/Center:	
Teacher/Home Visitor:	
FA Staff:	
<input type="checkbox"/> Full Day <input type="checkbox"/> Home Based	<input type="checkbox"/> HS <input type="checkbox"/> HS 130% <input type="checkbox"/> PRE-K <input type="checkbox"/> OI

**SECTION B.**

Replaces child:
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**SECTION C.**

County/Center:	
Teacher/Home Visitor:	
FA Staff:	
<input type="checkbox"/> Full Day <input type="checkbox"/> Home Based	<input type="checkbox"/> HS <input type="checkbox"/> HS 130% <input type="checkbox"/> PRE-K <input type="checkbox"/> OI

**SECTION D.**

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

**SECTION E.**

Bus Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bus Driver Name:
Bus Stop/Directions:	

**SECTION F.**

<input type="checkbox"/> Center/CD Manager notified <input type="checkbox"/> Teaching Staff notified <input type="checkbox"/> Transportation Staff notified <input type="checkbox"/> WVEIS info given to WVEIS department	Is child up to date on immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No Does child/expectant mother have a dental home? <input type="checkbox"/> Yes <input type="checkbox"/> No Does child/expectant mother have a medical home? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION G.**

Drop/Transfer Reason and Comments:
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APPROVED BY MANAGER OR SPECIALIST:

DATE: