Mission: To promote school readiness and pre-kindergarten programs thus increasing all children’s chances of achieving future educational success and becoming productive members of society. The coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children.
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Participants:
Adrian Alfonso, Board Chair
Gilda Ferradaz, Board Vice Chair
Maurice Kemp, Board Secretary
Robert Eadie, Board Treasurer
Gerald Schwartz, Litigation Committee Co-Chair
Aaron Slavens, Litigation Committee Co-Chair
Evelio Torres, President/CEO
Bob de la Fuente, Board Counsel
Kayla Riera-Gomez Esq., Klien, Glasser, Park & Lowe

IX. Public Comments
   Adrian Alfonso

X. Adjourn
   Adrian Alfonso

XI. Meeting to Commence “In the Shade”
   Bob de la Fuente
Mission: To promote school readiness and pre-kindergarten programs thus increasing all children’s chances of achieving future educational success and becoming productive members of society. The coalition seeks to further the physical, social, emotional and intellectual needs of Miami-Dade and Monroe County children.

The 2019 Florida Statutes

286.011 Public meetings and records; public inspection; criminal and civil penalties.—

(8) Notwithstanding the provisions of subsection (1), any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision, and the chief administrative or executive officer of the governmental entity, may meet in private with the entity’s attorney to discuss pending litigation to which the entity is presently a party before a court or administrative agency, provided that the following conditions are met:

(a) The entity’s attorney shall advise the entity at a public meeting that he or she desires advice concerning the litigation.

(b) The subject matter of the meeting shall be confined to settlement negotiations or strategy sessions related to litigation expenditures.

(c) The entire session shall be recorded by a certified court reporter. The reporter shall record the times of commencement and termination of the session, all discussion and proceedings, the names of all persons present at any time, and the names of all persons speaking. No portion of the session shall be off the record. The court reporter’s notes shall be fully transcribed and filed with the entity’s clerk within a reasonable time after the meeting.

(d) The entity shall give reasonable public notice of the time and date of the attorney-client session and the names of persons who will be attending the session. The session shall commence at an open meeting at which the persons chairing the meeting shall announce the commencement and estimated length of the attorney-client session and the names of the persons attending. At the conclusion of the attorney-client session, the meeting shall be reopened, and the person chairing the meeting shall announce the termination of the session.

(e) The transcript shall be made part of the public record upon conclusion of the litigation.
ATTORNEY-CLIENT SESSION CHECKLIST

(8) Notwithstanding the provisions of subsection (1), any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision, and the chief administrative or executive officer of the governmental entity, may meet in private with the entity’s attorney to discuss pending litigation to which the entity is presently a party before a court or administrative agency, provided that the following conditions are met:

☐ The entity’s attorney shall advise the entity at a public meeting that he or she desires advice concerning the litigation.

☐ The subject matter of the meeting shall be confined to settlement negotiations or strategy sessions related to litigation expenditures.

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☐ At the conclusion of the attorney-client session, the meeting shall be reopened, and the person chairing the meeting shall announce the termination of the session.

☐ The transcript shall be made part of the public record upon conclusion of the litigation.
Committee Attendees: Adrian Alfonso; Gilda Ferradaz; Bob Eadie (via conference call)

Absentee Members: Maurice Kemp

ELC Staff: Evelio Torres; Angelo Parrino; Mercy Castiglione; Alex Sanchez; Miguel Alfonso; Lissandra Curbelo; Lisa Sanabria; Fred Hicks; Lisney Badillo; Belkis Torres; Ileana Vallejo

General Attendees: Bob de la Fuente

I. Welcome & Introductions
   Adrian Alfonso

II. Approval of Minutes
    Adrian Alfonso
    
    o Motion to approve minutes B. Eadie.
    o Motion seconded by G. Ferradaz.
    o Motion was unanimously passed.

III. Resolutions
     Adrian Alfonso

     o Resolution 05062019-01 - Authorize the President and CEO to negotiate and execute the contracts listed within the background section of this resolution. Fiscal Impact: An approximate amount of $723,195.00 for fiscal year 2019-2020 which is subject to the availability of funding.

     o Resolution 05062019-02 - Authorize the President and CEO to apply to, execute and receive funds from the grantor listed in the background section of this resolution. Fiscal Impact: An approximate amount of $10,211,307.00 for fiscal year 2019-2020 which is subject to the availability of funding.

     o Resolution 05062019-03 - Authorize the President and CEO to request permission from the Office of Head Start to provide Early Head Start- Child Care Partnership services in three additional zip codes within Miami-Dade County. Fiscal Impact: This will not have additional fiscal impact on the budget.

     o Resolution 05062019-04 - Authorize the President and CEO to make a qualified nonelective contribution, from ELCMDM funds, to the ELCMDM’s 401k plan to remedy the failed 2018 401k Actual Deferral Percentage and Actual Contribution Percentage non-discrimination testing. Fiscal Impact: An approximate amount of $186,000.00.
Resolution 05062019-05 - prove the Evaluation Committee’s recommendation to award contract for RFP#ELCMDM2019-04 (Early Head Start Playgrounds), and authorize the President and CEO to negotiate and execute contracts with the selected vendor(s). Fiscal Impact: The contract is for an approximate amount of $632,540.00 until October 31, 2019, which is subject to the availability of funding.

- G. Ferradaz moved to approve the resolutions in a block vote.
- B. Eadie seconded the motion.
- Motion unanimously passed.

IV. School Readiness Plans

a. J. Russell presented amendments made to our School Readiness Plan and the Sliding Fee Scale.
   - Motion to approve amendments B. Eadie.
   - Motion seconded by G. Ferradaz.
   - Motion unanimously passed.

V. Information Items

a. Save the Children
   i. E. Torres stated that representatives from Save the Children toured the Keys along with ELC staff. The representatives from Save the Children were happy with accountability from all providers and were only concerned with one provider. This is due to problems with insurance company lawyers are involved.

b. Letter to James Haj
   i. E. Torres stated that a letter on behalf of the Early Learning Coalition was sent to J. Haj expressing our sincere appreciation for the State and Federal Match funding that is provided by The Children’s Trust.
   ii.

VI. Public Comments

VII. Adjourn
Early Learning Coalition Executive Committee Meeting

November 4, 2019

Resolution: 11042019-01

Action Requested: Modify the fiscal impact and funding source for Construction Services Agreement 18-04 awarded for Early Head Start playgrounds to the selected vendor.

Fiscal Impact: The contract is for an approximate amount of $632,540.00 until January 31, 2020, which is subject to the availability of funding.

Funding Source: Florida Office of Early Learning, Department of Health and Human Services, Administration for Children and Families

Strategic Goal: ☑ Neediest Children ☑ Youngest Children ☑ Providers ☑ Internal Capacity ☑ Educate All ☑ Funding

RESOLUTION: 11042019-01

MODIFY THE FISCAL IMPACT AND FUNDING SOURCE FOR CONSTRUCTION SERVICES AGREEMENT 18-04 AWARDED FOR EARLY HEAD START PLAYGROUNDS TO THE SELECTED VENDOR.

WHEREAS, the Executive Committee of the Early Learning Coalition of Miami-Dade/Monroe, Inc. has been apprised of the program goals through the attached narrative, hereby incorporated by reference and the Finance Committee is in agreement with the goals described therein;

WHEREAS, the Finance Committee recommends approving this action and has presented said action to the Executive Committee for adoption and approval;

WHEREAS, the Executive Committee approves the adoption of this action;

NOW, THEREFORE, be it resolved by the Executive Committee to authorize the President and CEO to modify the fiscal impact and funding source for Construction Services Agreement 18-04 awarded for Early Head Start playgrounds to the selected vendor.
The foregoing resolution and attachment was offered by ___________, who moved its approval. The motion was seconded by ___________, and upon being put to a vote, the vote was as follows: 

The vote was recorded as listed in the attached roll sheet.

The chairperson thereupon declared this resolution duly passed and adopted this 4th day of November, 2019.

EARLY LEARNING COALITION
OF MIAMI-DADE/MONROE, INC,

By: __________________________
Executive Committee Secretary
Background:

Resolution #04012019-05 authorized the President and CEO to release a Request for Proposal (RFP) for Early Head Start Playgrounds. On May 6th, 2019, the Early Learning Coalition’s Executive/Finance Committee approved the award to Kaplan Early Learning Company. Due to recent analysis we determined that School Readiness children dually enrolled in the Early Head Start Program use the play area. Therefore, we should be able to allocate a percentage to the Florida Office of Early Learning funding source.
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<th>Provider Name</th>
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School Readiness
Funding Model
Allocation
Methodology
Report and Recommendations
*October 1, 2019*
# Table of Contents

Executive Summary .................................................................................................................. 4

I. Background ................................................................................................................................. 8

II. History of SR Funding Model Allocation Methodology ............................................................. 13

III. Initiatives to Improve the SR Program .................................................................................... 15

IV. Future Quality Initiatives ........................................................................................................ 22

V. Summary of Prior Work and the Identification of Key Issues .................................................. 22

VI. Funding Methodology Recommendations ............................................................................ 23

VII. Additional Recommendations ............................................................................................. 29

Appendix 1 – 2017 Market Rate Report ....................................................................................... 30

Appendix 2 – History of School Readiness Funding Formula ......................................................... 34
Executive Summary

The Office of Early Learning (OEL) within the Florida Department of Education is pleased to present the School Readiness (SR) Funding Model Allocation Methodology Report and Recommendations. The report was required by Section 2 – Education, Early Learning, of Chapter 2019-115, Laws of Florida (L.O.F.).

Funding Sources - There are four funding sources for the SR Program: the Child Care and Development Block Grant/Child Care and Development Fund (CCDF), the Temporary Assistance for Needy Families (TANF) Block Grant, the Social Services Block Grant (SSBG) and the State of Florida. The SR Program helps working parents maintain employment by assisting them with access to early education for their children while they work.

State Appropriations - The 2019-2020 appropriations (Specific Appropriations 86) for the SR program are displayed below.

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>2019-2020 Appropriations</th>
<th>2020-2021 Legislative Budget Request</th>
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<tr>
<td>General Revenue</td>
<td>$144,555,335</td>
<td>$144,555,335</td>
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<tr>
<td>Child Care and Development Trust Fund</td>
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<tr>
<td>Social Services Block Grant</td>
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<td>Temporary Assistance for Needy Families</td>
<td>$94,112,427</td>
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<tr>
<td>Total</td>
<td>$760,877,228</td>
<td>$760,877,228</td>
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History of Funding Methodology – Since its inception in 1999, there have been numerous attempts to revise the SR funding model allocation methodology to reduce the variance and inequities across the state. Most have included factors related to the total population of children, ages birth to 5, number of children in the priority categories of children to be served and a factor to equalize the formula by county.

Quality Initiatives – There have been numerous initiatives to increase the quality of the SR Program. Most recently, legislation was passed in 2018 creating incentives, via differential payment rates, for providers achieving identified levels on the program assessment, and for those implementing child assessments. Another notable initiative was the state’s federal Preschool Development Grant Birth through Five (PDG B-5). As part of the PDG B-5, a study was drafted which included workbooks to facilitate the review of provider payment/reimbursement rates against the 75th percentile.

Enhanced Field System Modernization (EFS Mod) – This data system includes family, provider and coalition-level data for both the SR and Voluntary Prekindergarten (VPK) Education Programs. There were significant data anomalies with 2018-2019 SR enrollments, provider attendance and reimbursement data due to migration issues stemming from the July 2018

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1 75th percentile is the rate identified by the U.S. Department of Health and Human Services as the goal to ensure equitable access for low-income children to high-quality child care.
rollout of eligibility and enrollment features. Therefore, it is not recommended that 2018-2019 SR data be used to simulate a change in the funding model at this time.

**Future Quality Initiatives** – There are numerous future initiatives planned to improve the SR program. The impact of current and future initiatives needs further review and study.

**Funding Methodology Recommendations** – Three funding methodologies are proposed for consideration: 1) 2014 SR Funding Model Work Group, 2) Zone Model and 3) a Conceptual Framework for an SR Funding Formula. The methodologies are outlined below and detailed in section IV of the *School Readiness (SR) Funding Model Allocation Methodology Report and Recommendations*.

1. **The 2014 SR Funding Model Work Group Methodology** proposes two similar models for consideration:
   - Both models:
     - Used the average funding rate per full-time equivalent (FTE) child for the past three years, with the most recent year weighted 50-percent the second year weighted 30-percent, and the third weighted 20-percent. (Other models only used the current year funding rate).
     - Reflected variations in local economic conditions through the use of the District Cost Differential (DCD).
     - Limited any decreases in funding to 5-percent per year.

   The models varied on two factors:
   - The relative influence of the formula driven by statutory priority group numbers versus the total eligible population of children ages birth through 5 under 150-percent of the Federal Poverty Level. One model split the influence 50/50 and the other used a 60/40 split.
   - The limitations of increases for any single coalition.

2. **The Zone Model Methodology** was presented to the 30 early learning coalitions (coalitions) and Redlands Christian Migrant Association (RCMA) in 2019, and assigns counties into one of four zones using the Florida Price Level Index (FPLI) based on the following factors:
   - Market Rate Survey
   - FPLI
   - Population Data
   - Child Care Level
   - Additional Assumptions
     - The calculation limited coalition base funding from the 2018 General Appropriations Act.
     - The model assumed a compression rate of no more than $7 million new dollars per coalition to help infuse new dollars into communities at a reasonable price.
3. **The Conceptual Framework for SR Funding Methodology** is a model similar to which the VPK Program is funded. The model would need to consider the following factors in order to equitably distribute funding across the 30 coalitions and RCMA.
   - Statewide reimbursement rates by care level and provider type
   - FTE by county
   - FPLI or DCD
   - Local Quality Initiatives
   - Non-direct services
   - Administrative costs
   - Quality Performance Incentives (Payment Differentials)

**Additional Recommendations** – Based on the review of the potential impact of recent initiatives to improve the quality of SR programs, the impact on the 2018-2019 SR data given the migration issues from the legacy data system to EFS Mod, and the anticipation of a new FPLI calculation from the Office of Economic and Demographic Research; it is recommended that OEL:

1. Recalibrate reimbursement rates in 2020-2021 using the anticipated additional CCDF funds (approximately $140 million). This should be accomplished by targeting specific care levels (i.e., infant, toddler and preschool) and coalitions where the reimbursement rates are low. The goal of the recalibration of rates would be to reach the 75th percentile.1
2. Consider statutory authority to establish statewide child care reimbursement rates to reduce the variance and resulting inequities across coalitions.
3. Review the impact of SR program improvement initiatives for 2019-2020 and 2020-2021 including the use of contracted slots, as discussed in Section III, which gives high-quality providers a stable revenue source to maintain services.
4. Determine the impact of the three methodologies, described in Section V., based on SR data and feedback from stakeholders.
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I. Background

A. Legislative Requirement
Section 2 – Education, Early Learning, of Chapter 2019-115, Laws of Florida (L.O.F.) requires that,

“From the funds in Specific Appropriations 80 through 84, the Office of Early Learning, in partnership with the Department of Education, shall develop a funding allocation methodology for the equitable distribution, by county, of the school readiness program funds pursuant to section 1002.89, Florida Statutes. The funding allocation methodology must take into consideration the Office of Early Learning’s market rate survey data; wage, salary, or cost of goods and services data by county; and must identify an equal and appropriate percentage of potentially eligible children to be served which must be consistent for each county. Early learning coalition wait lists shall not be included as a component of the funding allocation methodology.”

B. Sources of Funding and Federal Requirements
Florida’s SR Program funding is derived from four sources—the Child Care and Development Block Grant (CCDBG)/Child Care and Development Fund (CCDF), the Temporary Assistance for Needy Families (TANF) Block Grant, the Social Services Block Grant (SSBG) and the State of Florida. The SR Program helps working parents maintain employment by assisting them with access to early education for their children while they work.

– CCDF funds are governed by the applicable federal requirements. Every three years, Florida submits a CCDF Plan which serves as the state’s application for these funds. The plan provides a description of, and assurances about, the state’s child care program and all services available to eligible families. Florida’s 2019-2021 CCDF Plan is available here.

CCDF funds are generally distributed to states four times per year and include specific allotments for discretionary, mandatory and matching funding. States must also meet minimum Maintenance of Effort (MOE) requirements.

Discretionary funds are based on a formula that consists of three factors:

- Young child factor – the ratio of the number of children under age 5 in the state to the number of children under age 5 in the country;
- School lunch factor – the ratio of the number of children in the state who receive free or reduced-price school lunches under the National School Lunch Act to the number of such children in the country;
- Allotment proportion factor – a weighting factor determined by dividing the three-year average national per capita income by the three-year average per state capita income (as calculated every two years).
Mandatory funds are the greater of the state’s:

- Federal share of expenditures in the State IV-A child care programs (AFDC, JOBS, Transitional, At-Risk) in 1994 or 1995 (whichever is greater); or

Matching funds are the remaining amounts appropriated after the mandatory funds are allotted. A State’s allocation of the matching fund is based on the number of children under age 13 in the state compared with the national total of children under age 13. Matching funds must be matched by a state at its applicable Federal Medical Assistance Percentage (FMAP) rate.2

States must expend a minimum of 70-percent of Mandatory and the Federal and State matching fund expenditures for direct services to meet the child care needs of TANF families, families transitioning off of TANF or families at risk of becoming TANF recipients.

In addition to the state’s share of the matching fund, in order to receive federal matching funds, the state must spend a minimum amount of non-federal funds on allowable child care activities as described in the state’s approved CCDF Plan. This Maintenance of Effort (MOE) is required by Section 418(a)(2)(C) of the Social Security Act.

CCDF expenditures are categorized in federal regulation as3:

- Administration – Activities related to administering the program. Currently this category is limited to 5-percent of total spending.
- Quality activities – Activities to improve quality of child care services. The minimum quality spending requirement is currently 8-percent. However, the minimum spending requirement increases to 9-percent for federal fiscal year 2020 (October 1, 2019-September 30, 2020).
- Infants and Toddlers – Activities to improve the quality of child care services for infants and toddlers. Currently, no less than 3-percent of the total expenditures are required to be spent on such activities.
- Direct services – Care given to a child who is eligible for SR by an eligible child care provider. A minimum of 70-percent of remaining Discretionary funds, after meeting minimum requirements for quality and infant/toddler activities and funding administrative costs, must be spent on direct services.
- Non-direct services – Activities related to the operation of voucher programs, eligibility determination and redetermination, and developing and maintaining computer systems.

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2 The Federal Medical Assistance Percentages (FMAPs) are used in determining the amount of Federal matching funds for State expenditures for assistance payments for certain social services, and State medical and medical insurance expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the FMAPs each year.

3 Federal regulation limits expenditures with these categories as it relates to discretionary and mandatory allotments. Section 1002.89, F.S., groups non-direct services, administration and quality activities under one spending cap of 22% and further defines the allowable activities within each category.
TANF Block Grant funds are designed to help needy families achieve self-sufficiency. In Florida, the Department of Children and Families (DCF) is the federal recipient of these funds. Additionally, states may transfer up to 30-percent of their TANF funding to CCDF. DCF transfers TANF funds to OEL through an interagency agreement.

SSBG funds are awarded directly to states to provide essential social services that help achieve a myriad of goals to reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements. Each state has the flexibility to determine which services will be provided, who is eligible to receive services and how funds are distributed among various services. Historically, there is an annual allocation of these funds for the SR Program. In Florida, the Department of Children and Families (DCF) is the federal recipient of these funds. DCF transfers SSBG funds to OEL through an interagency agreement.

C. State Funding and Requirements

Florida’s requirements for the SR Program are codified at Chapter 1002, Florida Statutes (F.S.), and address state and local governance; program eligibility, priorities and enrollment; and market rates for child care and program funding.

State and local governance – At the state level, OEL:

- Is designated as the lead to administer the state and federally funded SR Program.
- Is responsible for implementing the state’s Voluntary Prekindergarten (VPK) Education program.
- Partners with 30 early learning coalitions (coalitions), Redlands Christian Migrant Association (RCMA) and others to deliver comprehensive, statewide early learning services.
- Is accountable to the Commissioner of Education.

Florida’s 30 coalitions and RCMA deliver early learning services at the local level. As not-for-profit corporations, coalitions have governing boards made up of members of the local community. The board chair and two members are appointed by the Governor. OEL has contractual agreements with coalitions and RCMA for the provision of early learning services. Coalitions submit SR coalition plans along with other requirements to OEL for review and approval.

Program eligibility, priorities and enrollment – These are delineated at s. 1002.87(1)(a), F.S. A family’s eligibility for SR services is redetermined annually. Priority is given first to children under the age of 13 from families that include a parent who is receiving Temporary Cash Assistance (TCA) and is subject to the federal work requirements. The second priority of children to be served are at-risk, as defined in s. 1002.81(1), F.S., and under the age of 9.
years old. Subsequent priorities are based on the coalition’s local priorities for children meeting the following criteria:

1. Ages birth to 5 (eligible for admission to public school kindergarten) from a working family that is economically disadvantaged and may include the child’s eligible siblings.
2. Ages birth to 5 with a parent who transitions from a work program to employment.
3. Ages 9 to 13 who are at-risk. (These children are given priority for enrollment if their sibling is enrolled in the program under the first or second priority.)
4. Under the age of 13 from a working family that is economically disadvantaged.
5. Under the age of 13 with a parent who transitions from a work program to employment.
6. Ages 3 to 5 and who have been identified as having a disability and has a current individual educational plan.
7. Ages 4 to 5 who otherwise meet one of the first four priorities and is currently enrolled in VPK or the federal Head Start Program.

- Market rate schedules for child care – A biennial market rate survey report is required by CCDF. This requirement is also found at s. 1002.895, F.S., and includes:
  - Minimum and maximum rates for child care providers with and without a Gold Seal Quality Care designation (s. 402.281, F.S.).
  - Differentiated rates by provider type – licensed child care providers, licensed exempt public or nonpublic schools, licensed exempt faith-based child care facilities and licensed or registered family day care homes.
  - Differentiated rates by type of child care services – infants, toddlers, preschool-aged, school-aged and children with special needs or at-risk.
  - Differentiated rates by full-time and part-time units of care.

Market rates for child care, adopted by each state, are required to be sufficient to ensure that eligible children have equal access to quality child care services comparable to children who are not eligible for the SR Program. The U.S. Department of Health and Human Services has indicated that the state child care reimbursement rates should be at the 75th percentile or higher to ensure that eligible children have access to high quality services. Market rates are required to be considered by coalitions in their adoption of a payment/reimbursement schedule. The 2017 Market Rates for Full-Time Gold Seal and Non Gold Seal Providers are included in Appendix 1.

- Program funding - State requirements for SR funds are established in compliance with federal regulations and are specified at s. 1002.89, F.S. Requirements related to expenditures are as follows:
  - Administration costs are currently limited to no more than 5-percent.
  - Administrative costs, quality activities (as defined in s. 1002.89(6)(b), F.S.) and non-direct services (as defined in s. 1002.89(6)(c), F.S.) are limited to a combined total of no more than 22 percent.
  - Direct services for child care must be at least 78 percent in Florida. Gold Seal payments rates are included in this category for coalition reporting.
• Matching funds are currently available to expand the provision of direct services to low-income families and require a dollar-for-dollar match at the local level.

D. Appropriations for 2019-2020 and 2020-2021 Legislative Budget Request
The 2019-2020 appropriations and the 2020-2021 Legislative Budget Request for SR is depicted below.

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>2019-2020 Appropriations</th>
<th>2020-2021 Legislative Budget Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$144,555,335</td>
<td>$144,555,335</td>
</tr>
<tr>
<td>Child Care and Development Trust Fund</td>
<td>$521,709,466</td>
<td>$521,709,466</td>
</tr>
<tr>
<td>Social Services Block Grant</td>
<td>$500,000</td>
<td>$500,000</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families</td>
<td>$94,112,427</td>
<td>$94,112,427</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$760,877,228</strong></td>
<td><strong>$760,877,228</strong></td>
</tr>
</tbody>
</table>

E. Recent and Expected Increases in CCDF State Allocation
Federal allocations for CCDF funds have included some increases over the past few years. As reported by the Center for Law and Social Policy (CLASP), Congress passed a 2-year budget for federal fiscal years 2020 and 2021, which raises the caps for “non-defense discretionary programs.” The U.S. House of Representatives allocated an additional $2.4B for child care assistance. If this amount is approved by the U.S. Senate, Florida’s federal fiscal year 2020 CCDF allocation could increase by approximately $140M. Federal fiscal year 2020 provides funding availability October 1, 2019 through September 30, 2022.
II. History of SR Funding Model Allocation Methodology

A. 1999 - Current

Prior to 1999, the responsibility for early care and education programs was divided among the state departments of Education and Children and Families and the federal Head Start Program. The Florida Department of Education (DOE) administered and funded school-based readiness programs such as the Prekindergarten Early Intervention Program, Prekindergarten Program for Children with Disabilities, Florida First Start, and Migrant Prekindergarten. The Department of Children and Family Services (DCF) administered the Subsidized Child Care Program, which provided child care services to at-risk and economically disadvantaged children since 1978.

Funding for the Subsidized Child Care Program was allocated to the 15 DCF districts across the state, which were then contracted with 25 community child care coordinating agencies to administer the program. Subsidized child care within DCF accounted for approximately 80 percent of total early care and education program funding. The programs administered by the DOE were allocated to the 67 school districts. The federal Head Start Program also provided readiness services in local communities through funding provided directly to individual grantees. These programs functioned independently except for various interagency coordination efforts required by law.

In 1999 the legislature began creating a more cohesive, efficient and integrated SR system to increase children’s chances of achieving future educational success. While the governance structure of the integrated system has repeatedly changed from 1999 to the current structure, the legislative intent has remained constant; specifically, that in order to achieve full effectiveness, early care and education programs should not exist as isolated programs but rather build upon existing services that work in cooperation and coordination with other programs for young children, and should be subject to the guidance and direction of a single entity at both the state and local levels with integrated funding (Ch. 99-357, L.O.F.). While it took a couple of years for the integrated funding to be implemented total program funding has been relatively stable over time with some increases in Child Care and Development Funds (CCDF) provided each year since 2014-2015.

Coalitions were created as part of the integrated SR system that began in 1999, consolidating all of the previously separate programs administered by DCF, DOE and local communities. Allocations of the integrated program funding to the coalitions for what eventually became known as the SR Program have also remained relatively stable despite repeated initiatives and legislative directives to create and implement a funding methodology that would equitably distribute program funding to coalitions based on population needs and children served. While over time the different governing organizations of the program did submit proposed funding models, all but one was rejected by the legislature and/or the Governor. (See Appendix 2 for a History of the SR Allocation Methodology.)
The one model that was implemented in the 2012-2013 fiscal year included a reallocation of 10-percent of the total prior funding using an “equity-based” allocation which was based on the eligible population served by each coalition. This action resulted in ELCs either losing or gaining funding based upon the historical allocation from the 2011-2012 fiscal year which was prorated to funds available for the 2012-2013 fiscal year. However, the very next year the Legislature restored the approximately $5 million in reductions that 14 coalitions received for the 2012-2013 fiscal year due to the implementation of the equity formula.

Each year since 2014-2015, the legislature has allocated increased CCDF funding to coalitions based on a combination of the prior year’s allocations and the number of children on the waitlist for services in each coalition.

<table>
<thead>
<tr>
<th>Year</th>
<th>General Revenue</th>
<th>CCDF*</th>
<th>SSBG</th>
<th>TANF</th>
<th>ARRA for SR**</th>
<th>TOTAL SR Funding</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-2005</td>
<td>$175,679,343</td>
<td>$368,226,963</td>
<td>$1,200,000</td>
<td>$108,030,381</td>
<td>-</td>
<td>$653,132,687</td>
<td>-0.38%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>$174,318,881</td>
<td>$364,159,749</td>
<td>$1,200,000</td>
<td>$110,977,724</td>
<td>-</td>
<td>$650,656,354</td>
<td>-0.36%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>$185,837,067</td>
<td>$351,170,637</td>
<td>$1,200,000</td>
<td>$110,077,724</td>
<td>-</td>
<td>$648,285,428</td>
<td>-0.72%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>$154,115,887</td>
<td>$356,096,743</td>
<td>$500,000</td>
<td>$132,886,573</td>
<td>-</td>
<td>$643,599,203</td>
<td>-1.10%</td>
</tr>
<tr>
<td>2008-2009</td>
<td>$140,994,642</td>
<td>$370,567,118</td>
<td>$500,000</td>
<td>$122,953,182</td>
<td>$1,532,793</td>
<td>$636,547,735</td>
<td>3.54%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>$139,350,181</td>
<td>$353,889,731</td>
<td>$500,000</td>
<td>$114,953,182</td>
<td>-</td>
<td>$659,103,610</td>
<td>-2.25%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>$136,260,000</td>
<td>$338,223,955</td>
<td>$500,000</td>
<td>$114,953,182</td>
<td>$47,770,281</td>
<td>$637,707,418</td>
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</tr>
<tr>
<td>2011-2012</td>
<td>$137,516,235</td>
<td>$349,205,193</td>
<td>$500,000</td>
<td>$96,612,427</td>
<td>-</td>
<td>$583,833,855</td>
<td>-1.70%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>$136,287,208</td>
<td>$340,520,941</td>
<td>$489,286</td>
<td>$96,612,427</td>
<td>-</td>
<td>$579,909,862</td>
<td>1.02%</td>
</tr>
<tr>
<td>2013-2014</td>
<td>$144,869,704</td>
<td>$337,766,419</td>
<td>$489,286</td>
<td>$96,612,427</td>
<td>-</td>
<td>$590,667,837</td>
<td>1.89%</td>
</tr>
<tr>
<td>2014-2015</td>
<td>$144,869,705</td>
<td>$348,716,419</td>
<td>$489,286</td>
<td>$96,612,427</td>
<td>-</td>
<td>$595,849,740</td>
<td>0.87%</td>
</tr>
<tr>
<td>2015-2016</td>
<td>$144,869,705</td>
<td>$353,867,608</td>
<td>$500,000</td>
<td>$96,612,427</td>
<td>-</td>
<td>$633,649,740</td>
<td>6.34%</td>
</tr>
<tr>
<td>2016-2017</td>
<td>$144,994,705</td>
<td>$391,542,608</td>
<td>$500,000</td>
<td>$96,612,427</td>
<td>-</td>
<td>$639,297,228</td>
<td>0.83%</td>
</tr>
<tr>
<td>2017-2018</td>
<td>$144,994,705</td>
<td>$396,829,096</td>
<td>$500,000</td>
<td>$96,612,427</td>
<td>-</td>
<td>$676,377,228</td>
<td>10.56%</td>
</tr>
<tr>
<td>2018-2019</td>
<td>$144,555,335</td>
<td>$464,709,466</td>
<td>$500,000</td>
<td>$94,112,427</td>
<td>-</td>
<td>$760,877,228</td>
<td>7.72%</td>
</tr>
</tbody>
</table>

B. Trends in Methodologies

The factors most often recommended in the proposed equity models over the years since 1999:

- Total population of birth- to 5-year-olds.
- Number of birth- to 5-year-olds at less than 150-percent of the Federal Poverty Level.
- Number of TANF families with children, ages birth to 13 years old.
- Number of at-risk children.
- Number of children in foster care.
- Total number of children served by provider type and care level.
- Equalization by county using the Florida Price Level Index (FPLI) or District Cost Differential (DCD).
III. Initiatives to Improve the SR Program

A. Gold Seal Quality Care Program

In 1996, the Florida Legislature established the Gold Seal Quality Care program to acknowledge child care facilities and family day care homes that have gone above the required minimum licensing standards to become accredited by recognized agencies whose standard reflect quality in the level of care and supervision provided to children (s. 402.281, F.S.).

The Gold Seal Quality Care Program is not an accreditation, but a designation which is voluntary with potential benefits to those that participate including, but not limited to:

- A positive marketing tool for prospective parents.
- Tax exemptions on certain educational materials, and property taxes.
- Higher reimbursement for SR providers.
- Eligible to participate in the VPK Program.

Participation is available to all provider types that meet the definition of child care with the exception of certain license-exempt school-age programs identified in administrative rule (see Rule 65C-22.008(3), F.A.C.). SR providers that have a Gold Seal designation are eligible to receive a differential payment up to 20-percent above the coalition’s reimbursement rate.

B. 2018 Quality Initiatives

In 2018, the Florida Legislature passed legislation (HB 1091) affecting SR providers, which included requirements for implementing a program assessment, child assessments and differential payments (s. 1002.82(2)(n)(o), F.S.).

1. Program Assessments

   OEL selected the Classroom Assessment Scoring System (CLASS®) as the program assessment tool because it met the statutory requirements to, “…measure[s] the quality of teacher-child interactions, including emotional and behavioral support, engaged support for learning, classroom organization, and instructional support for children ages birth to 5 years.” The CLASS® tool also has a strong evidence-based effect on child outcomes. CLASS® is an observation-based program assessment instrument that measures teacher-child interactions in three broad areas—emotional support, classroom organization and instructional support. It describes multiple teaching components linked to student achievement and social development.

   OEL was also required to specify a minimum threshold for contracting purpose and program improvement through an improvement plan. With a few exceptions, providers had to meet the minimum threshold in order to be eligible for a SR contract. Additionally, a threshold was set that if scored, would require the provider to develop and implement an improvement plan.

   For 2019-2020, these minimum thresholds were established as displayed below and included in the applicable administrative rule (Rule 6M-4.741, Florida Administrative Code
(F.A.C.). As a result of these requirements, only providers who scored at or above 2.51 were eligible to participate in the SR program. Providers with scores of 2.51 – 2.99 must implement a quality improvement plan.

### Overview of 2018 CLASS® Results

<table>
<thead>
<tr>
<th>Composite CLASS® Score</th>
<th>Number of Providers Statewide</th>
<th>% of Total Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2.5</td>
<td>11</td>
<td>0.3%</td>
</tr>
<tr>
<td>2.51 - 2.99</td>
<td>95</td>
<td>2%</td>
</tr>
<tr>
<td>3.0 - 3.99</td>
<td>931</td>
<td>22%</td>
</tr>
<tr>
<td>4.0 - 4.99</td>
<td>2,085</td>
<td>51%</td>
</tr>
<tr>
<td>5.0 - 5.99</td>
<td>908</td>
<td>22%</td>
</tr>
<tr>
<td>6.0 - 7.0</td>
<td>88</td>
<td>2%</td>
</tr>
</tbody>
</table>

#### 2. Child Assessments

HB 1091 also required OEL to, “Identify observation-based child assessments that are valid, reliable and developmentally appropriate for use at least three times a year.” Additionally, it was required that these assessments: provide interval level and criterion-referenced data that measures equivalent levels of growth across the core domains of early childhood development and that can be used for determining developmentally appropriate learning gains; measure progress in the performance standards; provide for appropriate accommodations for children with disabilities and English language learners; and be administered by qualified individuals, consistent with the developer’s instructions (s. 1002.82(2)(k), F.S.).

OEL procured contracts with three companies for these assessments: Assessment Technology Incorporated (ATI) (Galileo), Teaching Strategies (Gold), and COR Advantage (High Scope).

#### 3. Differential Payment Rates

One of the HB 1091 requirements was the development of a differential payment program based on quality measures, program and/or child assessments, by July 2019. Specifically, it required that the differential payments must not exceed a total of 15-percent for each care level and unit of care, and no more than 5-percent of the 15-percent total may be provided to providers who submit valid and reliable data to the statewide information system using one of the OEL-identified child assessments (see s. 1002.82(2)(o), F.S.).

As required, OEL developed a quality performance incentive differential payment program, with tiered payments based on achieving defined quality measures for program assessment and implementation of child assessments (see Rule 6M-4.500, FAC). Providers are ineligible to receive differential payments if:
They have been determined essential for meeting capacity needs but do not meet the minimum threshold score for contracting.

- Are currently on a Quality Improvement Plan.
- Are exempt from having a program assessment.

The differential rates were adopted for 2019-2020. On the CLASS®, providers scoring:

- 4.00 - 4.99 receive a 4-percent differential.
- 5.00 - 5.99 receive a 7-percent differential.
- 6.00 - 7.00 receive a 10-percent differential.

Providers also can receive a 5-percent differential rate for implementing child assessments. To receive the differential, providers who choose to implement child assessment must:

- Use an OEL approved assessment tool and be determined reliable as defined by the assessment tool.
- Assess children at least three times a year.
- Submit data at the end of each assessment period to the statewide information system for each child assessed.

For 2019-2020, $40 million was appropriated to OEL for payments to coalitions and Redlands Christian Migrant Association for:

- Provider’s SR Program Assessment score (differential payment rate of 4-percent, 7-percent or 10-percent).
- Provider participation in child assessment (differential payment rate of 5-percent)
- Current enrollments at each eligible provider.

As of September 13, 2019, $25 million has been awarded to coalitions and RCMA for these differential payment rates.

C. Contracted Slots

In 2016, the Florida Legislature appropriated $10M to provide contracted slots within the SR program. In subsequent years, coalitions have had the option to provide contracted slots within existing SR funding. The Contracted Slots program is intended to provide SR children with a steady, high-quality learning environment, while also providing incentives and financial stability to providers serving high-risk/high-need areas. (s. 1002.82(2)(m), F.S.). Participating coalitions must base the use of contracted slots on a community assessment. Providers must meet certain eligibility criteria to participate in the program.
D. Preschool Development Grant Birth through Five (PDG B-5)

In 2018, OEL was awarded the PDG B-5, which includes specific activities related to identifying the cost of providing quality child care. OEL contracted with the University of Florida Lastinger Center to complete an updated cost modeling analysis which combines a county-by-county assessment of capacity, enrollment, and payment rates, in order to support important strategic planning that focuses on a number of critical aspects of quality and accessibility of early care and education programs. This grant also required the development of a cost modeling tool to analyze SR provider reimbursement rates against the true cost of child care.

To design and develop the protocols and automated models, extensive data collection and analysis was completed. A statewide case study was developed that allows the user to model county-level variations, and numerous capacity and quality scenarios were completed to document the full impact of program differentiations on child care provider operations. Data on current base reimbursement rates for all 67 counties was also analyzed, as was the impact of quality performance incentive payment differentials.

The Lastinger Center, in partnership with OEL, completed comprehensive data collection and analysis to validate the current cost of child care by county, as well as the impact of current base payment rates and differentials. The cost models and calculation assumptions created will be used to develop an informative interactive calculator. The automated calculator will include all basic operational expenses and revenues of child care providers, as well as the current policy levers for increasing payment rates in alignment with quality.

The automation and functionality of the calculator will provide utility at the provider level, community and regional level, and state system level to inform the need for potential modifications to payment rates, targeted investments in quality, and considerations for funding efficiencies to maximize SR funding.

For the initial analysis, a workbook was developed that provides a side-by-side analysis of the current rates for the following:

- 75th percentile rate of each county’s 2017 market rate for each care level based on the data within the Non-Gold Seal Private Center distribution table.
- Daily payment-rate schedule for licensed or exempt providers that is approved by OEL for each early learning coalition and/or county.

The workbooks will allow OEL to model payment rate scenarios on the current approved base payment rate schedule, as well as scenarios that include funding the Gold Seal differential at the percentages currently approved for each coalition, the impact of the CLASS® payment differential and the 5-percent differential for child assessment.

OEL may also use the analysis capabilities of the side-by-side rate workbook to conduct ongoing analysis of both payment rates against the 75th percentile and the differential impacts on
funding, as well as determine counties and/or care levels that the state and/or an early learning coalition may want to focus on as a part of ensuring funding is sufficient to access quality early learning opportunities.

Using the current market rate survey and existing base reimbursement rate schedules, in the examples displayed in the tables below, most counties (61 total) fall well below the 75th percentile rate for all care levels as illustrated for Duval, Escambia and Hillsborough counties. Even with maximum differentials applied, the total weekly reimbursement rates for each care level in Duval and Hillsborough counties are still below the 75th percentile rate. Whereas, in Escambia County with maximum differentials applied, the reimbursement rates in some care codes exceeds the 75th percentile rate by more than 20-percent.

Example 1: 2017 Market Rate Survey and 75th Percentile Analysis

<table>
<thead>
<tr>
<th>County</th>
<th>Care Level</th>
<th>75th Percentile Rate</th>
<th>State Funded SR Weekly Rates</th>
<th>SR Payment Rates compared to 75th Percentile Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval</td>
<td>(INF)</td>
<td>$195.00</td>
<td>$130.00</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(TOD)</td>
<td>$167.50</td>
<td>$115.00</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(2YR)</td>
<td>$167.50</td>
<td>$108.75</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(PR3)</td>
<td>$145.00</td>
<td>$100.00</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(PR4)</td>
<td>$145.00</td>
<td>$85.00</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(PR5)</td>
<td>$145.00</td>
<td>$85.00</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(SCH)</td>
<td>$120.00</td>
<td>$62.00</td>
<td>under</td>
</tr>
<tr>
<td>Escambia</td>
<td>(INF)</td>
<td>$157.50</td>
<td>$139.50</td>
<td>under</td>
</tr>
<tr>
<td>Escambia</td>
<td>(TOD)</td>
<td>$138.13</td>
<td>$128.50</td>
<td>under</td>
</tr>
<tr>
<td>Escambia</td>
<td>(2YR)</td>
<td>$138.13</td>
<td>$117.50</td>
<td>under</td>
</tr>
<tr>
<td>Escambia</td>
<td>(PR3)</td>
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<td>$110.50</td>
<td>under</td>
</tr>
<tr>
<td>Escambia</td>
<td>(PR4)</td>
<td>$126.67</td>
<td>$107.50</td>
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<td>(PR5)</td>
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<td>(SCH)</td>
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<td>Hillsborough</td>
<td>(INF)</td>
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<td>$130.00</td>
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<td>(2YR)</td>
<td>$167.50</td>
<td>$99.00</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(PR3)</td>
<td>$148.33</td>
<td>$92.00</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(PR4)</td>
<td>$148.33</td>
<td>$94.00</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(PR5)</td>
<td>$148.33</td>
<td>$94.00</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(SCH)</td>
<td>$125.00</td>
<td>$80.00</td>
<td>under</td>
</tr>
</tbody>
</table>
## Example 2: Current Market Rate Survey and 75<sup>th</sup> Percentile Analysis

<table>
<thead>
<tr>
<th>County</th>
<th>Care Type</th>
<th>75&lt;sup&gt;th&lt;/sup&gt; Percentile Rate</th>
<th>State Funded Weekly Rates</th>
<th>Gold Seal</th>
<th>CLASS</th>
<th>Child Assessment</th>
<th>Total Weekly Rates</th>
<th>SR Payment Rates/Differentials compared to 75&lt;sup&gt;th&lt;/sup&gt; Percentile Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duval</td>
<td>(INF)</td>
<td>$195.00</td>
<td>$130.00</td>
<td>$26.00</td>
<td>$13.00</td>
<td>$6.50</td>
<td>$175.50</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(TOD)</td>
<td>$167.50</td>
<td>$115.00</td>
<td>$23.00</td>
<td>$11.50</td>
<td>$5.75</td>
<td>$155.25</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(2YR)</td>
<td>$167.50</td>
<td>$108.75</td>
<td>$21.75</td>
<td>$10.88</td>
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<td>$146.81</td>
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<tr>
<td>Duval</td>
<td>(PR3)</td>
<td>$145.00</td>
<td>$100.00</td>
<td>$20.00</td>
<td>$10.00</td>
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<td>$135.00</td>
<td>under</td>
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<tr>
<td>Duval</td>
<td>(PR4)</td>
<td>$145.00</td>
<td>$85.00</td>
<td>$17.00</td>
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<td>$4.25</td>
<td>$114.75</td>
<td>under</td>
</tr>
<tr>
<td>Duval</td>
<td>(PR5)</td>
<td>$145.00</td>
<td>$85.00</td>
<td>$17.00</td>
<td>$8.50</td>
<td>$4.25</td>
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</tr>
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<td>Duval</td>
<td>(SCH)</td>
<td>$120.00</td>
<td>$62.00</td>
<td>$12.40</td>
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<td>$3.10</td>
<td>$83.70</td>
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</tr>
<tr>
<td>Escambia</td>
<td>(INF)</td>
<td>$157.50</td>
<td>$139.50</td>
<td>$27.90</td>
<td>$13.95</td>
<td>$6.98</td>
<td>$188.33</td>
<td>over75%</td>
</tr>
<tr>
<td>Escambia</td>
<td>(TOD)</td>
<td>$138.13</td>
<td>$128.50</td>
<td>$25.70</td>
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<td>$6.43</td>
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</tr>
<tr>
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<td>(2YR)</td>
<td>$138.13</td>
<td>$117.50</td>
<td>$23.50</td>
<td>$11.75</td>
<td>$5.88</td>
<td>$158.63</td>
<td>over75%</td>
</tr>
<tr>
<td>Escambia</td>
<td>(PR3)</td>
<td>$126.67</td>
<td>$110.50</td>
<td>$22.10</td>
<td>$11.05</td>
<td>$5.53</td>
<td>$149.18</td>
<td>over75%</td>
</tr>
<tr>
<td>Escambia</td>
<td>(PR4)</td>
<td>$126.67</td>
<td>$107.50</td>
<td>$21.50</td>
<td>$10.75</td>
<td>$5.38</td>
<td>$145.13</td>
<td>over75%</td>
</tr>
<tr>
<td>Escambia</td>
<td>(PR5)</td>
<td>$126.67</td>
<td>$107.50</td>
<td>$21.50</td>
<td>$10.75</td>
<td>$5.38</td>
<td>$145.13</td>
<td>over75%</td>
</tr>
<tr>
<td>Escambia</td>
<td>(SCH)</td>
<td>$110.00</td>
<td>$97.50</td>
<td>$19.50</td>
<td>$9.75</td>
<td>$4.88</td>
<td>$131.63</td>
<td>over75%</td>
</tr>
<tr>
<td>Hillsborough</td>
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</tr>
<tr>
<td>Hillsborough</td>
<td>(TOD)</td>
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<td>$130.00</td>
<td>$26.00</td>
<td>$13.00</td>
<td>$6.50</td>
<td>$175.50</td>
<td>over75%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(2YR)</td>
<td>$167.50</td>
<td>$99.00</td>
<td>$19.80</td>
<td>$9.90</td>
<td>$4.95</td>
<td>$133.65</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(PR3)</td>
<td>$148.33</td>
<td>$92.00</td>
<td>$18.40</td>
<td>$9.20</td>
<td>$4.60</td>
<td>$124.20</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(PR4)</td>
<td>$148.33</td>
<td>$94.00</td>
<td>$18.80</td>
<td>$9.40</td>
<td>$4.70</td>
<td>$126.90</td>
<td>under</td>
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<tr>
<td>Hillsborough</td>
<td>(PR5)</td>
<td>$148.33</td>
<td>$94.00</td>
<td>$18.80</td>
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<td>$4.70</td>
<td>$126.90</td>
<td>under</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>(SCH)</td>
<td>$125.00</td>
<td>$80.00</td>
<td>$16.00</td>
<td>$8.00</td>
<td>$4.00</td>
<td>$108.00</td>
<td>under</td>
</tr>
</tbody>
</table>
E.  Enhanced Field System Modernization (EFS Mod)

Part of the 2018 legislation that was passed required OEL to enhance the EFS Mod system to accommodate for HB 1091 requirements. **S. 1002.82(2)(p), F.S.**, established that by July 1, 2019, EFS Mod must:

- Allow a parent to monitor the development of his or her child as the child moves among programs within the state.
- Enable analysis at the state, regional, and local level to measure child growth over time, program impact, and quality improvement and investment decisions.

The EFS Mod implementation of 2018 HB 1091 functionality is behind schedule due to effort spent resolving data anomalies with 2018-19 SR enrollments, provider attendance and reimbursement data due to migration issues stemming from the July 2018 rollout of eligibility and enrollment features. Therefore, it is not recommended that 2018-2019 SR data be used to simulate a change in the funding model at this time.
IV. Future Quality Initiatives

A. Minimum CLASS® Threshold
Administrative rules specify the minimum CLASS® score that is required for SR providers to be eligible for a contract to provide these services. It is proposed that the minimum threshold, currently at 2.51 for 2019-2020, be raised to 3.50 for 2020-2021 and to 4.00 for 2021-2022.

B. Gold Seal Differential Payment
Consideration is being given to require all coalitions to pay Gold Seal providers the full 20-percent differential payment.

C. Contracted Slots
Consideration is also being given to expanding the use of contracted slots in high-need communities that will be impacted by raising the minimum quality threshold (CLASS®) as presented above.

V. Summary of Prior Work and the Identification of Key Issues

As indicated in Section II, there have been multiple attempts to change the SR Funding Model. All of these proposed models have attempted to achieve the following:

1. Establish equitable funding across Florida’s diverse counties to meet the needs of their unique communities.
2. Reflect local economic conditions through the inclusion of a factor such as the FPLI or the DCD.
3. Provide stable funding for communities affected by changes in the funding model to ensure continuity of services by minimizing the gains and losses over a multi-year implementation period.

Also noteworthy, was the practice of targeting the allocation of any additional or new SR funds to coalitions with waiting lists. This practice had the unintended effect of creating further inequities across counties and coalitions. Most recently, a study funded by the PDG B-5, showcased the instability of the child care reimbursement rates in many counties.
VI. Funding Methodology Recommendations

Below are descriptions of three funding methodologies that have been proposed: one, in section “A” by a work group in 2014 and the other, in section “B” most recently by an independent contractor. The third, outlined in section “C”, is a conceptual framework for consideration.

A. 2014 SR Funding Model Work Group Methodology

In December 2012, Governor Rick Scott directed OEL to convene a work group to identify an allocation model for SR based on equity. The workgroup consisted of stakeholders representing coalitions, child care providers, early learning advocates, government entities and OEL. The workgroup considered seven models and indicated their preferences, via rankings, on two models. Both models:

- Used the average funding rate per full-time equivalent (FTE) child for the past three years, with the most recent year weighted 50-percent the second year weighted 30-percent, and the third weighted 20-percent. (Other models only used the current year funding rate).
- Reflected variations in local economic conditions through the use of the District Cost Differential.
- Limited any decreases in funding to 5-percent per year.

The models varied on two factors:

1. The relative influence of the formula driven by statutory priority group numbers versus the total eligible population of children ages birth through 5 under 150-percent of the Federal Poverty Level. One model split the influence 50/50 and the other used a 60/40 split.
2. The limitations of increases for any single coalition.

Neither of the 2014 SR Funding Model work group recommendations, for which the formula calculations for each are depicted below, were implemented.

<table>
<thead>
<tr>
<th>Model 1: Child Population Served (50% priority groupings and 50% eligible population)</th>
<th>OR</th>
<th>Model 2: Child Population Served (60% priority groupings and 40% eligible population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 year Average SR Funding Rate per FTE (weighted as described above)</td>
<td>X</td>
<td>County DCD</td>
</tr>
<tr>
<td>Model 1: Adjustment to limit reduction to 5% or increase to 8.3%</td>
<td>OR</td>
<td>Model 2: Adjustment to limit reduction to 5% or increase to 5.5%</td>
</tr>
<tr>
<td>Coalition Allocation*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For multi-county coalitions, each county’s allocation would be added together prior to the adjustment to limit a coalition’s increases or decreases.
B. Zone Model Methodology

In 2019, a new funding methodology was presented for allocating SR Program funding to the 30 coalitions and RCMA. The model used the following factors:

**Market Rate Survey:** The federal guidance for determining payment rates that are reasonably in alignment with the cost of care recommends using a market rate survey. The market rate survey collects data by provider type and care level and is representative of the 75th frequency rate for full-time care. (See Appendix 1 for 2017 Market Survey Report.)

**Florida Price Level Index:** The FPLI was established by the Legislature as the basis for the District Cost Differential in the Florida Education Finance Program (FEFP). It represents the cost of hiring comparable personnel across school districts. Extensive data on wages is used to estimate the relative cost of hiring comparable workers among Florida’s 67 counties in a given year. The calculation is based on wage and employment data for hundreds of occupations collected by the Florida Department of Economic Opportunity’s Bureau of Labor Market Statistics as part of the U.S. Bureau of Labor Statistics’ Occupational Employment Statistics Survey. Although data for all occupations is not available for every county, data for many occupations is available even in small counties. The calculation compares wages across counties holding occupation constant. This means that, all else equal, a county’s index is not impacted by having more or less workers in high wage occupations, but only by having higher or lower wages within occupations as compared to wages in other counties for those same occupations. The purpose of using the FPLI is to account for differences in the cost of care and equalize across counties. In order to create parity across the state, the model places each of the 67 counties in one of four zones based on its FPLI rate.

In 2019, the legislature required the Office of Economic and Demographic Research (EDR) to develop a new methodology for calculating the FPLI. The EDR must compare the current FPLI to the new FPLI and provide a transition plan that minimizes negative impacts for 2020-2021, using the new wage level index. The report is due to the legislature and the Governor by October 1, 2019. (**Section 13, Ch. 2019-116, L.O.F.**)

**Population Data:** The SR Program is primarily provided for low-income families. Using the same percentage of eligible birth-to-age-5 children in each county provides equitable access to funding in each community and the potential for each county and coalition to serve a relatively equal percentage of the eligible child population.

Using the number of children in each county birth to 5 whose income is below 200-percent of the Federal Poverty Level, this data set accounts for the potentially eligible population of children that allows for program entrance at 150-percent of the federal poverty level and program exit eligibility at 200-percent of the federal poverty level or 85-percent of State Median Income. The percentage of children served in this model is set at 12-percent across all counties and is based on the most recent data available from the Office of Economic and Demographic Research.
Child Care Level: The cost of care varies greatly by care level and provider type. This is largely due to the different teacher-to-child ratio requirements for each age group. To account for the variability of the different costs the model uses the 75th frequency market rate for full-time toddler care.

Additional Assumptions: As presented in 2019, the calculation of the model limited changes to any coalition’s base funding from the 2018-2019 allocation represented in the 2018 General Appropriations Act. The model also assumed a compression rate of no more than $7 million new dollars per coalition. The compression rate was chosen to help infuse new dollars into communities at a reasonable pace.

Based on the available data sets the proposed formula calculation for the Zone Model would be as follows:

\[
\text{Zone Prevailing Market Rate for Toddler Care} \times \text{County’s FPLI Rate} \times \text{Defined % of Eligible Population} = \text{County Allocation*}
\]

*For multi-county coalitions, each county’s allocation is added together to obtain the coalition allocation

Zones: In order to place counties in one of the four zones, it is important to understand the differences in operating costs due to the varying costs of goods and services by county. (Counties labeled in bold print in the following tables indicate single county coalitions.)

Zone 4: Counties whose FPLI rate was between 100.39 - to the highest rate. It is proposed that this zone is funded using $180 a week for toddler care.

<table>
<thead>
<tr>
<th>ZONE 4</th>
<th>FLORIDA PRICE LEVEL INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROWARD</td>
<td>102.41%</td>
</tr>
<tr>
<td>St. Johns</td>
<td>100.98%</td>
</tr>
<tr>
<td>DUVAL</td>
<td>101.16%</td>
</tr>
<tr>
<td>Martin</td>
<td>102.20%</td>
</tr>
<tr>
<td>Dade</td>
<td>101.63%</td>
</tr>
<tr>
<td>Monroe</td>
<td>106.39%</td>
</tr>
<tr>
<td>ORANGE</td>
<td>100.85%</td>
</tr>
<tr>
<td>PALM BEACH</td>
<td>105.26%</td>
</tr>
<tr>
<td>Collier</td>
<td>106.27%</td>
</tr>
<tr>
<td>Lee</td>
<td>102.59%</td>
</tr>
<tr>
<td>SARASOTA</td>
<td>100.94%</td>
</tr>
</tbody>
</table>
Zone 3: Counties whose FPLI rate was between 97.00 - 100.38. It is proposed that this zone is funded using $170 a week for toddler care.

<table>
<thead>
<tr>
<th>ZONE 3</th>
<th>FLORIDA PRICE LEVEL INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALACHUA</td>
<td>97.51%</td>
</tr>
<tr>
<td>Leon</td>
<td>96.78%</td>
</tr>
<tr>
<td>BREVARD</td>
<td>98.59%</td>
</tr>
<tr>
<td>Clay</td>
<td>98.84%</td>
</tr>
<tr>
<td>Nassau</td>
<td>98.88%</td>
</tr>
<tr>
<td>ESCAMBIA</td>
<td>96.92%</td>
</tr>
<tr>
<td>Charlotte</td>
<td>98.53%</td>
</tr>
<tr>
<td>HILLSBOROUGH</td>
<td>100.38%</td>
</tr>
<tr>
<td>Indian River</td>
<td>100.11%</td>
</tr>
<tr>
<td>LAKE</td>
<td>97.52%</td>
</tr>
<tr>
<td>MANATEE</td>
<td>98.45%</td>
</tr>
<tr>
<td>Okaloosa</td>
<td>99.25%</td>
</tr>
<tr>
<td>Walton</td>
<td>98.01%</td>
</tr>
<tr>
<td>OSCEOLA</td>
<td>98.53%</td>
</tr>
<tr>
<td>Pasco</td>
<td>97.76%</td>
</tr>
<tr>
<td>PINELLAS</td>
<td>99.61%</td>
</tr>
<tr>
<td>SEMINOLE</td>
<td>99.30%</td>
</tr>
<tr>
<td>ST. LUCIE</td>
<td>100.29%</td>
</tr>
<tr>
<td>Glades</td>
<td>98.61%</td>
</tr>
<tr>
<td>Hendry</td>
<td>100.09%</td>
</tr>
</tbody>
</table>

Zone 2: Counties whose FPLI rate was between 94.00 - 96.99. It is proposed that this zone is funded using $150 a week for toddler care.

<table>
<thead>
<tr>
<th>ZONE 2</th>
<th>FLORIDA PRICE LEVEL INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gadsden</td>
<td>94.28%</td>
</tr>
<tr>
<td>Jefferson</td>
<td>94.00%</td>
</tr>
<tr>
<td>Wakulla</td>
<td>94.39%</td>
</tr>
<tr>
<td>Baker</td>
<td>96.91%</td>
</tr>
<tr>
<td>Bradford</td>
<td>96.28%</td>
</tr>
<tr>
<td>Putnam</td>
<td>95.07%</td>
</tr>
<tr>
<td>Flagler</td>
<td>94.69%</td>
</tr>
<tr>
<td>Volusia</td>
<td>95.73%</td>
</tr>
<tr>
<td>Columbia</td>
<td>93.82%</td>
</tr>
<tr>
<td>Union</td>
<td>95.06%</td>
</tr>
<tr>
<td>DeSoto</td>
<td>97.08%</td>
</tr>
<tr>
<td>Hardee</td>
<td>95.37%</td>
</tr>
<tr>
<td>Highlands</td>
<td>94.50%</td>
</tr>
<tr>
<td>Okeechobee</td>
<td>97.53%</td>
</tr>
<tr>
<td>Gilchrist</td>
<td>94.40%</td>
</tr>
<tr>
<td>Levy</td>
<td>94.34%</td>
</tr>
<tr>
<td>Sumter</td>
<td>96.49%</td>
</tr>
<tr>
<td>Bay</td>
<td>96.53%</td>
</tr>
<tr>
<td>Hernando</td>
<td>95.74%</td>
</tr>
<tr>
<td>POLK</td>
<td>96.05%</td>
</tr>
<tr>
<td>SANTA ROSA</td>
<td>96.92%</td>
</tr>
</tbody>
</table>
**Zone 1**: Counties whose FPLI rate was between the lowest rate and - 93.99. It is proposed that this zone is funded using $140 a week for toddler care.

<table>
<thead>
<tr>
<th>ZONE 1</th>
<th>FLORIDA PRICE LEVEL INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberty</td>
<td>92.17%</td>
</tr>
<tr>
<td>Madison</td>
<td>91.44%</td>
</tr>
<tr>
<td>Taylor</td>
<td>91.18%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>90.64%</td>
</tr>
<tr>
<td>Lafayette</td>
<td>90.80%</td>
</tr>
<tr>
<td>Suwanee</td>
<td>92.40%</td>
</tr>
<tr>
<td>MARION</td>
<td>93.59%</td>
</tr>
<tr>
<td>Citrus</td>
<td>93.67%</td>
</tr>
<tr>
<td>Dixie</td>
<td>92.59%</td>
</tr>
<tr>
<td>Calhoun</td>
<td>92.10%</td>
</tr>
<tr>
<td>Franklin</td>
<td>92.09%</td>
</tr>
<tr>
<td>Gulf</td>
<td>93.11%</td>
</tr>
<tr>
<td>Holmes</td>
<td>92.74%</td>
</tr>
<tr>
<td>Jackson</td>
<td>92.24%</td>
</tr>
<tr>
<td>Washington</td>
<td>92.81%</td>
</tr>
</tbody>
</table>

Please note for calculation purposes the weekly rate times the FPLI should then be multiplied by 52 weeks to account for a full-time-equivalent (FTE) before being multiplied by the population.

**C. Conceptual Framework for SR Funding Methodology**

In an effort to provide equitable funding based on actual children served and the percentage of the eligible population in each county, a model could be developed that is similar to the way in which the VPK Program is funded. The model would need to consider the following data components in order to equitably distribute SR Program funding across the 30 coalitions and RCMA and ensure a relatively equal level of funding per child served.

**Statewide reimbursement rates by care level and provider type**: Due to the significant variability of reimbursement rates across the state, and in an effort to achieve the federal goal of payments at the 75th percentile of the market rate, the state could set reimbursement rates for all counties and coalitions. Because each care level and provider type has remarkably different costs, a reimbursement rate table by care level and provider type could be established in the General Appropriations Act or by OEL for use at the local level.

**Estimated Full-Time Equivalent (FTE) by county**: Each child served in the SR Program should be funded at relatively the same reimbursement rate regardless of the location in which they are served. Including factors for growth and for the percentage of eligible population served in each county, as well as the unmet need based on the total eligible population in each county, as determined by the Early Learning Programs Estimating Conference pursuant to s. 216.136(8), F.S., will provide funding not only for children currently receiving care but also for eligible children who have not yet accessed services.
**Florida Price Level Index or District Cost Differential**: The difference between the FPLI and the DCD is simply that the DCD uses a 3-year average of the FPLI prior to use in the FEFP to smooth any peaks or valleys in the FPLI resulting from economic changes in counties across the state. *(Please see FPLI description above in section IV)*

**Local Quality Initiatives**: Additional funding to allow coalitions to continue to meet local needs and implement coalition driven quality initiatives at the direction of their boards and local communities. *(See CCDF expenditure categories in section I)*

**Non-direct services**: Additional funding to allow coalitions to continue to provide the necessary program as defined in state law. *(See CCDF expenditure categories in section I)*

**Administrative costs**: Coalitions are limited to 5-percent for administration of the programs. This funding would continue to fund administration costs for the SR Program. *(See CCDF expenditure categories in section I)*

**Quality Performance Incentives (Payment Differentials)**: Adding funding based on the quality performance incentive percentages based on the number of providers who meet certain quality measures ensures that providers continue to work towards statewide priority quality initiatives such as Gold Seal, program assessment (CLASS®) and child assessment *(see Initiatives to Improve the SR Program in Section III)*.

Based on the available data sets the proposed formula calculation for the conceptual framework methodology would be as follows:

\[
\text{Statewide Reimbursement Rate by Care Level and Provider Type} \times \text{County’s FPLI Rate or DCD} \times \text{Estimated FTE by County} + \text{Quality, Admin. And Non-Direct Services} + \text{Quality Performance Incentive Differentials} = \text{County Allocation*}
\]

*For multi-county coalitions, each county’s allocation is added together to obtain the coalition allocation.*
VII. Additional Recommendations

Based on the review of the potential impact of recent initiatives to improve the quality of SR programs, the impact on the 2018-2019 SR data given the migration issues from the legacy data system to EFS Mod, and the anticipation of a new FPLI calculation from the Office of Economic and Demographic Research; it is recommended that OEL:

1. Recalibrate reimbursement rates in 2020-2021 using the anticipated additional CCDF funds (approximately $140 million). This should be accomplished by targeting specific care levels (i.e., infant, toddler and preschool) and coalitions where the reimbursement rates are low. The goal of the recalibration of rates would be to reach the 75th percentile.
2. Consider statutory authority to establish statewide child care reimbursement rates to reduce the variance and resulting inequities across coalitions.
3. Review the impact of SR program improvement initiatives for 2019-2020 and 2020-2021 including the use of contracted slots, as discussed in Section III, which gives high-quality providers a stable revenue source to maintain services.
4. Determine the impact of the three methodologies, described in Section V., based on SR data and feedback from stakeholders.
## Full Time Rates

### Non Gold Seal Private Centers

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average Minimum Maximum Median Most Frequent 75th Percentile Rate</td>
</tr>
<tr>
<td>Infant</td>
<td>2,409</td>
<td>28</td>
<td>$168.02 $337.50 $50.00 $160.00 $150.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>3,602</td>
<td>58</td>
<td>$147.28 $307.00 $50.00 $140.00 $135.00</td>
</tr>
<tr>
<td>Preschool</td>
<td>3,966</td>
<td>57</td>
<td>$129.40 $297.50 $50.00 $121.67 $120.00</td>
</tr>
<tr>
<td>School age</td>
<td>2,374</td>
<td>71</td>
<td>$109.56 $300.00 $50.00 $100.00 $100.00</td>
</tr>
</tbody>
</table>

### Large Family Child Care Homes (FCCH)

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average Minimum Maximum Median Most Frequent 75th Percentile Rate</td>
</tr>
<tr>
<td>Infant</td>
<td>281</td>
<td>1</td>
<td>$132.93 $300.00 $85.00 $150.00 $150.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>201</td>
<td>1</td>
<td>$138.89 $275.00 $80.00 $135.00 $150.00</td>
</tr>
<tr>
<td>Preschool</td>
<td>300</td>
<td>1</td>
<td>$175.20 $225.00 $75.00 $120.00 $100.00</td>
</tr>
<tr>
<td>School age</td>
<td>216</td>
<td>2</td>
<td>$103.61 $210.00 $50.00 $100.00 $120.00</td>
</tr>
</tbody>
</table>

### Family Child Care Homes (FCCH)

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average Minimum Maximum Median Most Frequent 75th Percentile Rate</td>
</tr>
<tr>
<td>Infant</td>
<td>2,069</td>
<td>8</td>
<td>$147.22 $300.00 $60.00 $145.00 $150.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>2,174</td>
<td>5</td>
<td>$135.61 $300.00 $50.00 $130.00 $125.00</td>
</tr>
<tr>
<td>Preschool</td>
<td>2,152</td>
<td>6</td>
<td>$124.41 $300.00 $50.00 $120.00 $125.00</td>
</tr>
<tr>
<td>School age</td>
<td>1,341</td>
<td>19</td>
<td>$102.10 $300.00 $50.00 $100.00 $100.00</td>
</tr>
</tbody>
</table>
# Public School

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Preschool</td>
<td>280</td>
<td>2</td>
<td>$102.11</td>
</tr>
<tr>
<td>School age</td>
<td>263</td>
<td>40</td>
<td>$89.79</td>
</tr>
</tbody>
</table>

# Private Schools

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Preschool</td>
<td>68</td>
<td>10</td>
<td>$137.65</td>
</tr>
<tr>
<td>School age</td>
<td>47</td>
<td>6</td>
<td>$143.83</td>
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# Faith Based Exempt

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Infant</td>
<td>144</td>
<td>0</td>
<td>$158.15</td>
</tr>
<tr>
<td>Toddler</td>
<td>236</td>
<td>7</td>
<td>$132.95</td>
</tr>
<tr>
<td>Preschool</td>
<td>397</td>
<td>18</td>
<td>$121.18</td>
</tr>
<tr>
<td>School age</td>
<td>340</td>
<td>28</td>
<td>$114.08</td>
</tr>
</tbody>
</table>

# After School

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>School age</td>
<td>601</td>
<td>110</td>
<td>$101.74</td>
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</table>
### Gold Seal Private Centers

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Infant</td>
<td>1,031</td>
<td>27</td>
<td>$195.72</td>
</tr>
<tr>
<td>Toddler</td>
<td>1,378</td>
<td>20</td>
<td>$171.85</td>
</tr>
<tr>
<td>Preschool</td>
<td>1,422</td>
<td>23</td>
<td>$153.72</td>
</tr>
<tr>
<td>School age</td>
<td>1,112</td>
<td>19</td>
<td>$132.37</td>
</tr>
</tbody>
</table>

### Large Family Child Care Homes (FCCH)

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Infant</td>
<td>67</td>
<td>0</td>
<td>$170.42</td>
</tr>
<tr>
<td>Toddler</td>
<td>69</td>
<td>0</td>
<td>$155.25</td>
</tr>
<tr>
<td>Preschool</td>
<td>69</td>
<td>0</td>
<td>$138.75</td>
</tr>
<tr>
<td>School age</td>
<td>54</td>
<td>0</td>
<td>$119.09</td>
</tr>
</tbody>
</table>

### Family Child Care Homes (FCCH)

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Infant</td>
<td>69</td>
<td>3</td>
<td>$170.64</td>
</tr>
<tr>
<td>Toddler</td>
<td>71</td>
<td>2</td>
<td>$159.98</td>
</tr>
<tr>
<td>Preschool</td>
<td>71</td>
<td>2</td>
<td>$144.04</td>
</tr>
<tr>
<td>School age</td>
<td>66</td>
<td>1</td>
<td>$129.78</td>
</tr>
</tbody>
</table>

### Public School

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Market Rate (Private Pay Rates)</th>
<th>School Readiness Reimbursement Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rates Included</td>
<td>Rates Excluded</td>
<td>Average</td>
</tr>
<tr>
<td>Preschool</td>
<td>81</td>
<td>5</td>
<td>$160.38</td>
</tr>
<tr>
<td>School age</td>
<td>96</td>
<td>0</td>
<td>$167.60</td>
</tr>
</tbody>
</table>
### Private Schools

<table>
<thead>
<tr>
<th>Care Level</th>
<th>Number of Providers</th>
<th>Rates Included</th>
<th>Rates Excluded</th>
<th>Average</th>
<th>Maximum</th>
<th>Minimum</th>
<th>Median</th>
<th>Most Frequent</th>
<th>75th Percentile Rate</th>
<th>Average SR Reimbursement Rate</th>
<th>% of Average Market Rate</th>
<th>% of 75th Percentile Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>16</td>
<td>16</td>
<td>1</td>
<td>$142.50</td>
<td>$250.00</td>
<td>$65.00</td>
<td>$126.50</td>
<td>#N/A</td>
<td>$195.94</td>
<td>$116.92</td>
<td>82.05%</td>
<td>59.67%</td>
</tr>
<tr>
<td>School age</td>
<td>9</td>
<td>9</td>
<td>1</td>
<td>$139.19</td>
<td>$225.00</td>
<td>$79.00</td>
<td>$135.00</td>
<td>#N/A</td>
<td>$138.57</td>
<td>$89.87</td>
<td>64.57%</td>
<td>64.86%</td>
</tr>
</tbody>
</table>

The rates provided have been converted to weekly rates. For quality assurance purposes, the following rates have been excluded: full time or part time rates above $300.00, full time rates less than $50.00, and part time rates less than $25.00. 

"#" is displayed when the number of Private Rates Included at the county level is less than 4. Refer to the state level data in these instances.

Providers not included in the rate calculation include: Head Start Only, Playgroup, Summer Camp/Recreational Programs, Sick Care Agency, Nanny/Au Pair Agency, and Family Friends and Neighbor providers.

Data reflects revised 2017 Private Pay rates from Pinellas County incorporated on March 15, 2019.
Appendix 2 – History of School Readiness Funding Formula

History of School Readiness Allocation Methodology

Prior to 1999-2000

Prior to 1999, the responsibility for early care and education programs was divided among the state departments of Education and Children and Families and the federal Head Start Program. The Florida Department of Education (DOE) administered and funded school-based readiness programs such as the Prekindergarten Early Intervention Program, Prekindergarten Program for Children with Disabilities, Florida First Start, and Migrant Prekindergarten. The Department of Children and Family Services (DCF) administered the Subsidized Child Care Program, which provided child care services to at-risk and economically disadvantaged children since 1979.

Funding was allocated to the 15 DCF districts across the state, which were then contracted with 25 community child-care coordinating agencies to administer the program. Subsidized child care within DCF accounted for approximately 80% of total early care and education program funding. The federal Head Start Program also provided readiness services in local communities through funding provided directly to individual grantees. These programs functioned independently except for various interagency coordination efforts required by law.

1999-2000

In 1999, the legislature authorized the School Readiness Act (Ch. 99-257, Laws of Florida), trusting the Florida Partnership for School Readiness (Partnership), a state-level governing board to coordinate statewide program efforts and creating local School Readiness coalitions to plan and implement a comprehensive program of readiness services. To staff the Partnership, the legislature transferred Subsidized Child Care Program positions from DCF and the Prekindergarten Early Intervention (Pre-K) Program within DCF to the Partnership, which was assigned to the Executive Office of the Governor for administrative purposes.

The intent of the School Readiness Act was to create a more cohesive, efficient and integrated school readiness system and increase children’s chances of achieving future educational success and becoming productive members of society. The legislation created three major components:

- A state-level governing board with responsibility for coordinating statewide efforts.
- Local school readiness coalitions to oversee services.
- An estimating conference for school readiness programs.

For the first time, Florida’s early care and education programs (apart from programs for students with disabilities and Head Start) were subject to the guidance and direction of a single entity at both the state and local levels. The bill required coalitions to receive funding from each of the previously separate early education and child care programs that were funded with state, federal, lottery or local funds including Florida First Start programs, Even-Start literacy programs, prekindergarten early intervention programs, programs offered by public and private providers of child care, migrant prekindergarten programs, Title I programs, subsidized child care programs and teen parent programs, together with any additional funds appropriated or obtained for these purposes. These programs and their funding streams became components of the coalitions’ Integrated School Readiness Program, with the goal of preparing children for success in school.
In 2000, the legislature further revised funding requirements for the Partnership to provide funding for coalitions (Ch. 2000-149, Laws of Florida). The biggest change was to redirect funding that was previously allocated to school districts by the Commissioner of Education for the Prekindergarten Early Intervention Program ($103.8 million in General Revenue; Specific Appropriation 6 of Ch. 2000-166, Laws of Florida) to be allocated by the Partnership to the newly formed school readiness coalitions. The allocation used a minimum amount plus an additional allocation based on an allocation factor equal to one-quarter of each coalition’s percentage share of the state’s 3- and 4-year-old population plus three-quarters of each school district’s percentage share of the state’s total free lunches served.

For each of the programs incorporated into the new School Readiness Program, overseen by the Partnership, the following allocation factors for coalitions were applied for the 2000-2001 fiscal year:

<table>
<thead>
<tr>
<th>Previous Program</th>
<th>Allocation Factors Used</th>
</tr>
</thead>
</table>
| Pre-Kindergarten Early Intervention Program | - Minimum grant 565,000  
- 25% additional allocation of share of 3 & 4-year-old population  
- 75% additional allocation of share of Free & Reduced Lunches |
| DOE Migrant Pre-Kindergarten Program | - Number of FTE reported for service in Survey 5 for 1999-2000                          |
| DCF – Wages                       | - 60% based on 2000-01: Expenditures  
- 20% for Cash Assistance Households  
- 20% for Transitional Childcare Enrollment |
| DCF – Subsidized Respite          | - 60% based on 2000-01: Expenditures  
- 20% for Cash Assistance Households  
- 20% for Transitional Childcare Enrollment |
| DCF – Working Poor                | - 60% based on 2000-01: Expenditures  
- 20% for zero to 4-year-old population at FPL <150%  
- 10% for Dependency hearings  
- 10% for Maltreatment Reports |

In 2001, the legislature transferred administrative support for the Partnership from the Executive Office of the Governor to the Agency for Workforce Innovation (AWI) (Ch. 2001-170, Laws of Florida). The legislature also repealed the statutory authority for the individual school-based readiness programs, thereby creating a single readiness program under the direction of the Partnership and local coalitions. The AWI assumed direct responsibility for certain administrative aspects such as budget development and allocation. At the local level, school readiness coalitions were given direct authority. Although local school boards were no longer directly involved in administering the program, they can still provide program services and support through contractual arrangements with readiness coalitions.

During the first two years of the program (i.e., through June 1, 2001), only seven coalitions signed contracts with the Partnership and assumed responsibility for funding and services. Thus, during this period, funding for the 50 remaining coalitions went directly to the school districts and community child-care coordinating agencies, and the local coalitions did not assume control of the program. The lack of a centralized funding source during the first 20 months of the program’s existence slowed progress and created a major barrier to program implementation at the local level. Centralized funding is now one of the major elements of the School Readiness Program and enables coalitions to unify planning and local control of readiness programs.

Because funding was not centralized until 2001, coalitions were unable to assume control of the program. The original School Readiness legislation required the Partnership to present to the legislature, by February 1, 2000, a plan for combining the different funding streams into a School Readiness Trust Fund.
Partnership submitted its proposal to the legislature in January 2000. However, the Trust Fund was never established partly due to concerns regarding the legality of combining multiple federal grant programs into one source at the state level. As a result, the different funding sources were not combined and placed under the control of the Partnership. Budget authority for the Pre-K Program and the Subsidized Child Care Program remained with the DOE and the DCF, respectively, during the program’s first two years.

During the 2000-2001 fiscal year, the Partnership developed a way to centralize the funding for coalitions with approved plans by working with the DOE and DCF to develop a method for combining the funding at the local level. The result of these interagency efforts was a complicated contracting process, which transferred the funds from the two agencies to approved coalitions. The Partnership developed a standardized contract that coalitions with approved plans could sign to begin receiving program funding.

In March 2001, the Sarasota and the Clay/Nassau school readiness coalitions became the first two Florida coalitions to sign contracts with the Partnership. As of December 1, 2001, 39 of the 57 coalitions had signed contracts with the Partnership. It was expected to have all coalitions under contract by July 2002. The 2001 legislature took steps to further correct this problem by eliminating the individual readiness programs that existed previously and by giving the Agency for Workforce Innovation (AWI) the authority to administer all school readiness funds pursuant to a contract with the Partnership. Programmatic and budgetary authority for the program was combined into a single administrative entity, which was not the case during the previous two years.

For each of the programs incorporated into the new School Readiness Program overseen by the Partnership, the following allocation factors for coalitions were applied for the 2001-2002 fiscal year:

<table>
<thead>
<tr>
<th>Previous Program</th>
<th>Allocation Factors Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Kindergarten Early Intervention Program</td>
<td>- 60% based on 2000-2001 allocation</td>
</tr>
<tr>
<td></td>
<td>- 10% for ≥ to 3-year-old population at FPL &lt; 150%</td>
</tr>
<tr>
<td>DOE Migrant Pre-Kindergarten Program</td>
<td>- 30% for 2- to 3-year FPL &lt; 150%</td>
</tr>
<tr>
<td></td>
<td>- 10% for Migrant Enrollment</td>
</tr>
<tr>
<td></td>
<td>- 60% based on 2000-2001 allocation</td>
</tr>
<tr>
<td>Partnership – First Start</td>
<td>- 10% Projected Births</td>
</tr>
<tr>
<td></td>
<td>- 25% FPL</td>
</tr>
<tr>
<td></td>
<td>- 25% Handicap Enrollment</td>
</tr>
<tr>
<td>Partnership - Wages</td>
<td>- Budget 2000-01 60%</td>
</tr>
<tr>
<td></td>
<td>- Cash Assistance Households 20%</td>
</tr>
<tr>
<td></td>
<td>- Transitional Childcare Enrollment 20%</td>
</tr>
<tr>
<td>Partnership - Subsidized Respite</td>
<td>- 60% for Budget 2000-01</td>
</tr>
<tr>
<td></td>
<td>- 20% for Cash Assistance Households</td>
</tr>
<tr>
<td></td>
<td>- 20% for Transitional Childcare Enrollment</td>
</tr>
<tr>
<td>Partnership – Working Poor</td>
<td>- 60% for zero to 14-year-old population at FPL &lt; 185%</td>
</tr>
<tr>
<td></td>
<td>- 10% for Dependency hearings</td>
</tr>
<tr>
<td></td>
<td>- 10% for Maltreatment Reports</td>
</tr>
</tbody>
</table>

At the beginning of the 2001-2002 fiscal year, some coalitions were not formed yet, so interim contracts were made with central agencies and school districts and then, when a coalition was formed, the balance of contracts were transferred to a contract with the new coalition. Contract funding was continued at the 2000-2001 fiscal year level which maintained a substantial reserve when making initial allocations. The Partnership made additional allocations to coalitions in March 2002 to complete the fiscal year. At the June 2002 Board Conference call meeting, the Partnership failed to approve an allocation formula for submission to the Legislative Budget Commission (LBC).
2003-2004
For the 2002-2003 fiscal year, the Partnership approved continuation of coalition budgets at the FY 2001-2002 contracted amount, including additional allocations received in March 2002. However, in November 2002, pursuant to a Partnership created One Percent Policy on expenditures for the 2001-2002 fiscal year, coalitions with less than 99% of their 2001-2002 allocation expended were penalized and their 2002-2003 fiscal year contracts were reduced by these amounts. The One Percent Policy had a shelter provision for reductions to coalition contracts of a not-to-exceed $400,000 or be less than $40,000. (Reference Partnership Board Item #2002-61.) Furthermore, on May 22, 2003, the Partnership approved a funding formula distribution plan (Item #2003-22). This funding formula allocated all program funding based on the following factors:

- Forty percent based on the zero- to 5-year-old population at greater than 150% FPL.
- Fifteen percent based on the total zero- to 5-year-old population.
- Twenty-five percent based on the number of TANF families with children, ages zero to 13 years old.
- Five percent based on the number maltreatment reports.
- Fifteen percent based on SRUSS results.
- Sparsity weightings were applied to the zero- to 5-year-old population at greater than 150% of FPL and the number of TANF families with children, ages zero to 13 years old.

For the 2003-2004 fiscal year, the Partnership approved continuation of coalition budgets at the 2002-2003 fiscal year level, as adjusted by November 2002 actions, pursuant to proviso language contained in the 2003-2004 General Appropriations Act (Specific Appropriation 2014A, Ch. 2003-297, Laws of Florida). However, a similar policy on expenditures from the previous year was applied in November 2003, except the percentage was increased to 1.8% (reference Partnership Item 2003-101), and coalition contract allocations for the 2003-2004 fiscal year were adjusted.

2004-2005
For the 2004-2005 fiscal year, the Partnership approved continuation of coalition budgets at the 2003-2004 fiscal year level, as adjusted by November 2003 actions, pursuant to language contained in HB 821 (the bill was subsequently vetoed by Governor Bush). The funding formula previously approved by the Partnership on May 22, 2003, was not approved by the Governor or LBC.

In a December 2004 Special Session, for the statutory implementation of the new Voluntary Prekindergarten (VPK) Constitutional initiative, HB 1A was passed which eliminated the Partnership and transferred its responsibility for early education to the AWI, making the agency responsible for state-level coordination of the School Readiness and VPK programs and of the School Readiness coalitions, which were renamed Early Learning coalitions (ELCs). The bill also established a maximum number (50) of ELCs in Florida. DOE was made responsible for developing educational standards and measuring program outcomes for the VPK Program and the AWI was directed to adopt an allocation formula to be submitted and approved by the Governor and the LBC and to allocate school readiness funds for the 2004-2005 fiscal year consistently with the 2003-2004 fiscal year funding allocations (Ch. 2004-484, Laws of Florida).

2005-2006
For the 2005-2006 fiscal year, AWI submitted a proposed allocation formula to the Governor and the LBC on May 20, 2005. The funding formula proposed allocating School Readiness funding based on the following factors and methodologies:
Ninety-five percent of funding allocated based on equity:
- Using an average of the 3-year direct services cost history for each client group (TANF, Protected Services, Working Poor).
- Working Poor allocation was broken down further at 75% of the 3-year direct services cost history and 25% of the estimated children at greater than 200% FPL.
- Allocation was then “equalized” by multiplying the allocations by the District Cost Differential (DCD) for each county.

Five percent based on performance, as measured by:
- Fifty percent for counties with >85% of the Children Ready Now population.
- Fifty percent using Special Incentives.

The LBC failed to adopt the allocation formula and Governor Bush subsequently directed AWI to allocate funds for the 2005-2006 fiscal year based on the prior fiscal year allocations.

2006-2007
For the 2006-2007 fiscal year, the legislature revised section 411.01(9), F.S., to direct AWI to recommend a formula for allocation of School Readiness funds to the governor and the chairs of the House and Senate appropriations committees by January 1 of each year. The legislature then would specify in the General Appropriations Act any changes to the recommended allocation formula for use in the upcoming fiscal year. However, the legislature was silent as to the distribution of school readiness funds in the 2006-2007 GAA (Specific Appropriation 2304, Ch. 2006-25, Laws of Florida). Without any specific directive from the governor or legislature, AWI allocated funds for the 2006-2007 fiscal year consistent with the prior year’s allocation methodology.

2007-2008
For the 2007-2008 fiscal year, AWI submitted an allocation formula for use in FY 2007-2008 to the Governor and the designated legislative committees on December 18, 2006. The funding formula submitted by AWI was very similar to the one previously submitted in 2006. The legislature was again silent as to the distribution of school readiness funds in the 2007-2008 GAA (Specific Appropriation 2351, Ch. 2007-72, Laws of Florida). It is unclear what, if any changes were made to the allocations for the 2007-2008 fiscal year. The allocation submitted by AWI was based on the following factors and methodologies:

Ninety-nine percent of funding allocated based on equity:
- Using an average of the 3-year direct services cost history for each client group.
- Working Poor allocation was broken down further at 75% of the 3-year direct services cost history and 25% of the estimated children at greater than 150% FPL.
- Allocation was then “equalized” by multiplying the allocations by the DCD for each county.

One percent based on performance, as measured by:
- Monitoring Results
- Compliance with Terms & Conditions of Contracts
- School Readiness Rate Scores

2008-2009 through 2011-2012
Between 2008 and 2011, AWI submitted allocation formula recommendations for each fiscal year to apply to new funds only (funding levels above the 2007-2008 level). Because there were no new funds provided in each of these fiscal years, the recommended funding methodologies had no impact on the allocation of funds for these years.
in 2011, the legislature reorganized AWI (Ch. 2011-142, Laws of Florida) and effective October 1, 2011, it was renamed the Department of Economic Opportunity. As a part of this reorganization, the Early Learning division of AWI became a separate budget entity within the DOE with a direct report to the Governor, and was renamed as Florida’s Office of Early Learning (OEL).

In 2012, the new office convened a workgroup comprised of select ELC executive directors who agreed upon a methodology with which to fund the 31 ELCs and Redlands Migrant Christian Association (RCMA). OEL submitted an allocation formula based upon the results of the group’s work. The OEL proposed the agreed upon equity-based allocation formula that began the process of implementing an “equity-based” allocation formula as recommended by the auditor general and prescribed in HB 5103 from the 2012 legislative session (the bill was subsequently vetoed by the Governor).

The 2012 GAA required OEL to allocate the funds provided for the 2012-2013 fiscal year as prescribed in HB 5103 and recommended for approval by OEL to the School Readiness allocation conference (proviso in Specific Appropriation 75, Ch. 2012-119). The allocation formula that was implemented in July 2012 redistributed 10% of the prior funding allocation using the “equity-based” allocation which was based on the eligible population served by each coalition. This action resulted in ELCs either losing or gaining funding based upon the historical allocation from the 2011-2012 fiscal year which was prorated to funds available for the 2012-2013 fiscal year.

Equity Methodology proposed by OEL: For each of the factors listed below the percentage for each county was calculated, the result was multiplied by the total allocation and the weight was applied. The four resulting allocations were summed and multiplied by the DCD. The percentage of this adjusted allocation was determined and multiplied by 10% and the result was the initial allocation. This factor was added to the remaining 90% of continuation funding.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Birth through 5</td>
<td>30%</td>
</tr>
<tr>
<td>Children Birth through 5 under 150% FPL</td>
<td>25%</td>
</tr>
<tr>
<td>Children Birth through 5 under 200% FPL</td>
<td>25%</td>
</tr>
<tr>
<td>Children 6 to 12 Under 200% FPL</td>
<td>20%</td>
</tr>
</tbody>
</table>

2013-2014

For the 2013-2014 fiscal year, OEL, as directed by the Governor, proposed a funding formula that mirrored what was implemented the prior year which would have resulted in no additional loss or gain incurred by ELCs from the funding in the 2012-2013 fiscal year. While the legislature acted upon that recommendation and maintained the same allocation amounts for the 2013-2014 fiscal year, they also restored any reductions that coalitions received for the 2012-2013 fiscal year due to the formula used by OEL. The GAA specifically allocated funding to each coalition that included approximately $5 million to restore the funding loss of any coalition which was a result of the use of the allocation formula used in the 2012-2013 fiscal year (Specific Appropriation 79, Ch. 2011-40, Laws of Florida).
2014-2015 through 2019-2020

School Readiness funding continued to be specifically allocated to coalitions via the GAA; however, OEL maintained the authority to reallocate funds between ELCs based on actual enrollments and expenditures.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>GAA Funding Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2015</td>
<td>$5M in federal funds for workload increase - Each ELC received an additional 54% increase. (Specific Appropriation 88, Ch. 2014-51, Laws of Florida)</td>
</tr>
<tr>
<td>2015-2016</td>
<td>$5M in federal funds for workload increase - Each ELC received a 0% increase. RCMA received additional $111,903 (not part of the allocation proration formula) (Specific Appropriation 82, Ch. 2015-232, Laws of Florida)</td>
</tr>
<tr>
<td>2016-2017</td>
<td>$10M in federal funds for Workload increase and $500k for reprioritization of funds from expense ($175K in federal and $125K GR) - Each ELC received a 1.84% increase. (Specific Appropriation 87, Ch. 2016-66, Laws of Florida)</td>
</tr>
<tr>
<td>2017-2018</td>
<td>$25M in federal funds to restore the $20M LBC budget authority increase from the 2016-2017 fiscal year and $5M enhancement due to an increase in the federal award - Each ELC received a 4.18% increase over the 2016-2017 GAA allocation. (Specific Appropriation 84, Ch. 2017-70, Laws of Florida)</td>
</tr>
<tr>
<td>2018-2019</td>
<td>$7M in federal funds to provide increased trust fund authority for a federal award increase - Each ELC and RCMA received an additional 1.15% increase. (Specific Appropriation 85, Ch. 2018-9, Laws of Florida)</td>
</tr>
<tr>
<td>2019-2020</td>
<td>$75M in federal funds to provide increased trust fund authority for federal award increase - Each ELC and RCMA received a 12.2% increase over the 2018-19 GAA allocation. (Specific Appropriation 86, Ch. 2019-115, Laws of Florida)</td>
</tr>
</tbody>
</table>

In September 2016, the LBC increased SR budget authority by $20M in federal funds. LBC allocated based on 50% GAA allocation and 50% waitlist. This allocation did not impact future allocation methodology. (September 16, 2016 LBC meeting budget amendment # B2016-0050).

In July 2018, the LBC authorized increased SR budget authority by $60M in federal funds but allowed OEL the authority to allocate to coalitions. OEL allocated $20M based on the 2-yr avg waitlist, $10M based on the current wait list, and $10 based on GAA allocations. This allocation did not impact future allocation methodology. (July 19, 2018 LBC meeting budget amendment B2016-0034)
<table>
<thead>
<tr>
<th>Trans. Date</th>
<th>AMEX Description</th>
<th>Traveler</th>
<th>ELC Description</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>07/29/2019</td>
<td>BUDGET RENTAL CAR 800 - 482 - 0159 FL</td>
<td>Tatiana Larionova</td>
<td>Tolls for Tatiana Larionova to attend Florida Annual Nutrition Symposium in Marco Island, July 13th-16th</td>
<td>$19.00</td>
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<tr>
<td>07/31/2019</td>
<td>BUDGET RENTAL CAR 800 - 482 - 0159 FL</td>
<td>Sandrina Seraphin</td>
<td>Tolls for Sandrina Seraphin to attend One Goal Building The Future Together &quot;Putting Families First&quot;, July 16th-19th</td>
<td>$26.47</td>
</tr>
<tr>
<td>08/15/19</td>
<td>EMBASSY SUITES 813 - 769-8300</td>
<td>Belkis Torres</td>
<td>Credit Lodging Taxes for Belkis Torres to attend the FHSA Conference in Tampa, September 3rd -5th</td>
<td>$(24.87)</td>
</tr>
<tr>
<td>08/22/19</td>
<td>ROSEN SHINGLE ONLINE 407-9969939 FL</td>
<td>Priscilla Ferrer</td>
<td>Lodging for Priscilla Ferrer to attend the Health Network Meeting with the Florida Head Start Collaboration Office in Orlando, September 3rd-4th</td>
<td>$139.00</td>
</tr>
<tr>
<td>08/22/19</td>
<td>ROSEN SHINGLE ONLINE 407-9969939 FL</td>
<td>Belkis Torres</td>
<td>Lodging for Belkis Torres to attend the Leadership Summit at the FLAEYC Conference in Orlando, September 3rd-5th</td>
<td>$278.00</td>
</tr>
<tr>
<td>08/23/19</td>
<td>HARD ROCK HOTEL 386 - 947-7300 FL</td>
<td>Eimy Ramirez</td>
<td>Lodging for Eimy Ramirez to attend the Social Services Competency-Based Training in Daytona, Florida, October 6th-11th</td>
<td>$745.00</td>
</tr>
<tr>
<td>08/23/19</td>
<td>HARD ROCK HOTEL 386 - 947-7300 FL</td>
<td>Mashonda McClain</td>
<td>Lodging for Mashonda McClain to attend the Social Services Competency-Based Training in Daytona, Florida, October 6th-11th</td>
<td>$745.00</td>
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<tr>
<td>08/26/19</td>
<td>MARCO ISLAND MARRIOTT</td>
<td></td>
<td>Credit Lodging Taxes for Tatiana Larionova to attend the FAND Symposium in Marco Island, July 13th-16th</td>
<td>$(71.64)</td>
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<tr>
<td>Date</td>
<td>Company</td>
<td>Contact</td>
<td>Expense Description</td>
<td>Amount</td>
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</tr>
<tr>
<td>08/29/19</td>
<td>ROSEN SHINGLE ONLINE 407-9969939 FL</td>
<td>Priscilla Ferrer</td>
<td>Credit Lodging for Priscilla Ferrer to attend Health Network Meeting with the Florida Head Start Collaboration Office in Orlando, September 3rd -4th (Cancelled due to Hurricane Dorian)</td>
<td>$(139.00)</td>
</tr>
<tr>
<td>08/29/19</td>
<td>ROSEN SHINGLE ONLINE 407-9969939 FL</td>
<td>Belkis Torres</td>
<td>Credit Lodging for Belkis Torres to attend a Leadership Summit at the FLAEYC Conference in Orlando, September 3rd-5th (Cancelled due to Hurricane Dorian)</td>
<td>$(278.00)</td>
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<td></td>
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<td>Total EHS Credit Card Expenses</td>
<td>$ 1,438.96</td>
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</table>
Policies and Procedures

BOARD APPROVAL:

POLICY COUNCIL APPROVAL:
Approvals of New or Modified Policies and Procedures:

<table>
<thead>
<tr>
<th>Policy and Procedure</th>
<th>Indicate New or Modified</th>
<th>Board Approval Date</th>
<th>Policy Council Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
CONTENTS

Click on the Procedure

Annual Report
Attendance
Background Check and Verifications
Bloodborne Pathogens
Child Abuse and Neglect
Code of Conduct
Common Accounting Numbers (C.A.N.)
Communicable Disease Protocol
Communication- Parents with Impairments
Continuity of Care
Curriculum
Dental Prevention Care
Determination of Health Status
Disinfecting and Sanitizing Solutions
Emergency Closings
Enrollment and Re-enrollment
Entering EHS Staff in the Information Management System
Entering Parent Conferences and Home Visits in the Information Management System
Excessive Absences
Exclusion of Sick Children
Expenditure Reports
Expulsion
Family Goal Setting
Family Needs Assessments
Family Support Services for Nutrition
Financial Reporting
Governance Structure
Handling of Breast Milk and Breastfeeding Support
Head Lice
Health Insurance
Health Services Advisory Committee
Health Status of Staff
Holidays and Closure
Home Visits (Education)
Home Visits (Family Services)
In-kind (Non-Federal Share)
Local Travel
Meal Claims
Mealtime Implementation
Medical and Dental Home
Medication Administration
Mental Health Consultations
Menu Planning
Monitoring (Contracts and Program)
Regulation Reference:  
The Head Start Act Section 644(a)(2) (42 U.S.C. 9839)

Policy:  
The Neighborhood Place for Early Head Start will produce an annual report to share information about the program with the Board, the Policy Council, and the public.

Procedure:

1. The Neighborhood Place for Early Head Start’s Vice President is responsible for outsourcing or assigning staff to produce the annual report.

2. The annual report will be shared with the Early Learning Coalition of Miami-Dade/Monroe Board and the Neighborhood Place for Early Head Start Policy Council.

3. The annual report will be made available on the agency’s web site.

The annual report shall be completed using information from the previous program year and will include, but not limited to:

1. Total amount of public and private funds received and the amount from each source.

2. Explanation of budgetary expenditures and proposed budget for the fiscal year.

3. Total number of children and families served, average monthly enrollment (as a percentage of funded enrollment), and percentage of eligible children served.

4. The results of the most recent review by the Office of Head Start and the financial audit.

5. Percentage of enrolled children who received medical and dental exams.

6. Information about parent involvement activities.

7. The agency’s efforts to prepare children for kindergarten.

8. Any other information required by the Department of Health and Human Services Secretary.
ATTENDANCE

Regulation Reference:
Head Start Performance Standard 1302.16 (a).

Policy:
All families are encouraged to maintain regular attendance in Early Head Start. All staff will support families in identifying barriers to regular attendance and will initiate supports as appropriate.

Procedure:
1. Each childcare provider will have the Program’s information management system downloaded onto their business computer to access the attendance reporting section of the software.
   a. Each childcare provider will only have access to the attendance portion for the enrolled children in their respective centers.
   b. As children are enrolled and assigned to a classroom by The Neighborhood Place for Early Start’s Director of Family and Community Engagement, the child’s name will appear on the classroom list in the attendance section of the Program’s information management system.

2. Childcare providers must identify a primary person in their centers who will be responsible for entering daily attendance into the Program’s information management system. A secondary data enterer also should be identified. This person will enter the daily attendance when the primary person is not available.

3. The attendance must be entered by the close of business (COB) each day in the Attendance Module under the Entry Express tab.
   a. Under the column “Att.”, the letter “P” will be entered for all children who are present for the day.
   b. Under the column “Att.”, the letter “E” will be entered for all children who are absent for the day and have a known excused absence.
      i. Excused absences include:
         1. Transportation issues
         2. Doctor’s note
         3. Doctor’s appointment
         4. Dentist appointment
         5. Other factors that can be excused by legal documentation
      ii. For absences due to communicable diseases, please refer to the policy on Communicable Disease Protocol.
      iii. If the absence(s) of a child are not deemed as excused, the designated Family Advocate will contact the family for clarification on the child(ren) absences.
   c. Under the column “Att.”, the letter “U” will be entered for all children who are absent for the day and for whom the reason for the absence is unknown. Continuous follow-up will be conducted by the Family Advocate or center staff to obtain a reason for unknown absences. Once the excuse for the absence is obtained the attendance reason will be updated on the Program’s information management system.
4. Parents are encouraged to call or send a note when requested to account for each day their child did not attend class or sent home.

5. When a child has not arrived within one hour of the program’s starting time and no call or note has been received, the provider must attempt to contact the parent to ensure the child’s well-being.
   a. Reason(s) for absence are to be documented in the Attendance Module of the Program’s information management system under the Absence column.
   b. Absence notes must be uploaded in the Attendance Module.

6. Upon the second consecutive day of an unexplained absence, the childcare center is to contact their designated Family Advocate and the Director of Family and Community Engagement to report the absences.
   a. On the second day of the consecutive absence, the Family Advocate will make at least 3 calls with a 4-hour span between calls. The calls must be started and completed on the second day of the unexplained absence. More calls can be made.
   b. If contact cannot be made with the parent and the child continues to be absent, a home visit must be completed before 12 noon on the third day of the consecutive absences. (see Attendance Home Visit Procedure) – make sure it covers FA home visits.
   c. Once contact is made with the parent, Family Advocate will schedule a meeting with the parent(s) and childcare provider to discuss the absences.
   d. During the meeting, the attendance success plan will be revisited. If the success plan has not been implemented, the parent will explain the reasons for not implementing the success plan and amendments will be made as required. The meeting will be documented in the Family Services Module as an event. At a minimum, the notes must include who was present at the meeting, the concern, reasons as to why the success plan was not implemented or working, what the parent will do to ensure that the concern is resolved, any support that the program will provide, and how the progress of attendance will be monitored, (e.g. have a follow-up meeting to see the progress).

7. For Excessive Absences, please refer to the Excessive Absences Procedure

8. On the last working day of the month, each childcare provider is to upload each child’s daily sign-in form in ChildPlus.
   a. Daily sign-in forms are to be uploaded in the Attendance Module of the Entry Express tab in ChildPlus.
   b. Each upload’s description will include the Classroom name and month and of the completed sign-in form.

9. On the third business day of each month, the previous month’s attendance will be locked and no changes can be made after that time.

10. Each center is to maintain a monthly, average daily attendance, rate of at least 85%.
    a. At the end of each work day, the Family Advocate will review the attendance for their site to ensure it has been entered by the provider.
    b. The ERSEA Clerk will review attendance every morning before noon to ensure attendance was entered for each site the previous day.
c. The ERSEA Clerk will send out a notification to all providers pending attendance; providers who fail to enter attendance three times in a month will be out of compliance and forwarded to contracts.
d. The Family Advocate supervisor will review each childcare center’s daily attendance on the Program’s information management system using report 2305 – Monthly Attendance; all cases below 85% will be staffed with the Director of Family and Community Engagement.
e. The Director of Family and Community Engagement will review each childcare center’s monthly attendance reports.
BACKGROUND CHECK AND VERIFICATIONS

Regulation Reference:
Head Start Performance Standards 1302.90(b)
Florida Statutes Section 402.302(3)

Policy:
Employees, contractors and volunteers will abide by federal, state, and local background and hiring requirements as conditions for employment.

Procedure:
1. Level II background checks are required for:
   a. Individuals being considered employment by The Neighborhood Place for Early Head Start. Background checks must be conducted and results obtained prior to starting employment.
   b. Companies/organizations/businesses entering into a contract with the Neighborhood Place for Early Head Start.
   c. Volunteers who assist more than 10 hours per month in the childcare center.
   d. Interns working in the program.

2. Drug Test are required for:
   a. Individuals being considered for employment by The Neighborhood Place for Early Head Start. Drug test must be conducted and results obtained prior to starting employment.
   b. Random drug testing may be performed during employment.

3. Employment History Check are required for:
   a. Individuals being considered for employment by The Neighborhood Place for Early Head Start. Employment History check is conducted prior to starting employment.

4. Driving Check are required for:
   a. Individuals being considered for employment by The Neighborhood Place for Early Head Start. Driving Check will be conducted and results obtained prior to starting employment for individuals who are applying for a position that requires more than 30% of driving time to perform job.

5. Individuals, volunteers, or intern who leave and return to the organization for more than a 90-day period will be required to undergo another level II background check.

6. Employees, contractors, interns, and volunteers who volunteer more than 10 hours per month shall be re-screened every five years.
BLOODBORNE PATHOGENS

Regulation Reference:
Head Start Performance Standard 1302.47(b)(6)

Policy:
All staff systematically and routinely must implement hygiene practices that at a minimum ensure exposure to blood and bloody fluids are handled consistent with standard of the Occupational Safety Health Administration. Refer to Caring for Our Children: National Health and Safety Performance Standards Cleaning Up Body Fluids.

Procedure:
1. Work Practice Controls include but are not limited to the following:
   a. Universal Precautions will be used by all staff. All blood or other potentially infectious materials will be presumed to be a source of infectious agents, regardless of the perceived status of the person. All staff should avoid direct skin contact with body fluids (blood, mucous, breast milk, etc.).
   b. Hand-washing facilities will be readily accessible to staff. In event that such facilities are not available, first aid kits will be available with hand sanitizers. Staff will wash their hands or any other potentially contaminated skin area or clothing immediately or as soon as feasible after removal of gloves or other protective equipment. Skin or mucous membranes that have been exposed should be washed or flushed with warm water and antiseptic soap as soon as possible.
2. Procedures for Clean-Up, Handling, Disposing of Potentially Infectious Materials
   a. Follow Universal Precautions at all times. That is, all staff, volunteers, parents and children approach infection control as if all direct contact with human body or other body fluids is infectious for HIV, Hepatitis B and/or other blood borne pathogens.
   b. Gloves are required for all tasks in which a staff member, consultant or a volunteer may come into contact with blood or other body fluids.
   c. Complete and effective handwashing with soap and warm water for at least twenty seconds duration should follow any first aid or healthcare given to a child or after any contact with potentially infectious material.
   d. If exposure to blood or other potentially infectious material occurs through coughing up or vomiting of blood or body fluids, first aid response, or through contact with open sore or break in the skin, thorough washing, preferably with soap and warm water is necessary.
   e. In the event handwashing facilities are not readily available, thorough cleaning with an hand sanitizer is necessary. Then, hands must be washed with soap and running warm water as soon as they are available.
   f. Any surface contaminated with blood or other bodily fluids must be cleaned after each use and at the end of the day with soap and water and then rinsed with a disinfectant solution.
   g. An Environmental Protection Agency (EPA) disinfectant must be used when cleaning bodily fluids from the floor or other surfaces. Hydrogen Peroxide will be used to clean carpet surfaces that have been contaminated with blood or other bodily fluids.
   h. Contaminated laundry must be placed and transported in clearly labeled bags and containers.
   i. Needles, syringes, broken glass and other sharp objects that may be contaminated with body fluids that are found on Early Head Start property must not be picked up by children at any time, nor by staff without appropriate puncture-proof gloves or mechanical devices such as a sharps container,
broom, brush, or dust pan. Any such items found must be disposed of in closable puncture resistant, leak proof container that is appropriately labeled or color-coded in red.
j. Items that are only slightly soiled (e.g. bandages, paper towels, etc.) with infectious fluids must be placed in a sealed plastic bag and put in the trash can.
k. For blood soaked (e.g. bandages, paper-towels, etc.) it is necessary to label bag as "Bio-hazard."
l. All wastebaskets used to dispose of potentially infectious materials must be lined with a plastic bag liner and disposed of daily.
m. Plastic bags will be used for blood-soaked clothing and picked up by parent.
CHILD ABUSE AND NEGLECT

Regulation Reference:
Head Start Performance Standards 1302.47(b)(5)(i)
Head Start Performance Standards 1302.92(b)(2)
Florida Statutes 827.03
Florida Department of Children and Families – Child Abuse

Policy:
Cases of suspected or known child abuse and neglect will be handled in compliance with applicable Federal, State, or Tribal Laws. The Neighborhood Place for Early Head Start will abide by the Florida Department of Children and Families’ guidelines as to reporting procedures of child abuse and neglect.

Procedure:

1. Every employee and contractor of The Neighborhood Place for Early Head Start is a mandated reporter and must strictly follow Florida Department of Children and Families (DCF) guidelines for reporting abuse and neglect. No exceptions to this policy are permitted.
2. All cases of child abuse incidents initiated on an Early Head Start child must be reported to EHShotline@elcmdm.org.
3. Indicators of child abuse may include, but are not limited to the following: Unexplained marks or bruises; immersion burns; acting out sexually inappropriate behavior; withdrawn or overly emotional behavior; changes in school performance or attendance; and changes in behavior.
4. Indicators of child neglect may include, but are not limited to deprivation of basic food, shelter or medical treatment as well as exposure to conditions that may present danger to a child’s physical and/or emotional well-being.
5. All reports are considered confidential and access to reports is limited by specific Florida Statutes criteria. A list of occupations is specified in the Florida Law as mandatory reporters. A mandatory reporter’s name is maintained on a confidential basis.
6. Reporters are required to contact the Florida Abuse Hotline when reasonable suspicion occurs. Reporters can use the following methods to make a report:
   - Telephone 1 (800) 962-2873
   - Fax 1 (800) 914-0004
   - TDD 1 (800) 453-5145
   - Online: https://reportabuse.dcf.state.fl.us/account-manager/false-reporting-disclaimer/

Florida state laws are specific regarding child and vulnerable adult abuse and neglect. For this reason, every employee is responsible for having knowledge of and reading the following document located at (http://www.dcf.state.fl.us/abuse/definitions.shtml). Click on Mandated Reporters – Who is required to report abuse? This document answers detailed questions regarding the State of Florida’s legal criteria and reporting procedures.
CODE OF CONDUCT

Regulation Reference:
Head Start Performance Standards 1302.90(c)

Policy:
All staff, partners, contractors, consultants, and volunteers are required to understand and abide by the Codes of Conduct set forth in the Neighborhood Place for Early Head Start Program. The following Standards comprise the Code of Conduct:

1. The unique identity of each child and family will be respected and promoted. Stereotyping on the basis of gender, race, ethnicity, culture, religion, disability, sexual orientation or gender identity will not be permitted.

2. Confidentiality of information and records will be maintained to ensure the privacy of children, families and staff members.

3. Positive methods of child guidance will be used. Methods that involve corporal punishment, emotional, verbal or physical abuse, humiliation, isolation or the use of food as punishment or reward, or the denial of basic needs will not be used under any circumstances.

4. A child will not be removed from the presence of staff unless the child is accompanied by her/his own parent or guardian or another authorized person.

5. No gratuities, favors, or anything of significant value will be solicited or accepted for personal use or enrichment from contractors/vendors or potential contractors/vendors who have been awarded contracts or provide services or materials for The Neighborhood Place for Early Head Start.

6. Staff must maintain professional boundaries with Early Head Start children and families at all times. Staff are expected to keep their personal lives separate from those of the children/families, and shall have only limited contact outside of work time and/or work-related activities. Staff are to discuss with their supervisor any situations/relationships with enrolled children/families that are unclear or questionable.
**COMMON ACCOUNTING NUMBERS (C.A.N.)**

**Regulation Reference:**
45 CFR 75.302

**Policy:**
The Neighborhood Place for Early Head Start will set up the Common Accounting Numbers (C.A.N.) in the accounting system to track the use of funds as specified in our Notice of Award.

**Procedure:**
1. The Fiscal Manager will identify the C.A.N for each grant program function or activity based on the Notice of Award.

2. For each C.A.N, the Fiscal Manager will request the creation of another Cost Accumulator (OCA) code in the accounting information system from the agency’s Controller.

3. The Fiscal Manager will upload the budget for each OCA code.
**COMMUNICABLE DISEASE PROTOCOL**

**Regulation Reference:**
Head Start Performance Standard 1302.47(b)(4)(i)(A)

**Policy:**
A program will follow a system of health and safety practices that ensure the prevention and control of infectious diseases.

**Procedure:**
The Early Head Start Health Manager must be notified in writing and by phone when a child is diagnosed with any of the conditions listed below. If a child is diagnosed with a disease not listed below, the Health Manager should be contacted for more information.

1. **Chicken Pox**
   **Disease Description**
   Illness caused by virus with sudden fever, tiredness, and skin rash. Rash begins as a small blister and leaves a scab in three to four days.
   **Incubation Period**
   11 to 20 days
   **Infectious Period**
   Up to five days before rash appears until six days after first blisters appear.
   **Ways to Limit Spread**
   Spread through contact with blisters and by sneezing and coughing. Separate ill child from others who have not had the disease.
   **School/Childcare Protocol**
   Because Chicken Pox in some people can be quite severe, exclude the child or staff from the Early Head Start Center until all skin blisters have crusted and there are no weeping blisters (about five to seven days from the start of the rash). Notify other families of illness. Contacts who are pregnant and have not had Chicken Pox should consult their health providers.
   **Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.**

2. **Colds**
   **Disease Description**
   Illness caused by virus with cough, watery eyes, chills, sneezing, sore throat or stuff/running nose, and sometimes a fever.
   **Incubation Period**
   Usually 12 to 72 hours, but can be up to six to seven days.
   **Infectious Period**
   One day before beginning of symptoms and until a week or more after symptoms appear.
   **Ways to Limit Spread**
   Avoid sharing cups, foods, and tissues. Cover mouth when coughing or sneezing. Wash hands after contact with nose or throat discharge.
   **School/Childcare Protocol**
Exclude or separate child or staff only if he or she seems too ill to keep up with the usual activities. Exclusion rarely prevents colds from spreading.

3. **E. Coli 0157**
   **Disease Description**
   Bacterial infection which causes diarrhea, especially bloody diarrhea. May cause life threatening blood and kidney problems.
   **Incubation Period**
   12 to 72 hours.
   **Infectious Period**
   Not known. Maybe several weeks.
   **Ways to Limit Spread**
   Spread through the stool. Good handwashing after diaper changing and toileting, after handling animals, and before fixing food will decrease the risk of spread.
   **School/Childcare Protocol**
   Exclude persons until their diarrhea is gone and when they have a negative stool specimen. Notify other families of illness.
   **Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.**

4. **Diarrhea**
   **Disease Description**- An increased number of watery stools in a 24-hour period
   **Incubation Period**- Some cases of diarrhea are contagious and some are not. If the following symptoms exist the child is more likely to have a communicable disease;
   a. Child does not look or act as though they are well.
   b. Blood in stool that is bright red or coffee colored.
   c. Pus in stool
   d. Fever
   e. Weight loss or failure to gain weight
   f. Signs of dehydration-this symptom is life threatening and may include the following:
      i. no urination for several hours
      ii. tongue, lips and inside of mouth dry
      iii. no tears when child cries
      iv. excessive thirst
      v. dry and possibly hot skin
      vi. sunken eyes and soft spots on heads of infants
      vii. child/infant lacks energy and responsiveness to surroundings
      viii. child may complain of sudden headache
   **Ways to Limit Spread**-Handwashing after toileting/diapering and exclusion from center until stools are solid.
   **School/Childcare Protocol**
   Exclude if child or staff has two to three runny bowel movements within last 24 hours and instruct parent to keep child home until bowel movements become solid for 24 hours and if signs of a communicable disease are present the parent must bring a note from their provider indicating that their child does not have a communicable disease or is no longer contagious. Other families and staff should be notified if it is determined that the child or staff had a communicable disease.
Notify Director of Community and Family Wellness by telephone if two or more children are affected. Director of Community and Family Wellness will notify health personnel.

5. **Flu (Influenza)**
   **Disease Description**
   Mild to severe infection caused by virus with sudden fever, chills, cough, sore throat, and aching muscles. Also, may have headache, runny nose, and feel tired.
   **Incubation Period**
   Twenty-four to seventy-two hours.
   **Infectious Period**
   Three days.
   **Ways to Limit Spread**
   Please see Section on “colds” above
   **School/Childcare Protocol**
   Since flu can be a serious illness, exclude child or staff from the Early Head Start Center until they are well (fever, congestion cough is gone or minimal) to prevent complications.

6. **Herpes Simplex**
   **Disease Description**
   Viral infection that causes cold sores or fever blister and is prone to recurrence. Usually occurs before the fifth year of life. Sores commonly last seven to ten days.
   **Incubation Period**
   Two to twelve days.
   **Infectious Period**
   As long as the virus is present in body secretions. Very commonly present in body secretions.
   **Ways to Limit Spread**
   Spread by direct contact with secretions from the nose, throat, and sores. Wash hands thoroughly after handling body secretions. Discourage people from sharing items that they have put in or around their mouths.
   **School/Childcare Protocol**
   People with active herpes simplex sores should stay away from newborn babies, children with skin problems or burns, and people with impaired immunity to prevent serious infections from occurring.

7. **Measles** (Red measles, rubeola, hard measles, eight-ten-day measles)
   **Disease Description**
   Serious disease that starts with cold-like symptoms. After about three days, small white spots appear in the mouth. Then a red, raise rash begins, usually on the race and spreads quickly over the upper body, then to the back and legs. Symptoms include high fever and cough, eyes which are red, itching, and sensitivity to light.
   **Incubation Period**
   Seven to fourteen days.
   **Infectious Period**
   Up to seven days before and usually four days after the rash begins.
   **Ways to Limit Spread**
Spread by coughing and sneezing and contact with nose and throat discharge. Avoid sharing cups and tissues. Use good handwashing practices.

**School/Childcare Protocol**

Exclude child or staff until seven days after rash develops to prevent the spread of this serious illness. Notify other families of illness. Review staff’s and students’ immunization records for protection against measles.

*Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.*

8. **Mononucleosis**

*Disease Description*

A viral infection that causes fatigue, fever, swollen glands, and sometimes causes the liver or spleen to become inflamed.

*Incubation Period*

Thirty to fifty days.

*Infectious Period*

Several weeks to months.

*Ways to Limit Spread*

Spread person-to-person by items that may have saliva or nasal discharge on them.

**School/Childcare Protocol**

Avoid mouth kissing. Avoid sharing dishes, toothbrushes, food, drink, toys. Promptly dispose of soiled tissues or towels. Notify other families of illness.

*Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.*

9. **Pink Eye (Conjunctivitis)**

*Disease Description*

Common infection caused by bacteria or virus with irritated, watery eyes, swollen lids and a clear or yellow discharge that makes eyelashes sticky. One or both eyes may be affected.

*Incubation Period*

Twenty-four to seventy-two hours.

*Infectious Period*

During active infection.

*Ways to Limit Spread*

Spread through contact with eye discharge. Avoid touching the eyes and use good handwashing practices.

**School/Childcare Protocol**

If the pink eye is thought to be caused by a bacterium, exclude the child or staff for twenty-four hours after antibiotic treatment is started. Symptoms should subside rapidly. If they don’t it is most likely that the pink eye is being caused by a virus, therefore, the child should be excluded until there is no drainage, in order to prevent the spread of this illness. Notify other families of the illness.

*Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.*

10. **Pinworms**

*Disease Description*
Caused by small roundworm in intestines. Signs include rectal (bottom) itching, especially at night.

**Incubation Period**
Four to six weeks.

**Infectious Period**
As long as pinworm eggs are present.

**Ways to Limit Spread**
Pinworm eggs are spread from stool to mouth by hand or from clothing and bedding. Handwashing after diapering and toileting may decrease spread.

**School/Childcare Protocol**
Child may return to center once treatment is started. Observe others for signs of illness. Notify other families of the illness.

11. **Rubella** (German Measles, Three Day Measles, Light Measles)

**Disease Description**
Mild illness caused by virus. First sign may be swollen, tender neck glands and low fever. Then pink toned spots appear on the face and spread quickly to the rest of the body. Mild itching may occur.

**Incubation Period**
Fourteen to twenty-one days.

**Infectious Period**
From seven days before to five days after rash begins.

**Ways to Limit Spread**
Spread by contact with nose and throat discharge. Wash hands carefully and avoid sharing cups and tissues to decrease spread. Pregnant women must avoid contact with child with rubella.

**School/Childcare Protocol**
Exclude child or staff while symptoms are present and until five days after rash begin to prevent spread. Review immunization records. Exclude other children who develop rash or fever until seen by healthcare provider. Notify parents and staff of illness. **Pregnant women who have been exposed should contact their health care provider.**

Notify Director of Community and Family Wellness by telephone. **Director of Community and Family Wellness will notify health personnel.**

12. **Scarlet Fever and Strep Throat** (Streptococcal infections)

**Disease Description**
Caused by bacteria. Infection with sore throat, fever, and sometimes a rash.

**Incubation Period**
One to three days.

**Infectious Period**
Ten to twenty-one days.

**Ways to Limit Spread**
Spread by contact with nose and mouth discharge. Use good handwashing practices and avoid sharing cups and tissues.

**School/Childcare Protocol**
Exclude child or staff until twenty-four hours after starting antibiotic treatment to allow enough time to get rid of the bacteria. Inform other families of illness and encourage them to seek care if symptoms occur.
Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

13. **Whooping Cough** (Pertussis)

*Disease Description*
Highly contagious respiratory infection caused by bacteria. Begins with cold-like symptoms and cough which get worse within one to two weeks. The cough is followed by a “whooping” sound, sweating, exhaustion, vomiting, and thick mucus. The cough persists for one to two months.

*Incubation Period*
Usually seven to ten days, but can be as long as twenty-one days.

*Infectious Period*
Most contagious during cold-like stage; seldom contagious after the fifth week of disease.

*Ways to Limit Spread*
Spread with direct contact with or coughing from person with illness. Use good handwashing practices and avoid sharing cups and tissues.

*School/Childcare Protocol*
Exclude child or staff for the first seven days of antibiotic treatment to allow enough time to get rid of the bacteria. Observe children who have been exposed. If signs of cold-like illness develop, separate the child until it can be determined if child has whooping cough. Review child’s immunization records for protection against Pertussis. Notify other families of illness.

Notify Director of Community and Family Wellness by telephone. Director of Community and Family Wellness will notify health personnel.

14. **Vomiting**

*School/Childcare Protocol*
Exclude if child or staff vomits more than two times and ask parent to keep the child home until free of vomiting for a full twenty-four hours and if signs of a communicable disease are present ask family take child to health provider.
COMMUNICATION – PARENTS WITH IMPAIRMENTS

Regulation Reference:
Head Start Program Performance Standards 1302.50(b)(2)
Florida Statute 427.702
28 CFR Part 35 Subpart E (Communications)

Policy:

The Neighborhood Place for Early Head Start will make necessary accommodations to communicate with parents who have a disability, at no cost to the parent.

Procedure:

1. Parents will inform Early Head Start staff of any hearing, vision or speech impairments through the Early Head Start enrollment application or at any thereafter.

2. Early Head Start staff will obtain necessary support in order to communicate with parents who have sensory impairments.

3. To request a sign language interpreter for family members with a hearing impairment, staff can access services from Florida Relay by dialing 711.

4. For vision impairment, staff will read the all information to the parent/client and when possible have information available in Braille.

5. For speech impairments written material, computers and other available devices will be used to help communicate.

6. Parents have the option to use family, friends and Early Head Start staff to help interpret material for them.
Continuity of Care

Regulation Reference:
Head Start Program Performance Standards 1302.21(b)(2)

Policy:
Each Early Head Start Child Care Partner must promote primary caregiving to build strong relationships between the family and the child’s teacher and to minimize the number of transitions in teachers that children experience by implementing Continuity of Care.

Procedure:
1. Each of The Neighborhood Place’s child care partners must follow the children’s classroom assignments provided by The Neighborhood Place.
2. Children and their primary caregiver shall remain together over the course of their enrollment in Early Head Start.
3. As children transition from the EHS program, the child that replaces the transitioning child shall assume the same primary caregiver. This may result in a mixed-age group setting.
4. The teacher, or primary caregiver, will:
   a. conduct screenings;
   b. conduct parent-teacher conferences and home visits;
   c. observe and document child progress;
   d. complete daily reports;
   e. interact and care for children;
   f. plan activities that support continued growth; and
   g. any other teacher related tasks and requirements.
Regulation Reference:
Head Start Program Performance Standards 1302.32(a)

Policy:
The program will implement a developmentally appropriate, research-based curriculum, including curricular enhancements as needed.

Procedures:
1. The childcare partners of The Neighborhood Place for Early Head Start will implement the Creative Curriculum for Infants, Toddlers and Twos. Childcare partners will not be allowed to substitute the identified curriculum.

2. Curricular enhancements may be initiated by The Neighborhood Place for Early Head Start or by the childcare partners. In the latter case, The Neighborhood Place must approve the enhancement before it is initiated.
   The childcare partner must submit the request in writing to the Director of Child Development and Education Support Services. The request must include:
   a. The name of the curriculum;
   b. Proof that it is research based;
   c. Which classroom the enhancement curriculum will be implemented;
   d. Justification for implementing the curriculum enhancement;
   e. A description for ages and background of children served; and
   f. The curriculum’s organized developmental scope and sequence

3. The Neighborhood Place will provide training in the implementation of the Creative Curriculum at least once per year. Additional sessions may be scheduled if there is a critical mass of new teachers who need the training.

4. The curriculum will be reviewed during the baseline application to ensure it is aligned with the program’s goals and that it is appropriate for the ages and backgrounds of the children served.
   To ensure fidelity of the curriculum, teachers will be selected annually on a tier-based schedule and receive intense coaching focused on the implementation of the curriculum.
DENTAL PREVENTATIVE CARE

Regulation Reference:
Head Start Performance Standard 1302.42(b)(i)
Head Start Performance Standard 1302.43

Policy:

The program will promote preventive dental and oral care of children in the program.

Procedure:

Dental home
A dental home is an ongoing relationship between the dentist and parent of the child, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way, as stated by the American Academy of Pediatric Dentistry.
1. During enrollment interview, the Family Advocate will determine if the family has a dental home.
2. Family Advocates will work with families that don’t have a dental home to identify a dental office that is conveniently located and affordable for the family.

Preventative Dental Care
1. Preventative care will be provided by the child’s dentist at the dental home or by the mobile dental bus utilized by the Florida Department of Health.
2. Dental care shall begin:
   a. When the child turns one year of age.
   b. Within six months of the eruption of the first tooth.
3. In the classroom, teacher will promote the habit of regular toothbrushing.
   a. See Tooth Brushing Policy and Procedure

Dental Care Follow-Up
1. Follow-up will take place with the family when documentation from the dental care provider states such care is necessary.
2. The assigned Family Advocate will work with the family to refer to a dentist if needed, or assist in scheduling an appointment at the child’s dental home.
3. All efforts will be documented in ChildPlus.
4. The program may use funds to pay for dental services when the cost of the dental services is not covered by any other insurance and causes a hardship on the parents. See Use of Funds (Child Health) Policy and Procedure.
DETERMINATION OF HEALTH STATUS

Regulation Reference:
Head Start Performance Standard 1302.42(b)(1)

Policy:

The program must obtain determinations from medical and oral health care professionals as to whether or not a child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care. The determination will be based on:

- well-child visits;
- dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid;
- immunization recommendations issued by the Centers for Disease Control and Prevention; and
- any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.

Procedure:

1. Determination of each child’s health status must be completed within the first 90 days following the child’s first day in attendance. Assessment will be conducted utilizing the EHS Health Status Determination Date Module in the program’s Information Management System to address the following:
   a. Immunizations recommended by the Centers for Disease Control and Prevention
   b. A well-child checkup following the Florida EPSDT
   c. A dental exam (dependent upon the age of the child)
   d. A copy of each medical form will be provided to The Neighborhood Place for Early Head Start and to the child care center

2. The EHS Health Status Determination Date Module will be completed by the Family Advocate (FA) or other designated The Neighborhood Place staff member with the parent to ensure all needed documentation is retrieved and the parent is aware of any documentation that is missing.
   a. The FA will make a determination as to whether or not each child has an ongoing source of continuous, accessible health care (a “medical home”) and a source of funding for health services (e.g. private insurance, Medicaid, etc.) in order to assure prompt and complete assessment of the child’s health status. If the family does not have any source of funding, the FA will work with the family to find a source.
   b. FAs, Heath Manager, and other designated staff will work with the families to submit referrals on behalf of the parent and provide linkages to resources that will aid in the child accessing health care, while also becoming up-to-date on health requirements.

3. Services provided to the parents, as well as referrals, will be written as a note in the Information Management System for accessibility in follow-up.

4. A child cannot be temporarily excluded from attending classes because they are not up-to-date on a schedule of well child care, immunizations, or dental exams. However, if Florida Child Care Licensing
Requirements prohibits a child from entering a child care center until they have such health documentation, the program would have no choice but to not allow the child to attend classes until the child had received the required examination(s).
DISINFECTING AND SANITIZING SOLUTIONS

Regulation Reference:
Regulation Reference: Performance Standard 1302.47(b)(1) and (2)

Policy:
All environments, including surfaces, will be regularly disinfected and sanitized using properly prepared solutions.

Procedure:
1. Child care partners will prepare or purchase commercial cleaning, disinfecting and/or sanitizing solutions for use as per manufacturers’ guidelines and instructions.
   a. **Sanitizer** is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes, utensils, cutting boards, high chair trays), toys that children may place in their mouths, and pacifiers.
   b. **Disinfectant** is a product that destroys or inactivates germs (but not spores) on an inanimate object. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces.
2. All solutions mixed by staff must be in containers labeled with type of solution and strength.
3. Bleach must be mixed fresh daily.
4. There must be separate solutions for the food/eating areas and the toileting/diapering areas. In all cases, the solutions should be sprayed on, spread with a clean cloth and allowed to air dry.
5. Any leftover solution should be discarded at the end of the day.

For a Routine Schedule for Cleaning, Sanitizing, and Disinfecting, see the pages to follow.¹

¹ *Caring for Our Children: National Health and Safety Performance Standards*
### Routine Schedule** for Cleaning, Sanitizing, and Disinfecting

<table>
<thead>
<tr>
<th>Areas</th>
<th>Before Each Use</th>
<th>After Each Use</th>
<th>Daily (At the End of the Day)</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Food preparation surfaces</td>
<td>Clean, Sanitize</td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>Use a sanitizer safe for food contact</td>
</tr>
<tr>
<td>• Eating utensils &amp; dishes</td>
<td></td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>If washing the dishes and utensils by hand, use a sanitizer safe for food</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>contact as the final step in the process; Use of an automated dishwasher</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>will sanitize</td>
</tr>
<tr>
<td>• Tables &amp; highchar trays</td>
<td>Clean, Sanitize</td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Countertops</td>
<td>Clean</td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>Use a sanitizer safe for food contact</td>
</tr>
<tr>
<td>• Food preparation appliances</td>
<td>Clean</td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mixed use tables</td>
<td>Clean, Sanitize</td>
<td></td>
<td>Before serving food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Refrigerator</td>
<td></td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child Care Areas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Plastic mouthed toys</td>
<td>Clean</td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td>Reserve for use by only one child; Use dishwasher or boil for one minute</td>
</tr>
<tr>
<td>• Pacifiers</td>
<td>Clean</td>
<td>Clean, Sanitize</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hats</td>
<td>Clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clean after each use if head lice present</td>
</tr>
<tr>
<td>• Door &amp; cabinet handles</td>
<td>Clean, Disinfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Corrected to "Routine Schedule" from "Guide" in second printing, August 2011."
## Caring for Our Children: National Health and Safety Performance Standards

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floors</td>
<td>Clean</td>
<td>Clean</td>
</tr>
<tr>
<td>Machine washable cloth toys</td>
<td>Clean</td>
<td>Launder</td>
</tr>
<tr>
<td>Dress-up clothes</td>
<td>Clean</td>
<td>Launder</td>
</tr>
<tr>
<td>Play activity centers</td>
<td>Clean</td>
<td></td>
</tr>
<tr>
<td>Drinking Fountains</td>
<td>Clean, Disinfect</td>
<td></td>
</tr>
<tr>
<td>Computer keyboards</td>
<td>Clean, Sanitize</td>
<td>Use sanitizing wipes, do not use spray</td>
</tr>
<tr>
<td>Phone receivers</td>
<td>Clean</td>
<td></td>
</tr>
</tbody>
</table>

### Toilet & Diapering Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing tables</td>
<td>Clean, Disinfect</td>
<td>Clean with detergent, rinse, disinfect</td>
</tr>
<tr>
<td>Potty chairs</td>
<td>Clean, Disinfect</td>
<td></td>
</tr>
<tr>
<td>Handwashing sinks &amp; faucets</td>
<td>Clean, Disinfect</td>
<td></td>
</tr>
<tr>
<td>Countertops</td>
<td>Clean, Disinfect</td>
<td></td>
</tr>
<tr>
<td>Toilets</td>
<td>Clean, Disinfect</td>
<td></td>
</tr>
<tr>
<td>Diaper pails</td>
<td>Clean, Disinfect</td>
<td></td>
</tr>
<tr>
<td>Floors</td>
<td>Clean, Disinfect</td>
<td>Damp mop with a floor cleaner/ disinfectant</td>
</tr>
</tbody>
</table>

### Sleeping Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed sheets &amp; pillow cases</td>
<td>Clean</td>
<td>Clean before use by another child</td>
</tr>
<tr>
<td>Cribs, cots, &amp; mats</td>
<td>Clean</td>
<td>Clean before use by another child</td>
</tr>
<tr>
<td>Blankets</td>
<td>Clean</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY CLOSINGS

Regulation Reference:
Head Start Program Performance Standard 1302.47
Florida Department of Children and Families Handbook 3.8

Policy:

The Neighborhood Place for the Early Head Start will align with the Early Learning Coalition of Miami-Dade/Monroe County regarding emergency closings.

Procedure:

Early Learning Coalition Staff:
1. Emergencies such as severe weather, fires, power failures, or hurricanes can disrupt the EHS’s operations. In extreme cases, these circumstances may require the closing of the office. The EHS will follow the guidelines of the Continuity of Operations Plan (http://www.floridadisaster.org/documents/COOP/COOP%20Implementation%20Guidance.pdf) as referenced by the State of Florida’s Division of Emergency Management (http://www.floridadisaster.org/index.asp).

2. Staff are to be available via phone to determine if they will need to report to their office location or relocate to a different Early Learning Coalition of Miami-Dade/Monroe location.

3. When operations are officially closed due to emergency conditions, the time off from scheduled work will be paid. Employees in essential operations may be asked to work on a day when operations are officially closed. In these circumstances, employees who work will receive regular pay.

4. Employees on vacation during an “Emergency Closing,” will not be entitled for extra time off due to the closing of the office.

Child Care Partners:
1. All childcare partners must have an Emergency Preparedness Plan as required by the Florida Department of Children and Families (DCF). Emergency Preparedness Plan Requirements

2. If children are in school during an emergency situation, priority will be given to ensuring children are safe and accounted for.

3. Parents, legal guardians, or emergency contact will be called to explain about the situation and to pick up their children if it can be done safely. Parents must be advised of a safe area to pick up child.

4. Providers will need to email EHSpartners@elcmdm.org to advise of the emergency situation and the condition of the structure and all EHS children and staff.

5. After a fire or natural disaster, the owner must notify DCF licensing and EHSpartners@elcmdm.org with 24 hours regarding the operational status. At a minimum, structure must be safe for children, have power, operable phone, and running and drinkable water.
ENROLLMENT AND RE-ENROLLMENT

Regulation Reference:
Head Start Performance Standard 1302.15

Policy:
The program will maintain funded enrollment throughout the year and fill vacancies within 30 calendar days.

Procedure:
Enrollment:
Once a family has been selected:

1. The Family Advocate will send out an email notification to the provider, all Directors and Managers and the Technical Assistance Specialist notifying the incoming child and their assigned classroom.
2. The Family Advocate will follow up with the Childcare Provider to confirm whether the accepted applicant started on the selected enrolled date.
   a. If the applicant’s entry date is confirmed, the Family Advocate will enroll the applicant in the Information Management System.
   b. If the applicant did not start on the selected enrolled date, the Childcare Provider will inform the Family Advocate, Family Advocate Supervisor, and Director of Family and Community Engagement. The Family Advocate will do a follow-up with the family within 24 hours to obtain reason for non-attendance.
   c. Depending on the reason for the child’s non-attendance on the selected enrolled date, a new start date will be issued not to exceed 5 working days. If the child does not attend on the new enrollment date, the child will be placed back on the waiting list and another child will be given the opportunity for enrollment.

Re-enrollment
1. Each enrolled child that is found to be income eligible and participating in the program will remain income eligible to continue in the program.
2. Family Advocate will conduct a Re-enrollment Interview to update family’s information.
ENTERING EHS STAFF IN INFORMATION MANAGEMENT SYSTEM

Regulation Reference:
Head Start Program Performance Standards 1303.20
Head Start Program Performance Standards 1303.21

Policy:
Each Early Head Start Teacher must be entered into ChildPlus to report Program Information Report Requirements

Procedure:
1. Refer to the Program Information Report (PIR) Form for information required to be entered.
2. Log in to ChildPlus
3. Select the “Management” (4th tab from the far left)
4. Select the “personnel” subtab
5. Select “Add New Personnel” at the bottom left

Optional: You may also select “Change List” to filter and only see all the staff entered for the school you are working with

6. After selecting “add new personnel”, the box below will pop up.

- Enter the last name, first name, and birthday of the staff you are entering.
The social security number is not required.

If the staff is already in the system, the following will pop up:

- This means the staff has been entered before. The staff could be a family member (applicant or parent) or personnel (active in the system as an employee at a school).
- In most cases, you will “Select Existing Person” to confirm if this individual is the same.
- If person is the same, update record with information on the PIR form.
- If the person is not the same, do not update the record. Repeat process to add staff (go back to number 4), and select “Add New Person” this time.

7. After the name and birthday is entered, the following screen will appear. The first tab is “General”. All fields that have the red PIR symbol next to them are required. Also, all highlighted items are required in the screenshots below.
Tips for the General Tab:

- You may omit the phone number if it is not listed on the form
- The training language choice is the language selected as primary.

8. The second tab is “Employment”. All fields that have the red PIR symbol next to them are required. Also, all highlighted items are required in the screenshots below.
Tips for the Employment Tab:

- All staff listed as teachers are considered full-time and permanent, unless otherwise stated.
- The field for works directly with families should be marked “yes” for all teachers.
- Select the site on the teacher’s PIR form
  - If the teacher is already in the system, select the new school and add a note that states where the teachers was previously employed and the date they were terminated. You may also have to deselect the termination box and return to the employment tab to make the staff active.
- Wage allocation should be entered for each teacher. Then select “Add Funding” at the bottom of the screen. The screenshot below will appear.

Enter the highlighted fields as pictured above.
9. The third tab is “Education”. All fields that have the red PIR symbol next to them are required. Also, all highlighted items are required in the screenshots below.

<table>
<thead>
<tr>
<th>General</th>
<th>Employment</th>
<th>Education</th>
<th>Time Clock</th>
<th>Attachments (0)</th>
<th>FA Field Log</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Education Level** will be the highest degree indicated on the PIR form.
- **ECE or Related Degree** should only be selected if staff has an Early Childhood Education degree. Otherwise, “No Degree” should be selected.
- **For Highest Level of FCP Education and Enrolled in FCP or Related Program**, “none” should be selected.
- If staff has an FCCPC, both Preschool and Infant/Toddler CDA fields should be “Has CDA Assessment”. The CDA appropriate box should also be marked.
- If staff has a National CDA with a Preschool Endorsement, only the Preschool CDA field should be “Has CDA Assessment”. The CDA appropriate box should not be checked.
- If staff has a National CDA with an Infant and Toddler Endorsement, only the Infant/Toddler CDA field should be “Has CDA Assessment”. The CDA appropriate box should be checked.
- The CDA Obtained date should be the date on their certificate and/or on the PIR form.
ENTERING PARENT CONFERENCES & HOME VISITS IN THE INFORMATION MANAGEMENT SYSTEM

Regulation Reference:
Head Start Program Performance Standards 1302.34(b)(7)

Policy: Each Parent-Teacher Conference and Home Visit will be entered into Information Management System.

Procedure:
1. Log in to ChildPlus
2. Select the “Services” tab in the far left corner
3. Select “Change List” to filter and only see the school you are working with
4. Select School(s) you’d like to see. Ensure you have the correct program year selected. Once all selections are made, hit “Find” in the bottom right corner.
5. Select the child’s name in the list on the left
6. Select the “Education” tab

7. Select the green “Add Event” tab

8. Select the corresponding event. If you are unsure of which event to select, consult with the Director of Education.

9. If it is a Parent Conference, the scheduled and event date will be the same. Once all information is entered hit “Add Action” at the bottom right.

(b) If it is a Home Visit, the scheduled date can be found on the Home Visit Request form. The event date will be on the Home Visit Report form. Once all information is entered hit “Save” at the bottom right.
(c) Event Notes should follow the sample below. Be sure to hit the clock above the Event Notes box to time stamp your entry.

Sample Event Notes for Parent Teacher Conferences/Home Visits
(name of child)'s Home Visit/Parent Teacher Conference was completed with (parent’s name) by (teacher’s name) on (date of event). Home Visit/Parent Teacher Conference form was submitted on (date it was uploaded to portal).

10. Once documentation is completed, select the Attachments tab. Select the green “Add Attachment”. Select the appropriate file to attach and click “open”.

11. Complete the box to label the attachment appropriately. The Notes section is not required unless there is specific information about the attachment a CP user should consider when viewing the document. Select the green “Save”.
EXCESSIVE ABSENCES

Regulation Reference:
Head Start Performance Standard 1302.16(a)(3)

Policy:
The Program will make every effort to ensure child attends school. In circumstances where excessive absences persist and it does not seem feasible to include the child in either the same or a different program option, the child’s slot must be considered an enrollment vacancy.

Procedure:
Excessive is defined as any child whose monthly average attendance continues to fall below 85% for one month after revisiting the attendance success plan. An Attendance Intervention Plan will be conducted with the parent, The Family Advocate and all other parties to discuss the importance of attendance and execute an agreed upon plan.

1. The assigned Family Advocate will work with the childcare provider/staff to arrange an attendance intervention meeting with the child’s parent/guardian(s) to discuss the importance of attendance, issues surrounding the continued absentee and ways to improve the child’s attendance.
   a. Family Advocate will inform the parent/guardian of the intent of the attendance intervention meeting and possible consequences for the excessive absence.
   b. All communication will be documented in the Information Management System; the family Advocate will create an event In the Family service module of the in the Program’s information management system.

2. Staff must document in the Information Management System if the parent or guardian does not participate in the scheduled attendance intervention meeting.
3. The parent should be given a second meeting date, if the parent fails to show or make contact to reschedule and the attendance problems persist a recommendation should be made to withdraw the child from the program.
4. Family Advocate should indicate by attaching Information Management System records and selecting the appropriate reason the Attendance intervention is being requested.
5. At the Attendance Intervention a discussion should be had as to why the child hasn’t been able to attend class regularly and the importance of early childhood education.
6. The Family Advocate and parent will develop measurable attendance goals for the Intervention plan.
7. At the conclusion of the initial meeting, the goals will be shared with the site director and classroom teacher. The parent/guardian(s), Teacher, Director, Family Advocate and if necessary The Mental Health and Disabilities Manager will sign the document.
8. The Family Advocate will maintain weekly contact with the family to ensure that they are receiving all support outlined in the Attendance Intervention Plan.
9. All plans must have a completion date. Plans must also include a completion review date, not to exceed one week of the completion date, to determine whether the plan was adhered to or if further steps need to be taken.
10. All completed Attendance Intervention Plans should be submitted to the Family Advocate Supervisor for Approval.
11. If a parent does not agree to the Intervention Plan, the Family Advocate should make a recommendation to the Family Advocate Supervisor that the child be withdrawn from the program. The Decision to dis-enroll children will be made by the Director of Family and Community Engagement.
EXCLUSION OF SICK CHILDREN

Regulation Reference:
Head Start Program Performance Standard 1302.47(b)(7)(iii)

Policy:

Programs establish, follow, and practice, as appropriate, procedures for at a minimum, protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness.

The childcare centers who partner with The Neighborhood Place for Early Head Start must operate a “well-child care facility” in an effort to not risk other children and staff to exposure of the illness. For short-term contagious illnesses that cannot be readily accommodated, the child must be temporarily excluded from program participation.

Procedure:

1. Every effort is taken to reduce the spread of illness by encouraging hand washing and other sanitary practices.

2. Children will be visually screened when they arrive in the morning. In the event a child becomes ill and needs to be picked up, the parent(s) will be contacted. If the parents cannot be reached the emergency contact will be called to pick-up the child.

3. Key criteria for exclusion of children who are ill:
   a. When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e., should be temporarily “excluded” from child care). Most illnesses do not require exclusion. The caregiver/teacher should determine if the illness:
      i. Prevents then child from participating comfortably in activities
      ii. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
      iii. Poses a risk of spread of harmful diseases to others
   b. If any of the above criteria are met, the child should be excluded, regardless of the type of illness. The child should be removed from direct contact with other children and should be monitored and supervised by a single staff member known to the child until dismissed from care to the care of a parent/guardian or a primary care provider. The area should be where the toys, equipment, and surfaces will not be used by other children or adults until after the ill child leaves and after the surfaces and toys have been cleaned and disinfected.

4. Temporary exclusion is recommended when the child has any of the conditions:
   a. The illness prevents the child from participating comfortably in activities
   b. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
c. An acute change in behavior, such as lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, or having a quickly-spreading rash

d. Fever (temperature above 101 degrees Fahrenheit orally; above 102 degrees rectally, or 100 degrees or higher taken axillary (armpit) and behavior change or other signs and symptoms (e.g. sore throat, rash, vomiting, diarrhea).

e. Diarrhea is defined by watery stools or decreased form of stool that is not associated with changes in diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal for that child.

f. Blood or mucus in the stools not explained by dietary change, medication, or hard stools

g. Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated

h. Abdominal pain that continues for more than two hours, or intermittent pain associated with fever or other signs or symptoms of illness.

i. Mouth sores with drooling, unless the child’s primary care provider or local health department authority states that the child is noninfectious

j. Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease

k. Active tuberculosis, until the child’s primary care provider or local health department states child is on appropriate treatment and can return

l. Impetigo, until treatment has been started

m. Head lice until after the first treatment (exclusion is not necessary before the end of the program day)

n. Scabies, until after treatment has been given

o. Chicken pox (varicella), until all lesions have dried or crusted (usually six days after onset of rash)

p. Rubella, until six days after the rash appears

q. Pertussis, until five days of appropriate antibiotic treatment

r. Mumps, until five days after onset of parotid glad swelling

s. Measles, until four days after onset of rash

t. Any child determined by the local health department to be contributing to the transmission of illness during an outbreak
EXPENDITURE REPORTS

Regulation Reference:
45 CFR 75.302

Policy:
The Neighborhood Place for Early Head Start will ensure funds issued to providers are expended according to contractual obligations.

Procedure:
1. Providers are trained on how to complete the expenditure report on an annual and as needed basis.

2. Expenditures reports are completed by providers based on their monthly EHS income and expenses. Where appropriate, overhead costs are allocated to EHS expenses.

3. The Expenditure Report is submitted to EHS Expenditure Reports folder in the ELC Provider Portal.

4. The Expenditure Report is submitted according to the schedule provided in the EHS Provider Contract.

5. The EHS Accounting Clerk tracks submission of Expenditure Report and reviews for accuracy.

6. If errors or inaccuracies are found on the Expenditure Report, the EHS Accounting Clerk will contact provider to make corrections.

7. The EHS Accounting Clerk will email providers if reports are not submitted and will copy the EHS Contract Manager.
EXPULSION

Regulation Reference:
Head Start Program Performance Standard 1302.17(b)

Policy: The Neighborhood Place for Early Head Start will work with child care partners and their teachers and directors to prevent expulsion of children enrolled in the Early Head Start Program.

Procedure:

1. Prior to considering suspension, The Neighborhood Place and child care partner staff will meet with the EHS parents and other consultants as appropriate (e.g. Mental Health Consultants) to determine what program and/or home modifications can be made to support the child’s adjustment to the EHS environment.

2. Suspensions will only be used when there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications to the environment and/or the program’s schedule of activities.

3. Suspensions require the written approval of The Neighborhood Place’s Vice President.

4. After a suspension, the staff must help the child return to full program participation as soon as possible, while ensuring the safety of all children.

5. A child cannot be expelled or unenrolled from the EHS program because of her/his behavior. If all the steps described in the Performance Standards 1302.17(b) have been exhausted and the staff/parent/mental health consultant team determines that the child’s continued presence poses a serious threat to her/himself and/or other children, that team should find a more appropriate early childhood placement for the child.

6. The Neighborhood Place’s Vice President must give written approval to the plan for transitioning the child to another program.

7. A child cannot be expelled or unenrolled from the EHS program because of their parent’s behavior. In situations where a parent/legal guardian/relative has been disrespectful in any way, including but not limited to using foul language and yelling, the director with the family advocate will meet with the parent to address the situation. Extreme cases, including when someone has been physically or verbally threatened, will be referred to The Neighborhood Place’s Leadership Team.
FAMILY GOAL SETTING

Regulation Reference:
Head Start Program Performance Standards 1302.50

Policy:

1. The Neighborhood Place for Early Head Start will offer parents the opportunity to develop and implement Individualized Family Partnership Agreements (IFPA). The IFPAs will take into account the family strengths, necessary services, and other supports as foundation for developing family goals. For each goal families and Family Advocate will identify actions, people responsible, timetables and strategies for achieving these goals as well as progress in achieving them.

Procedure:

1. Family advocates will meet with each parent(s) within 45 days from the date of enrollment.

2. Family advocates will engage in conversations to build trust and help parents to identify family goals, strengths, necessary services and other supports. Family advocates will take into account each family’s readiness and willingness to participate in the process.

3. The Family Advocate may use the Family Snapshot to begin the IFPA process and help families identify potential goals.

4. Once a family has identified a goal, the Family Advocate will assist families in establishing an IFPA by identifying the tasks necessary to attain their goal, people responsible, timeframe for completing, and the available resources for each task.

5. The IFPA will be entered in the Program’s information management system

   At a minimum, Family Advocates will conduct monthly follow-ups on each individualized family partnership agreements (IFPA). Each IFPA will document progress of family goals in the Program’s information management system

6. Once the IFPA goal has been attained, Family Advocates will meet with families to identify a new goal.

7. Documentation will be maintained in the Family Service module of the Program’s Information Management System.

8. In order to avoid duplication of effort with other education and human service programs who may have developed a service plan with the family, The Neighborhood Place will build upon as appropriate, an IFPA that is obtained from the family and other community agencies to support the accomplishment of goals in the preexisting plan.
FAMILY NEEDS ASSESSMENTS

Regulation Reference:
Head Start Performance Standards 1302.52

Policy:
The Neighborhood Place for Early Head Start will offer parents the opportunity to complete a Family Strength/Needs assessment to indicate areas of expressed strengths and interests. The needs assessment will be used to identify trainings and potential partnerships with community organizations that will improve the family’s wellbeing.

Procedure:
Family Needs Assessments will be given to families twice a year; the initial assessment will be used to identify the family’s needs. The second assessment will be used to track the gains and losses from the Initial assessment.

1. Family advocates will assess the needs and strengths of families through application information, conversation with parents, Family Strength/Interest Record, and parent requests.

2. The Family advocates will meet with each parent(s) within 45 days from the date of enrollment to complete the initial assessment.

3. Family Advocate Supervisors will run report 4220 using the Program Information’s Management System to track the completion of all needs assessments on an ongoing basis to ensure compliance of the 45th day deadline.

4. The Director of Family and Community Engagement will analyze the results of assessments to coordinate ongoing partnerships with community organizations that can conduct trainings aligned with the identified needs of the families.

5. Family Advocates will meet with families to complete the final assessment. The final assessment will measure the strengths of our families and highlight areas for additional improvement.

6. All assessments will be due the second to last week in July.
FAMILY SUPPORT SERVICES FOR NUTRITION

Regulation Reference:
Head Start Program Performance Standards 1302.46(a) & (b)(1)(i-v)

Policy:
The Neighborhood Place for Early Head Start provides parents with appropriate resources and information regarding nutrition wellness and concerns.

Procedure:
1. The Nutrition Manager will provide parents with the following information: the nutrition status of their children; importance of physical activity for young children; healthy eating strategies; nutrition trends; and options for selecting and preparing nutritious foods that meet the family’s budget constraints. This information will be provided in the Wellness and Nutrition Education Newsletters, nutrition presentations during Parent Committee meetings, nutrition counseling, and letters to parents.
2. Parents will be given assistance in understanding the results of nutritional diagnostic and treatment procedures as well as plans for ongoing care appropriate by each professional discipline staff or consultant.
3. Parents will be involved in evaluating the nutritional services through participation in the annual self-assessment, Policy Council, and parent surveys.
FINANCIAL REPORTING

Regulation Reference:
45 CFR 75.341
ACF-PI-HS-1703
ACF-PI-HS-1704

Policy:
The Neighborhood Place for Early Head Start will collect and report financial information to the awarding agency according to the required timeframes.

Procedure:
The Neighborhood Place for Early Head Start will be required to submit SF-425, SF-428, and SF-429 using the process below:

The SF-425 (Federal Financial Report):
1. The EHS Finance Manager will review the General Ledger to determine the amount of federal and non-federal amounts spent compared to the Notice of Award.
2. The EHS Finance Manager will complete the SF-425 using information from General Ledger.
3. Any unobligated amount still remaining, can be requested for a carryover by providing a breakdown of total federal expenditure for each Common Accounting Numbers (C.A.N.).
4. Once completed, the SF-425 must have an authorized signature and be uploaded in the specified folders in the Grant Notes section of GrantsSolution.gov with copy to the EHS Regional Office via the correspondence tab in Head Start Enterprise (HSES).
5. The SF-425 will be submitted as follows:
   a. Semi-Annual Report due April 30 of the grant year
   b. Annual Report due October 30 of the grant year
   c. Final Report due October 30 of the grant year

The SF-428 and SF-428A (Tangible Personal Property Report):
1. The EHS Finance Manager will request EHS inventory report from IT.
2. The information reported will coincide with information requested on the SF-428 – S.
3. Report will be completed and submitted by October 30 of the grant year.
4. Once completed, the SF-428 must have an authorized signature and be uploaded in the specified folders in the Grant Notes section of GrantsSolution.gov with copy to the EHS Regional Office via the correspondence tab in Head Start Enterprise (HSES).

The SF-429 (Real Property Standard Form):
1. The EHS Finance Manager will complete the SF-429 cover sheet, identify if the program has real or no real property, and complete the corresponding form.
2. The EHS Finance Manager will complete the SF-429A if the program has no real property.
3. The EHS Finance Manager will complete the SF-429B if the program has real property.
GOVERNANCE STRUCTURE

Regulation Reference:
Head Start Performance Standard 1301.1
Head Start Performance Standard 1301.2
Head Start Performance Standard 1301.3
Head Start Performance Standard 1301.4

Policy:
The program must establish and maintain a formal structure for program governance that includes a governing body, a policy council at the agency level and a parent committee at the center level.

Procedure:

Establishment of Parent Committees:
1. All parents or legal guardians of currently enrolled children are invited to attend the Parent Committee at their child’s site and will have voting rights at the center.
2. Family Advocates will coordinate with childcare staff on the best date and time to conduct the organizational Parent Committee meeting during the last two weeks of August.
3. Family Advocates will inform parents of the organizational Parent Committee meeting within two weeks after the start of the school year.
4. The purpose of the organizational Parent Committee meeting will be to explain the opportunities available through active participation in the Parent Committee, and to elect the officers for the current school year.
5. At a minimum, officers shall include:
   - Chairperson
   - Vice Chairperson
   - Secretary
   - Policy Council Representative
   Parents may elect to create other offices for their Parent Committee. The Policy Council Representative may hold a maximum of one other office.
6. By a majority vote, each center shall elect a chair, vice chair secretary, a Policy Council representative
7. No staff or relative of a staff member working permanently for the Neighborhood Place for Early Head Start shall hold an officer position if they are employed by the center for which they are a parent committee member.
8. No staff or relative of a staff member permanently working with the Neighborhood Place for Early Head Start program shall hold the Policy Council representative position, regardless of whether or not they are employed at the site for which they are running for office. Employees who work for the Partner Centers and are not working with the Neighborhood Place for Early Head Start program can serve as a Policy Council representative.
9. The Parent Committee meetings shall abide by the approved Parent Committee Bylaws. They may be amended by the procedures spelled out in those by-laws.
10. Parents shall elect the date and time for the meeting most convenient for the majority of the parents.
11. Parents/legal guardians can serve a one-year term of office and must stand for re-election every year.
12. Parents/legal guardians can hold offices up to a maximum of five (5) one-year terms. This includes Policy Council representatives.

Establishment of the Policy Council:
1. The first Policy Council meeting will be held on the third Wednesday in September.
2. The purpose of the first meeting shall be to explore the roles and responsibilities of the Council, and to elect the officers.
3. The officers for the Policy Council shall be elected by a majority of votes at the September meeting. The officers to be elected are chair, vice chair, secretary, vice secretary, treasurer, and parliamentarian.
4. No staff or relative working for The Neighborhood Place for Early Head Start program shall serve on the Policy Council.
5. Each Policy Council representative shall be a voting member of the Policy Council.
6. The other officers at each center will serve as alternates in the absences of the Policy Council Representative for their respective center.
7. Alternates shall only vote if their center’s representative is not present at the meeting.
8. The Policy Council shall have voting members who represent the community
9. One member from the Early Learning Coalition of Miami-Dade/Monroe Board shall be a voting member on the policy council.
10. Community representatives will be elected by the Policy Council at the October meeting.
11. Policy council meeting shall take place on the 3rd Wednesday of each month at 5:30 p.m.
12. No meetings will be held in the months of December and July.
13. Policy council members can serve a one-year term and must stand for re-election every year.
14. Policy council members can serve up to a maximum of five (5) one-year terms.
15. The policy council meetings shall abide by the approved Policy Council Bylaws, which can be amended through procedures explained in those by-laws.

Establishment of the Early Learning Coalition of Miami-Dade/Monroe (ELCMDM) Board:
The composition of the ELCMDM Board shall abide by the ELCMDM by-laws.
HANDLING OF BREAST MILK AND BREASTFEEDING SUPPORT

Regulation Reference:
Head Start Program Performance Standards 1302.44(2)(viii)

Policy:
Child care partners will provide a safe environment for the storage and use of breast milk.

Procedure:
1. An area will be identified for mothers to breast feed during program hours. Referrals to lactation consultants/counselors will be provided upon request.

2. Breast milk received will be labeled with child’s first and last name, date of collection by parent, and refrigerated until used. The child care partner is responsible for providing the labels.

3. Breast milk will be handled in a sanitary manner according guidelines set by the Center for Disease Control and Prevention and parental instructions will be followed.

4. Breastmilk that has been frozen by the parent will not be defrosted by microwave. The breastmilk will be defrosted in the refrigerator or by holding under room temperature running tap water.

5. The breastmilk may be served cold. However, if the infant refuses cold breastmilk, it should be placed under room temperature running tap water for a few minutes to increase to cool, not warm.

6. Microwave ovens should not be used to heat bottles and solid foods due to uneven heating that can burn infant’s mouth.
HEAD LICE

**Regulation Reference:**
Head Start Performance Standard 1302.47(b)(7)(iii)

**Policy:**
According to the Centers for Disease Control and Prevention, students diagnosed with live head lice do not need to be sent home early from school; they can go home at the end of the day, be treated, and return to class after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.

Unnecessary absenteeism for children and their parents can create a burden that outweighs the risks associated with head lice.

**Procedure:**

1. “No-nit” policies that require a child to be free of nits before they can return to school will not be in place for the childcare centers who are part of Neighborhood Place’s EHS program.

2. There is no need to exclude a child that is found with head lice before the end of the program day
   a. A child may return to school after the first treatment
   b. Before the child goes home, ensure child with lice is not putting their head to another child’s head and that they are not sharing items for the head (i.e. hats, dramatic play, etc.)

3. Should a child be deemed to have head lice, the parents can be referred to the CDC website to learn ways for treatment at [http://www.cdc.gov/parasites/lice/head/treatment.html](http://www.cdc.gov/parasites/lice/head/treatment.html) or Caring for Our Children: National Health and Safety Performance Standard 7.5.8 Pediculosis Capitis (Head Lice)
HEALTH INSURANCE

**Regulation Reference:**
*Head Start Performance Standard 1302.42(a)(1)*

**Policy:**
The Neighborhood Place for Early head Start will make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. This shall include ensuring children have ongoing and accessible health insurance while enrolled in the Early Head Start program.

**Procedure:**

1. The Neighborhood Place for Early Head Start Family Advocate will make a determination about the child’s health insurance status upon enrollment.
   a. The assigned Family Advocate will complete the ‘Medical Home’ form which requests the health insurance information of the enrolling child.
   b. Should the family state their child does not have health insurance, the Family Advocate will assist the family with obtaining health insurance, if available for the child’s status, or assist the family in completing documentation in determining eligibility and applying for benefits at [http://www.myflorida.com/accessflorida/](http://www.myflorida.com/accessflorida/)

2. Family Advocate will stay abreast of the child’s health insurance status and will assist the family as needed should there be a lapse in coverage.
HEALTH SERVICES ADVISORY COMMITTEE

Regulation Reference:
Head Start Performance Standard 1302.40(b)

Policy:
A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.

Procedure:

1. Health Services Advisory Committee (HSAC) will meet a minimum of two times between August 1st and July 31st of each year. It will participate in the planning, operation and review of the Neighborhood Place for Early Head Start’s health services and practices. It will identify disability, medical, oral and mental health and nutrition providers in the community, and help the program to establish or expand relationships with these providers. Members will provide guidance about current and possibly controversial local health issues.

2. Each member will be encouraged to review documents sent prior to the scheduled meetings to provide recommendations concerning health issues and have such comments followed-up by Early Head Start staff.

3. Each member will be sent a copy of all documents and minutes from the meeting.

4. Every effort will be made to notify members in advance of upcoming meeting.
   a. Each member will be given notification that allows him or her planning time to attend the upcoming meetings.
HEALTH STATUS OF STAFF

Regulation Reference:
Head Start Performance Standard 1302.93(a)

Policy:
A program must ensure each staff member has an initial health examination and a periodic re-examination as recommended by their health care provider in accordance with state, tribal, or local requirements that include screeners or tests for communicable diseases, as appropriate. The program must ensure staff do not, because of communicable diseases, pose a significant risk to the health or safety of others in the program that cannot be eliminated or reduced by reasonable accommodation, in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

Procedure:

1. Upon hire, new staff must provide required health documentation to demonstrate they are free of communicable disease that may affect their work with the children.
   a. Staff will have a health examination every two years.
   b. Staff will provide documentation stating such health examinations/screenings took place and they are cleared to work in a school setting.
   c. Such documentation will be provided to the Health Manager.

2. Any staff member who has a diagnosis of a contagious disease or symptoms consistent with a contagious disease which might spread through the centers should immediately notify their immediate supervisor and the Health Manager.
   a. If a staff member has been in close contact with someone with a contagious disease (i.e. household member, family member, etc.), or was told by a health care provider that they may be at risk for a contagious disease which could spread to others should notify their immediate supervisor and the Health Manager.
   b. Contagious diseases may include, but is not limited to:
      i. Tuberculosis
      ii. Flu
      iii. Chicken Pox
      iv. Cholera
      v. Measles
      vi. H7N9 Influenza A

3. If staff has an illness that will keep them off site for a period of time, their immediate supervisor should be made aware so that adjustments can be made in the staff’s absence.
   a. Confidentiality will be maintained and the staff will dictate the limitations of what is shared with others.
HOLIDAYS AND CLOSURE

Policy:

1. The Neighborhood Place for the Early Head Start will observe the holidays listed below. The main office will be closed on the following days:

   - New Year’s Day (Jan. 1)
   - Martin Luther King, Jr Day (3rd Monday in January)
   - Presidents’ Day (3rd Monday in February)
   - Memorial Day (last Monday in May)
   - Independence Day (July 4)
   - Labor Day (1st Monday in September)
   - Columbus Day (2nd Monday in October)
   - Veteran’s Day (Nov. 11)
   - Thanksgiving Day (4th Thursday in November)
   - The Friday after Thanksgiving
   - Christmas Day (Dec. 25)

2. If a legal holiday falls on a Saturday, that holiday will be observed on the Friday before the holiday. If the legal holiday falls on a Sunday, the holiday will be observed the Monday after the holiday.

3. An employee on an unpaid leave of absence will not receive holiday pay.

4. Full-time regular employees will receive holiday pay equivalent to one day’s pay at their regular rate (full-time, non-exempt employees receive 8 hours pay at their regular rate). All holiday pay for part-time regular employees who are non-exempt is prorated in proportion to the number of hours they normally are scheduled to work.

5. Exempt employees will receive holiday pay in compliance with Federal wage and hour laws.

6. Time paid for holidays will not be counted as time worked for purposes of calculating overtime for the week.

Childcare Partners:

1. Annually childcare partners will submit with their contract a schedule for holidays and school closure.

2. Number of holidays and school closure cannot impede 48 weeks of operation.

3. The list will be shared with parents at the time of enrollment.
**HOME VISITS (EDUCATION)**

**Regulation Reference:**
Head Start Program Performance Standards 1302.34(b)(7)(b)

**Policy:** All Early Head Start (EHS) teachers must conduct at least two home visits per program year in the enrolled child’s home. However, if the parent requests to have it outside of the home, the center director must accommodate such visits at another safe location that affords privacy to the parent (EHS center library, teacher room, or conference room, etc...) and safety to both EHS teachers and parents. The following forms are required:

- **Home Visit Request:** This form is used to schedule the date and time of the visits. The request date must be at a minimum between five to seven days prior to the home visit date to allow sufficient time for planning. The bottom part of this form needs to be returned to the teacher and attached to the Home Visit report.
- **Home Visit Report:** This form is used to document any topic discussed and/or home learning activities provided during the visits. The domains for development and learning covered in the Creative Curriculum can also be selected to discuss with parents. Teacher and parent signatures are required.

**Procedure:**

1. **Prior to the Home Visit**
   - Complete the Home Visit Report Form in advance to prepare what you will discuss.
   - Take two copies of the form so that you can issue a copy to the parent.
   - Prior to leaving the school, call to confirm parent is available for the scheduled visit.
   - Home visits should be conducted in pairs, when possible.
   - Based on area, schedule visits during safest part of day. Avoid scheduling after dark.
   - Take a cellular phone with you.
   - Leave daily schedule of home visits with the director or office staff.
   - Leave valuables at home or in the trunk before leaving school.

2. **During the Home Visit**
   - Maintain eye contact with family members.
   - Focus on the strengths of the family and child.
   - Use family-friendly language.
   - Remember to be sensitive to parents’ reading and writing abilities.

3. **Home Visit Discussion**
   - **Newly enrolled children**- Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) should be completed with the parent/guardian (if not completed during a parent-teacher conference).
   - **Returning children**- The results of Teaching Strategies Gold assessments (see Ongoing Assessment Policy Procedure) and teacher observations should be shared/disussed. This is also an opportunity for both teachers and parents to discuss and develop individual plans and/or goals for children to support child development.
   - Suggest activities that can be done at home to further child’s development.
4. **After the Home Visit**

- Home Visit Requests and Home Visit Report forms should be scanned and uploaded to the EHS folder in the Program’s Portal by the due date stated in the deliverables section of the provider contract.
- An email should be sent to the assigned Technical Assistance Specialist and Director of Child Development and Education Support Services to provide notification that the upload has been completed.
HOME VISITS (FAMILY SERVICES)

Regulation Reference:
Head Start Performance Standard 1302.34
Head Start Performance Standard 1302.50
Head Start Performance Standard 1302.16

Policy:
Family Advocates, will conduct home visits at least four times per year to integrate parent and family engagement strategies to support family well-being and promote children’s learning and development. The home visits will be designed to deepen relationships with families, learn more about children’s experiences at home, their cultural and ethnic backgrounds as well as ensure the child’s wellbeing when excessive absences occur.

Procedure:
Family Advocates must complete a minimum of four home visits in a year. Home visits can be for family engagement, education, or the child’s well-being if excessive absences occur.

1. Home visits for family engagement: Family Advocates can elect to complete home visits for enrollment interviews, Partnership agreements, transition meetings, etc. to establish rapport with the family.
   a. Family Advocates will meet in the parent’s home or agreed space to follow up with the family.
   b. The Family Advocate can attend the meeting using their “buddy system” if they do not feel comfortable attending alone.
   c. Family Advocates will complete the Home Visit form (Attachment 3) during the home visit.
   d. Home visits for family engagement at a minimum should last for 30 minutes.
   e. Visits cancelled by staff need to be rescheduled as needed to meet the required minimum.
   f. When conducting home visits with an interpreter, staff will go over material to be discussed with the interpreter before the visit takes place.
   g. Notify the Family Advocate supervisor of completed home visit

2. Home visits for excessive absences: Family Advocates will conduct a home visit or make other direct contact with a child’s parents if a child has multiple unexplained absences to reengage families and to resume attendance.
   a. Home visits will be conducted for children who have fallen below the 85-percentile for two consecutive months.
   b. The Family Advocate will revisit the attendance success plan with the family and discuss the importance of regular attendance.
   c. The Family Advocate and the parent will identify additional supports to assist in improving the overall child’s attendance.
   d. During the home visit, the Family Advocate will explore any barriers the family might have while attempting to minimize the reoccurring absences and discuss possible solutions.
   e. The document must be signed by the parent for acknowledgement as well as all other parties involved.
   f. If the parent does not agree to the terms the Family Advocate will inform the Family Advocate Supervisor and the case will be reviewed for an amendment to the intervention plan or termination.
g. The Family Advocate must document completed home visits in Information Management System by creating an event in the family services module.

3. Home visits should occur in the enrolled child’s home unless the parents expressly forbid such visits or such a visit is not safe for the Family Advocate.
   a. If the home visit cannot take place in the child’s home, the visit may take place at a neutral location.

4. The Family Advocate cannot conduct home visits with only babysitters or other temporary caregivers in attendance.
   a. The results of the home visit must be documented in the Program’s Information Management System
      i. At a minimum, the notes must include:
         1. who was present for the visit;
         2. the nature surrounding the visit, i.e., family engagement visits or attendance concern;
         3. the next steps;
         4. any supports the program will provide to the family; and
         5. follow up needed to take place.

5. The content of the home visit should be driven by the interest and needs of the parents. Topics may include an update of the child’s progress, home activities and teaching strategies that will build on the child’s classroom experiences and other concerns that parents may have about their child’s experiences.
IN-KIND (NON-FEDERAL SHARE)

Regulation Reference:
Head Start Performance Standard 1303.4

Policy:
Eighty percent (80%) of the program’s operation will be funded by the Early Head Start federal share. The remaining 20% will utilize available nonfederal resources to enhance services through monetary, goods, and/or services. All services and goods applied as a nonfederal share must meet or further the purpose of the program by being reasonable, allowable, allocable, and necessary.

Procedure:

1. The non-federal share (NFS) represents 20% of the total award amount. Below is the calculation to determine the required NFS amount:
   Total federal share (FS) x 25% = NFS
   
   For example
   
   - Award Computation:
     $1,000,000 (FS) x 25% = $250,000 (NFS)
   
   - Reconciliation of Award Computation:
     Total Program Cost - $1,000,000 + $250,000 = $1,250,000
     Federal Share - $1,000,000 ÷ $1,250,000 = 80%
     Non-Federal Share - $250,000 ÷ $1,250,000 = 20%

2. Goods and Services Contribution Guidelines and Form will be provided to individuals and organizations providing services for The Neighborhood Place for Early Head Start. Proof of contribution may be documented on a company letterhead indicating the type of contribution, date of contribution, and total dollar amount of contribution. All letters must be signed by an agent of the contributing company.

3. A volunteer form will be provided to all volunteers who provide services that support the operation of the center and benefits Early Head Start children. All forms will be obtained by the 15th of each month. Forms will be emailed to the NFS@eclmdm.org.

4. All NFS forms will be verified by the program staff who coordinated or received the contribution by inserting an electronic signature. For contributions documented on a company letterhead, the program staff will verify receipt of the goods and services by inserting an electronic signature on the contribution letter and typing “Verified”.

5. All NFS forms will be reviewed by the Accounting Clerk or designee to ensure the contribution is allowable, reasonable, allocable, and necessary.

6. If NFS is approved, the Accounting Clerk or designee will check off “Approved” and electronically sign the contribution form. If the contribution is documented on a company letterhead, the Accounting Clerk or designee will insert an electronic signature on the contribution letter and type “Approved.”

7. If NFS is not approved, the Accounting Clerk or designee will check off “Denied” and electronically sign the contribution form. If the contribution is documented on a company letterhead, the Accounting Clerk or designee will insert an electronic signature on the contribution letter and type “Denied.” The
Accounting Clerk or designee will type on the letter if the denial is due to being unreasonable, unallowable, non-allocable, and/or unnecessary.

8. If the NFS is denied for being unreasonable, the Accounting Clerk will return the form or letter to the company to adjust the contribution value

9. Donations of services and goods may include but are not limited to:

A. Services is:
   a. The value of time and services provided by program volunteers to assist the agency in meeting or furthering the Head Start Program Performance Standards, program goals, objectives and/or written plans should be counted as in-kind. These contributions will be valued at a dollar amount comparable to that paid to EHS staff for the same or similar work, or the value of the work in the open marketplace based on skill level and knowledge, including fringe benefits. The information must be documented using the Volunteer In-Kind Form. Examples include, but not limited to volunteers who:
      i. Assist teachers in the classroom
      ii. Perform clerical/office work
      iii. Assist in the provision of required services to families or children enrolled in the EHS program
      iv. Assist children and/or staff in the course of implementing IFSP’s or other areas of established curriculum
      v. Assist in non-classroom program related functions (i.e., meeting or training set-up and/or registration)
      vi. Parent time spent working at home with their (center-based) children to implement written instructions based on the classroom lesson plan (related to the program’s curriculum) and provided by the teacher.
      vii. Attending Parent Committee or Policy Council meetings

   b. The value of professional services, which is provided by third parties (individuals, organizations or companies) who donate, or discount, their time and/or expertise to benefit the EHS program, include but are not limited to:
      i. Early Head Start program consultants
      ii. Medical/dental services
      iii. Psychological services
      iv. Legal services
      v. Accounting/audit services
      vi. Computer/technology services
      vii. Community assessment services
      viii. Painter, electricians, plumbers, landscapers, etc.
      ix. Printing/reprographic services

   c. Value of agency staff members who donate their time to the HS/EHS program will be assigned according to number 9 of this Policy and Procedure. The following must be considered when staff volunteer their time:
i. In order to be allowable as non-federal share, a particular cost would have to be allowable as federal share. That is, these costs would have to be expended on an activity that is consistent with all relevant laws and regulations.

ii. The activity being done by the Early Head Start staff must not in any way be part of the person’s job responsibilities.

iii. The work must truly be voluntary; there can be no hint that the employee was in any way made to feel that there was no choice in the matter of volunteering. In addition, an employee cannot earn comp time or other benefits in exchange for, or as a reward for, volunteering.

B. Goods:

If a third party donates supplies, the contribution shall be valued at the market value of the supplies at the time of the donation. If a third party donates the use of equipment or space in a building but retains title, the contribution shall be valued at the fair rental rate of the equipment or space. New goods are valued at the actual cost of the items. Used goods are valued at fair market value.

Examples of goods include but are not limited to:

a. Food for meetings and/or trainings
b. Training or meeting space
c. Discounts specific to the program.
d. Donated supplies and loaned equipment or space including classroom supplies such as:
   i. Books and toys
   ii. Art materials
   iii. Clothing used in the dramatic play area
   iv. Furniture
   v. Computers
   vi. Playground supplies such as outdoor toys, sand, grass seed, etc.
   vii. Office supplies and equipment such as computers/software, furniture, telephone equipment, video equipment, etc.
   viii. Classroom, office, storage, conference/meeting space, and donated use of AV equipment at conferences/meetings.
   ix. The value of donated equipment, buildings or land, including: facilities for classrooms, office storage or other facilities (classroom, office, storage, etc.), and land.
LOCAL TRAVEL

Regulation Reference:
Head Start Performance Standard 1302.44

Policy:
The Neighborhood Place staff members will be reimbursed for in-town mileage accrued during work-related activities. The per/mile reimbursement rate will vary as gas and other costs rise and fall. The most current rate can be obtained from the Finance Department.

Procedure:
The following procedures will apply regardless of the time of day a staff member is traveling.

1. Travel from a staff member’s home to the home office is considered daily commute to work, and the mileage is not reimbursable.

2. Travel to a staff member’s home from the /home office location is considered daily commute from work, and the mileage is not reimbursable.

3. Mileage from one work-related location to another work-related location is reimbursable.

4. Reimbursement will be based on the shorter distance regardless of the time traveled.

5. Mileage must not be claimed to and from a staff member’s home office, if the purpose of the trip is solely to eat lunch at the staff member’s home office.

6. To receive mileage reimbursement, staff members must complete a “Local Travel Reimbursement Request.”
   a. The report must be submitted to the immediate supervisor for review and signature no later than 30 days from the first date of travel on the form.
   b. The document is found on the N-drive; Finance Forms; Travel Forms & Procedures; Local Travel
   c. Scanned images of the original parking receipts must be submitted with the request
   d. Proof of tolls charged for a qualifying activity shall be submitted along with the Local Travel Reimbursement Request and parking receipts.
   e. All travel is to be converted to a PDF.
   f. The Local Travel Template must be completed and signed. Once signed the Local Travel Template and travel form converted to PDF with supporting documents must be submitted to the supervisor for review and signature.
   g. Forms with supervisor signatures from the Family and Community Engagement Supervisors will be submitted to the Director of Family and Community Engagement for an Authorized Signature.
   h. Forms with supervisor signature from a Director or Manager will be submitted to the VP for EHS for an Authorized Signature.
   i. The Excel travel, Local Travel Template, PDF travel, and all supporting documents will be emailed to EHSTravel@elcmdm.org

7. Lost Receipts will be handled as follows:
   a. The traveler will complete and sign the Lost Receipt Form.
   b. The supervisor will sign the form.

8. Local Reimbursement Travel will be paid electronically.
   a. Staff must complete, scan, and email the Employee Direct Deposit Form located in the N-drive; Finance Forms; Travel Forms & Procedures; Local Travel
   b. Employee Direct Deposit Form must be emailed to: Elctravel@elcmdm.org
MEAL CLAIMS

Regulation Reference:
Head Start Performance Standard 1302.44

Policy:
The childcare partners will use funds from USDA’s Child Care Food Program (CCFP) as the primary source of payment for meal service for Early Head Start meals.

Procedure:
8. Childcare partners will provide a copy of their CCFP contract to the nutrition manager.

9. Each meal will be recorded daily in the attendance module of the Information Management System by the designated childcare staff.

10. The only meals recorded will be those served to children and an allowable CCFP reimbursement.

11. The Nutrition Manager will analyze the monthly meal count compared to the number of children in attendance.

12. The Nutrition Manager will work with center staff and Family Advocates to address issues of children not being claimed on the meal count.

13. Monthly meal count per location will be reported to the Early Learning Coalition of Miami-Dade/Monroe Board and the Neighborhood Place for Early Head Start Policy Council.
MEALTIME IMPLEMENTATION

Regulation Reference:
Head Start Program Performance Standards 1302.31(e)(2)

Policy:
Snack and meal times shall be implemented in ways that support development and learning.

Procedure:
1. The window for meal service for older toddlers shall be at least 30 minutes for breakfast and snack and one (1) hour for lunch.
2. Infants and young toddlers will be fed on demand.
3. Caregivers will hold bottle-fed infants during feeding to support socialization.
4. Children will wash their hands before and after meal service.
5. At lunchtime family style meal service will be implemented to the extent possible and when developmentally appropriate. Children will be involved in table setting, placing napkins and utensils, table clean-up after meals. Cold menu items, side dishes and hand-held items like bread rolls/slices will be placed in communal bowls for children to pass around and serve themselves/help serve their peers. Appropriately sized utensils and measuring spoons will be provided. During snack and meal times, children and caregivers will interact through conversations that contribute to a child’s learning, development, and socialization. This includes general conversations, discussing table manners and foods on the table.
6. Each child and caregiver will eat from the same menu, as appropriate.
7. Children will have the freedom to eat their food as desired. All foods on the menu will be served at the same time. There will be no restriction on which food is consumed first on the plate.
8. Children will be asked if he/she is finished before removing the plate, even when the plate is full.
9. Children will not be forced to finish their food.
10. Food will not be used as a punishment or reward.
11. All feeding utensils, such as infant bottles with nipples and sippy cups must be provided by the childcare partner.
12. Breakfast will be served to every child upon arrival to the program.
13. Potable drinking water will be available throughout the program day.
14. No food/beverages should be brought into the Center without prior approval from the Nutrition Manager. This is to protect the integrity of the food service program and potential liability for the center.

15. The menu planned will indicate ‘cut in bite size pieces’ when appropriate and have alternate menu items appropriate for toddlers when necessary. This will be indicated with an asterisk on the menu. Unflavored whole milk will be provided to children ages twelve to twenty-three months and unflavored skim or reduced-fat (1%) milk will be provided to children ages twenty-four to thirty-six months.

16. The Nutrition Manager will visit each provider site for monitoring of nutrition services and meal observation at least once every four (4) months throughout the school year.
MEDICAL AND DENTAL HOME

Regulation Reference:
Head Start Performance Standard 1302.42(a)(1)

Policy:

The program must help parents continue to follow recommended schedules of well-child and oral health care. A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns. A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

Procedure:

1. Family Advocate (FA) Responsibilities:
   a. Assess whether the child has a medical and dental home. This should initially occur when the parent completes an application.
      i. If so, the names of those providers and any insurance information should be entered into Information Management System.
   b. Upon enrollment, if the child does not have a medical or dental home, the FA should try to ascertain barriers and note these in Information Management System.
      i. If the child does not have insurance, refer to Health Insurance Policy and Procedure.
      ii. If the child does not have a medical and/or dental home, or is not up-to-date on required initial screenings, the FA is to speak with the parent about available health resources in the community and refer as needed.

2. Child Care Provider Responsibilities:
   a. Each child care provider, with the support of The Neighborhood Place staff, will obtain up-to-date medical and/or dental documentation from the parent(s).
      i. The provider and FA will maintain their own individual file for the child.
   b. As new documentation is provided by the parent the child care provider will provide a copy of such documentation to the child’s FA.
      i. The FA will enter the new information into Information Management System.
   c. If the provider learns of the parent does not or no longer has a medical/dental home, such information is to be shared with the FA.

3. Health Manager Responsibilities:
   a. The Health Manager will coordinate efforts with contracted health care agencies and other programs/organizations to provide medical and dental services for children and families enrolled in The Neighborhood Place’s EHS Program.
MEDICATION ADMINISTRATION

Regulation Reference:
Head Start Performance Standard 1302.47 (b)(4)(i)(C)

Policy:

All staff with regular child contact will be trained within three months of hire and on an ongoing basis on administration of medication, consistent with standards for parental consent and the handling, storage, administration, and record of administration of medication

Procedure:

1. Each provider will have a policy which outlines dispensing medication to children at their site.
   a. A template for the outline and required information will be provided to all providers dispensing medications.

2. The policy will include the following required information on:
   a. Labeling and storing, under lock and key, and refrigeration, if necessary, all medications, including those required for staff and volunteers.
      i. Emergency medications will not be stored under lock and key (e.g. Epi-pens).
   b. Designating a trained staff member(s) to administer, handle and store child medications.
   c. Obtaining physicians' instructions & written parent or guardian authorizations for all medications administered by staff.
      i. Over-the-counter medications must be stored in original containers, and the child care partner must have written orders from a physician that include dosage and frequency with which the medicine will be administered. All medications must be within their dates of expiration.
      ii. Prescribed medications must be stored in original containers with original prescription labels. All medications must be within their dates of expiration.
   d. Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child’s parents.
   e. Recording changes in a child’s behavior that may have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child.
   f. Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

3. Providers will input their respective information of how this policy aligns with their site, while including the specified information in the policy template.
MENTAL HEALTH CONSULTATIONS

Regulation Reference:  
Head Start Program Performance Standard 1302.45

Policy: The Neighborhood Place for Early Head Start and/or contracted provider will provide consultations to parents and/or teachers to support children with challenging behaviors and other social, emotional, and mental health concerns. Tasks for the consultants may include follow-up observations of children whose ASQ or other screenings indicate concerns with developmental progress, mental health observations in classrooms, training sessions for parents and/or teachers, and technical assistance to support teachers’ and parents’ interactions with individual infants and toddlers. All mental health consultants will be Florida licensed mental health professionals.

Procedure:

1. A mental health referral for consultations is initiated by a screening or by parents, teachers, directors, and EHS staff. For referrals by a screening, refer to section “Referral Procedure to Social Emotional Support.”

2. Consent for mental health consultations must be signed by parent and submitted to Mental Health Manager.

3. Mental Health Manager will contact parent to review referral and assign to staff and/or a contracted mental health provider.

4. Mental Health Staff and/or Mental Health Consultant will provide consultations to parents and/or teachers related to child’s social, emotional, and mental health concerns.
MENU PLANNING

Regulation Reference:
Head Start Program Performance Standards 1302.44

Policy:
The program will develop menus that consider children’s dietary needs, preferences, and culture including special diets.

Procedure:
1. The Nutrition Manager will plan a four-week cycle menu with an insert for holidays to address the culture of the population served. To ensure that two thirds of the child’s daily nutritional needs is provided, a nutrient analysis will be completed on the menu.
2. The planned menu will be submitted to the State of Florida Department of Health Child Care Food Program for approval. This will ensure conformity to USDA requirements.
3. The menu planned will be low in fat, sugar, and salt as per USDA requirements. It will feature meal patterns outlined by USDA.
4. The planned menu will not have pork, peanuts or other nuts included. Each program site will be declared as a “No Pork, No Peanut/Nuts” site as stated on the menu. For special diets, refer to the Special Diet Policy and Procedure.
5. Menus will be posted at each facility and will be accessible to parents. Copies will be available for parents upon request.
6. The Nutrition Manager will plan an emergency menu. Emergency menu will consist of nonperishable foods and will be used when food from the four-cycle menu is unavailable, during unforeseeable circumstances (e.g. power outage, natural disaster, etc.), or when contracted caterer fails to supply the food in accordance with the menu.
MONITORING (CONTRACTS AND PROGRAM)

Regulation Reference:
Head Start Performance Standard 1302.102(b)
Improving Head Start for School Readiness Act of 2007, 641(A)(g)(3)
45 CFR 75.327(b)

Policy:
The Neighborhood Place for Early Head Start shall conduct ongoing monitoring to ensure the condition of the child care partner’s contract are complied with.

Procedure:

1. The compliance manager or designated staff will conduct quarterly monitoring every program year (August 1 – July 31).
   a. The childcare provider and other vendors are monitored based on the contractual requirements of the EHS contract which are aligned to federal, state, and local regulations. The most stringent regulation will apply.
   b. Program monitoring will be based on Head Start Regulations, as well as state and local regulations where applicable.
   c. Monitoring time periods and focus will be:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1 – October 31</td>
<td>Child Care Partner Contracts</td>
</tr>
<tr>
<td>November 1 – January 31</td>
<td>Vendor Contracts/ Child Care Partner Contract Follow-up</td>
</tr>
<tr>
<td>February 1 – April 30</td>
<td>Child Care Partner Contracts</td>
</tr>
<tr>
<td>May 1 – July 31</td>
<td>Grantee Fiscal and Administrative Monitoring/Child Care Partner Contract Follow-up</td>
</tr>
</tbody>
</table>

2. A notice is sent approximately two weeks prior to an unannounced visit. A copy of the monitoring tool will be included in the notice sent.

3. Once complete, the monitoring results are reviewed with the entity being monitored and any follow-up or corrective action is addressed.

4. Monitoring results will be saved in the EHS drive (Leadership folder).

5. At the end of each quarter, the Compliance Manager or designated staff will submit a cumulative report of the quarter’s monitoring results.

6. Cumulative reports will be shared with EHS and Early Learning Coalition of Miami-Dade/Monroe Leadership and a summary will be shared with the Policy Council and Governing Board.
MONITORING (FAMILY SERVICE)

Regulation Reference:
Head Start Performance Standards 1302.102(b)(1)

Policy:
The purpose of monitoring and coaching is to identify the strengths and area of improvement of staff to ensure caseload compliance.

Procedure:
The Director of Family and Community Engagement and Family Advocate Supervisors will conduct internal monitoring to prepare for individual coaching sessions with Family Advocates. Prior to hosting individual coaching sessions, the Program’s information management system will be used to run individual reports. The below reports will be reviewed as data to measure compliance.

<table>
<thead>
<tr>
<th>Caseload Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Report Name</strong></td>
</tr>
<tr>
<td>Outlook Calendar Review</td>
</tr>
<tr>
<td>ChildPlus Report SR201</td>
</tr>
<tr>
<td>ChildPlus Report 2125</td>
</tr>
<tr>
<td>ChildPlus Report 2330</td>
</tr>
<tr>
<td>ChildPlus Report 4220</td>
</tr>
</tbody>
</table>
Coaching opportunities will take place the last week of the month to follow up on the status of assigned tasks and findings on the reports.

- Family Advocates will need to complete an action plan within 48 hours of their individual coaching session to address findings.

<table>
<thead>
<tr>
<th>ChildPlus Report 4130</th>
<th>Review the status of goal follow up</th>
<th>Program’s Information Management System</th>
<th>First week of the month</th>
<th>FA Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>Review corrections</td>
<td>Program’s Information Management System</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NON-DISCRIMINATION

Regulation Reference:
Head Start Performance Standard 1302.90(c)(1)(iii)

Policy:

The Neighborhood Place for Early Head Start (TNPEHS) does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, national origin, or on the basis of disability, age or sexual preference in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by TNPEHS directly or through a contractor or any other entity with which TNPEHS arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal regulations Parts 80, 84, and 91.
NUTRITION ASSESSMENT

Regulation Reference:
Head Start Program Performance Standards 1302.41(a)
Head Start Program Performance Standards 1302.42(b)(4)
Head Start Program Performance Standards 1302.44(a)(1)
Head Start Program Performance Standards 1302.46(b)(1)(ii)
Head Start Program Performance Standards 1302.47(b)(4)(j)(D)

Policy:
Each child’s nutritional needs will be identified based on available health information, including the child’s health records, family and staff concerns and special dietary requirements.

Procedure:
1. The Nutrition Manager will identify each child’s nutritional needs by completing a nutrition assessment.

2. The nutrition assessment will include review of the physical examination, the Nutrition Interview Questionnaire, referrals, growth charts, lab data, conversations with teachers/caregivers, physician notes or medical statement form, parent letters, and child observations.

3. The assessment and follow up services provided will be documented in the Program’s information management system.

4. Parents/legal guardians of children with identified nutritional concern will be given a letter addressing their child’s nutrition related health status. Nutrition and health information will be attached to the letter.

5. The letter will indicate how the parent/legal guardian can schedule a meeting with the Nutrition Manager if desired.

6. When further follow up is needed, the Nutrition Manager will request a conference with the parent/legal guardian.

7. The Nutrition Manager will refer to the Health Manager and/or family advocate if follow up is needed by the physician.
NUTRITION FOLLOW-UP

Regulation Reference:
Head Start Program Performance Standards 1302.42 (d) (1-3)
Head Start Program Performance Standards 1302.91(8)(iii)

Policy:
The Neighborhood Place for Early Head Start will facilitate further diagnostic testing, evaluation, treatment, and follow up.

Procedure:
1. The Health Manager and/or family advocates will refer children for further diagnostic testing, evaluation, treatment, and follow up when appropriate.

2. Children with growth charts 95% and above or 5% and below weight for height, hemoglobin below 10.9, hematocrit below 34, Lead above 5, and food allergies will have follow-up by the Nutrition Manager.

3. Food intolerances or sensitivities are not considered a disability and may be supported by the Nutrition Manager’s documentation. Parents will not be required to obtain a note from the physician. For diagnosed allergies a prescription from the physician will be required.

4. A follow up nutrition assessment will be done by the Nutrition Manager for children with developmental concerns (height and weight) and abnormal lab values.

5. The Nutrition Manager will use the reports in the Program’s management information system to track referrals and provision of monthly nutrition services.

6. The Nutrition Manager may refer children with dietary needs to other licensed nutrition professionals as needed.
ON GOING ASSESSMENT

Regulation Reference:
Head Start Program Performance Standards 1302.33(b)(1)

Policy: Each Early Head Start teacher must utilize MyTeachingStrategies to conduct observation-based ongoing assessments for each Early Head Start child to which they are assigned as the primary caregiver. Each teacher shall be responsible for entering data for up to four children, unless otherwise directed.

Procedure:
1. Three checkpoints will be established annually to monitor children’s developmental progress. The checkpoints will be the last working day of December, March, and June.

2. Each teacher shall enter child observation data into the MyTeachingStrategies portal at least weekly. Observation data includes, but is not limited to:
   a. Anecdotal notes
   b. Photographs with caption
   c. Video Recordings

3. Teachers shall refer to the Objectives for Development and Learning and select each applicable objective and dimension for each data entry.

4. Teachers shall assign preliminary levels to each data entry.

5. At the end of each checkpoint period, teachers shall review the documentation entered and preliminary levels assigned to determine a final level for each objective and dimension.

6. Teachers can finalize checkpoints by using Checkpoint by Area, Checkpoint by Objective, Checkpoint by Child, or Checkpoint by Multiple Children.
OUT-OF-TOWN TRAVEL

Regulation Reference:
Florida Statutes Sec. 112.061

Policy:
Staff from the Neighborhood Place for Early Head Start who travel out of town for business purposes will be reimbursed for appropriate expenses established by the State of Florida.

Procedures:

9. EHS Leadership Staff Request form:
   a. EHS Staff traveling out of town for business purposes must complete the travel request form, Florida Department of Education Travel Authorization Request Form and submit to their supervisor.
   b. The travel reimbursement form will be signed by the VP of EHS, the ELC Director of Budget, and Agency Head.

10. Non-Leadership EHS Staff Request form:
    a. EHS Staff traveling out of town for business purposes must complete the travel request form, Florida Department of Education Travel Authorization Request Form and submit to their supervisor.
    b. The supervisor will complete and submit the Request for Trainings and Travel Form and all of the Florida Department of Education Travel Authorization Request Forms to the VP for EHS for approval.
    c. The Request for Trainings and Travel form will be signed by the VP of EHS.
    d. The Florida Department of Education Travel Authorization Request form will be submitted to the ELC Director of Budget and the Agency Head for approval.

11. Traveler will receive the Out-of-Town Checklist with instructions of documents that must be submitted.

12. Upon return, the traveler will complete the travel reimbursement form, State of Florida Department of Education Travel Voucher and attach the following to the reimbursement form:
    c. transportation receipts;
    d. parking receipts;
    e. boarding pass if travel is by plane;
    f. luggage fees if travel is by plane; and
    g. hotel receipt with zero balance and charged to the Early Learning Coalition of Miami-Dade/Monroe’s credit card.

13. The travel reimbursement form will be signed by the Supervisor and the ELC Director of Budget.

14. Lost Receipts will be handled as follows:
    c. The traveler will complete and sign the Lost Receipt Form.
    d. The supervisor will sign the form.
PACIFIER USE

Regulation Reference:
Head Start Performance Standard 1302.47(b)(1)(iv)

Policy:
The use of pacifiers in the program will be limited to prevent the transmission of infectious diseases, risks of choking and, dental problems which may affect the structure of the child’s mouth, teeth development and speech.

Procedure:
Allowing children to use a pacifier in the school will be at the discretion of each school. If a pacifier is allowed, it may be allowed for children who are 12 months and under. Children older than 12 months will give their pacifier to their parents upon arrival to take home.

1. American Academy of Pediatrics Recommendations
   a. Consider offering a pacifier when placing the infant down for a nap and sleep time
   b. If an infant refuses the pacifier, s/he should not be forced to take it
   c. If a child falls asleep and the pacifier falls out of the infant’s mouth, the pacifier should be removed from the crib.

2. Education of Parents regarding Pacifier Use
   a. Pacifier use has been associated with an increased risk of ear infections and oral health issues
   b. Caregivers/teachers should work with parents/guardians to wean infants from pacifiers as the suck reflex diminishes between three and twelve months of age

3. Pacifier Use
   a. Pacifier use outside of a crib in rooms and programs where there are mobile infants or toddlers is prohibited
   b. Pacifiers with attachments should not be allowed; pacifiers should not be clipped, pinned, or tied to an infant’s clothing, and they should not be tied around an infant’s neck, wrist, or other body part

4. Sanitation of Pacifier
   a. Staff should inspect each pacifier for tears or cracks (and to see if there is unknown fluid in the nipple) before each use
      i. Pacifiers should not be coated in any sweet solution
   b. Pacifiers should be cleaned and stored out of children’s reach in a place that is open to air flow and is separate from the diapering area, diapering items, or other children’s personal items.
   c. Pacifiers must be legibly labeled with each child’s name.
PARENT COMMITTEE COMMUNICATION

Regulation Reference:
Head Start Performance Standard 1301.4

Policy:

The Neighborhood Place for Early Head Start staff will use a variety of communication methods to ensure parents are informed of opportunities, events (at the center and in the community), meetings, updates (about the program and center), and their child’s progress. Parent committee communication through the use of the parent bulletin board.

Procedure:

1. Family Advocates will be responsible for creating and maintaining a parent bulletin board.

2. With the approval of the owner/center director, the parent bulletin board will be placed in a conspicuous location.

3. Family Advocates may recruit parent volunteers to assist in updating the parent bulletin board.

4. At minimum, parent bulletin boards must be updated on the first week of each month.

5. The use of a parent newsletter is optional. Parents may volunteer to serve as the newsletter editors and complete the newsletter each month. The editor will gather information from each Head Start classroom and prepare articles for inclusion in the newsletter. The family services staff or designee will proofread all articles and edit, as appropriate. The editors are encouraged to attend the Parent Leadership training with their elected parent committee officers; however, individual training is available.
PARENT-TEACHER CONFERENCES

Regulation Reference:
Head Start Program Performance 1302.34(b)(3)

Policy: Parent-teacher conferences shall occur at least two times per year. Conferences should occur at the school site; however, the parent’s needs must be taken into consideration. The following forms are required:
- Parent-Teacher Conference Report: This form is used to document what is discussed during the conference. Teacher and parent signatures are required.
- Parent-Teacher Conference Log: This form is used to document the conferences for all eight children enrolled in the EHS classroom. Each Early Head Start (EHS) classroom must complete a Parent-Teacher Conference Log for each period.

Procedure:
1. Schedule parent-teacher conference based on time options and day the parent is available to meet.
2. Complete the Parent-Teacher Conference Report in advance to prepare what you will discuss.
3. The following must be included about the child during each conference and documented on the report:
   a. Strengths
   b. Opportunities for improvement
   c. Ideas for parents to support the child’s strengths and/or opportunities for improvement
4. For newly enrolled children, Ages and Stages Questionnaires (ASQ-3 and ASQ-SE) should be completed with the parent/guardian (if not completed during a home visit).
5. Document any input or comments parents may have in regards to the conference.
6. Teacher and parent shall sign the bottom of the report to acknowledge the conference took place.
7. Parent-Teacher Conference Logs and Parent-Teacher Conference Reports are to be scanned and uploaded to the EHS folder in the Program’s Portal by the due date stated in the deliverables section of the provider contract.
8. An email should be sent to the assigned Technical Assistance Specialist and Director of Child Development and Education Support Services to provide notification that the upload has been complete.
PARENTAL AUTHORIZATION FOR MEDICAL/DENTAL SERVICES

Regulation Reference:
Performance Standard 1302.41(b)

Policy:
The Neighborhood Place for Early Head Start and its child care partners will collaborate with parents as partners in the well-being of their children, especially during emergencies.

Procedure:
1. The Family Advocates will obtain prior written consent from the parent to facilitate medical and dental services to their child. Consents will be provided by the outside agency offering services.

2. Parents will be assured that their child will not receive any medical or dental services without prior consent, except in the case of emergencies.

3. The specific health or dental emergencies that require an immediate health response will be shared with parents, as will the response options.
PAYMENTS AND DRAWDOWN

Regulation Reference:
45 CFR 75.305

Policy:
The Neighborhood Place for Early Head Start will ensure a sufficient cash flow to meet all of its day-to-day obligations.

Procedure:
To calculate bi-weekly drawdown amount:
1. The Finance Manager runs a GL Report from MIP Accounting Software.
   a. The report timeframe is from the beginning of the fiscal year to date.
   b. The report is run the Friday before payroll.
   c. Direct pay for the period is estimated and included in the exported report on a bi-weekly basis. Final provider payment will be added to the exported report monthly.
2. The Finance Manager sends an email to the ELC Director of Budget to request a drawdown on Payment Management System (PMS).

Provider Payment
1. The Finance Manager will run the Enrollment Duration and Attendance Counts report (CP2012) from the program’s Information Management System.
2. The report is exported to Excel to adjust for holidays and any unpaid days (e.g. Professional Development Days).
3. Total payment by provider is calculated.
4. Final report is sent to Sr. Financial Manager with copies to the Controller and Billing Manager for processing.

Vendor Payment
1. Invoices are uploaded to Microix.
2. Approval will follow a pre-determined workflow that ensures internal controls for individual vendors.
PERSONAL IDENTIFIABLE INFORMATION (PII)

Regulation Reference:
Head Start Performance Standard 1303.20
Head Start Performance Standard 1303.21

Policy:
It is the policy of the Neighborhood Place for Early Head Start to protect a child’s information and that of their family by limiting the personal identifying information being shared on the child and/or family.

Procedure:

1. To ensure confidentiality and the protection of children’s information, staff will use the following method for identifying the child:
   a. First two letters of the child’s first name (all capital letters);
   b. First two letters of the child’s last name (all capital letters);
   c. ChildPlus Identification number; and/or
   d. A capital “S” if the child has a special need (this should only be placed if pertinent to the communication).

For a child named John Smith with ChildPlus ID#0275038 who has a special need, we will identify the child in the following way:

** If the child does not have a special need, the “S” will not appear at the end. The identification will only read – BETO275038

2. When documents are shared electronically, staff must password protect the documents. See Attachment 2 for instructions on password securing the following formats: PDF, Excel, and Word.
3. Correspondence sent to providers must be protected with the predesignated password list located in the EHS R drive in the folder [Personally Identifier Information (PII)]. The corresponding provider password will be used for the provider receiving the document.
4. Correspondence sent among EHS staff will be protected used the password for the center the child is currently enrolled.
Regulation Reference:
Head Start Program Performance Standards 1301.3(e)

Policy:
The Neighborhood Place for Early Head Start will support the attendance of low-income Policy Council members at all PC committee and monthly meetings.

Procedures:
1. Policy Council members whose incomes fall below 130% of the poverty income guidelines for Early Head Start are eligible to receive reimbursement for expenses incurred for participating in PC meetings and activities. The threshold of 130% is considered as eligible for other assistance such as SNAP and subsidy care.
2. Reimbursement shall be limited to two local, in-person meetings or trainings per month. Reimbursement for travel and childcare will be paid as follows:
   a. Bus token for parents who do not have a car and are traveling by public transportation.
   b. Parents who drive will submit the travel reimbursement form, State of Florida Department of Education Travel Voucher. The travel reimbursement form will be completed by EHS staff and parent will review and sign confirming the information on the form is correct. Local travel will be paid according to the local travel rate paid to Early Head Start staff and will include any parking fees that can be substantiated with a parking receipt. Round trip miles will be paid for each activity. EHS staff will print map showing distance between home and meeting/training place and attach to the travel reimbursement form. The travel reimbursement form will be signed by the VP of EHS and the ELC Director of Budget.
   c. Child care will be paid according to the State’s minimum wage rate. Hours paid will be for time spent at the meeting and half-hour of travel to and from the meeting (for a total of one-hour travel). Childcare reimbursement will be paid per family (not per child). EHS staff will complete the Childcare Reimbursement Form and parent will review and sign confirming the information on the form is correct.
   d. All eligible Policy Council members who request reimbursement must submit a W9 form.
3. Reimbursement for out of town travel, shall be paid as follows:
   a. EHS staff will complete the travel request form, Florida Department of Education Travel Authorization Request Form. The traveler will review and sign the form confirming the information on the form is correct.
   b. The travel reimbursement form will be signed by the VP of EHS, the ELC Director of Budget, and Agency Head.
   c. Traveler will receive the Out-of-Town Checklist with instructions of documents that must be submitted.
   d. Traveler will present to designated EHS staff:
      i. transportation receipts;
      ii. parking receipts;
      iii. boarding pass if travel is by plane;
      iv. luggage fees if travel is by plane; and
      v. hotel receipt with zero balance and charged to the Early Learning Coalition of Miami-Dade/Monroe’s credit card.
e. EHS staff will complete the travel reimbursement form, State of Florida Department of Education Travel Voucher. The traveler will review and sign the form confirming the information on the form is correct.

f. The travel reimbursement form will be signed by the VP of EHS and the ELC Director of Budget.

4. Lost Receipts will be handled as follows:
   a. The traveler will complete and sign the Lost Receipt Form.
   b. The VP for EHS will sign the form.
Referral Procedure (Disabilities) Early Head Start to Early Steps

Regulation Reference:
Head Start Program Performance Standard 1302.33(a)(3)

Policy: The program will ensure that there is a process for providing early intervention services for children with disabilities and/or developmental concern through a partnership with the local intervention agency (Part C), Early Steps (ES).

Procedure:

1. Child developmental concerns can be identified through the developmental screening, parent concern, or staff concern.
2. Referrals process will be as follows:

<table>
<thead>
<tr>
<th>Referral Based on Screening Results or Staff Identification:</th>
<th>Referral Based on Parent Concern/Disabilities Questionnaire:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Early If a child is found to have a concern through the developmental screening (ASQ-3) or staff identification, the teacher or center director may complete the referral packet (steps 6-10) or notify the Disabilities Manager (DM)/Mental Health Manager about the concern through an email or ASQ-3 screening.</td>
<td>A. When a parent notifies a program staff about a developmental concern, the Family Advocate (FA) will be informed.</td>
</tr>
<tr>
<td>B. The Disability Manager/Mental Health Manager or designee will inform the Technical Assistance Specialist, Family Advocate (FA), and Center Director of the child(ren) with a concern.</td>
<td>B. The Family Advocate will meet with the parent to discuss the referral process and obtain consent and referral packet.</td>
</tr>
<tr>
<td>C. Once the Technical Assistance Specialist and Family Advocate have been advised of a child with concern, the Family Advocate will initiate a conversation with the teacher and/or center director to determine if a team approach for delivering the results to the parents is needed.</td>
<td>C. The referral packet is submitted to the Disabilities Manager via email or upload in the program’s database.</td>
</tr>
<tr>
<td>D. Team approach will include Family Advocate, Technical Assistance Specialist, teacher, and Center Director/Owner.</td>
<td>D. The Disabilities Manager will review the referral packet for accuracy and forward the referral to Early Steps.</td>
</tr>
<tr>
<td>E. Decision of team approach will be determined based on:</td>
<td>E. The Family Advocate and Center Director will be included in the referral email sent to Early Steps. The referral documentation will be uploaded and documented in the Program’s database.</td>
</tr>
</tbody>
</table>
- level of concerns;
- needs of parent(s)/guardian(s); or
- need of team approach support identified by teacher/Center Director

Early Steps is the local intervention agency that provides developmental services to children ages birth to three years of age who are eligible for services due to developmental delays and/or an established/diagnosed condition.
Referral Based on Screening Results or Staff Identification:  

<table>
<thead>
<tr>
<th>F.</th>
<th>During the delivering of the ASQ-3 results (see Screening Policy and Procedure) or staff concern, the teacher, Family Advocate and/or Center Director will discuss the Early Steps referral with the parents (this step is to be done using a team approach when applicable).</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.</td>
<td>If parent(s) consent to the referral process, the teacher, Family Advocate and/or Center Director will assist the parent in completing the Early Steps referral/passport and consent for referral. All screeners (if ASQ-3 concern is identified), referrals and forms are to be completed in its entirety.</td>
</tr>
<tr>
<td>H.</td>
<td>Once the referral has been completed, the Technical Assistance Specialist or center staff will collect the referral along with the ASQ-3 (if ASQ-3 concern is identified) showing concerns and the consent letter authorizing the referral.</td>
</tr>
<tr>
<td>I.</td>
<td>The Disabilities Manager, or Technical Assistance Specialist will review the ASQ-3 (if ASQ-3 concern is identified), and referral(s) for accuracy. The Technical Assistance Specialist or Disabilities Manager will forward the referral to Early Steps.</td>
</tr>
<tr>
<td>J.</td>
<td>The Family Advocate and Center Director will be included in the referral email sent to Early Steps. The referral documentation will be uploaded and documented in the Program’s database.</td>
</tr>
</tbody>
</table>

Referral Follow-up:  

1. Family Advocate will contact the family within two weeks of referral to ensure that Early Steps and has contacted the family for the appointment.  

2. Upon receiving notification from ES of the appointment, the FA will notify the DM of the date and time of the appointment. FA will document the appointment in CP.  

3. The FA will follow up with the family to ensure that family attend the ES appointment.  

4. Upon completion of the Individualized Family Support Plan (IFSP), the FA will obtain the copy of the IFSP.  

5. The Disabilities Manager will continue to monitor the referral process to Early Steps and all follow up via email or by having one-on-one meetings with the Family Advocate (meetings are held every 4-6 weeks).
6. The Disabilities Manager will track and monitor all the referrals to Early Steps through Program’s database and Excel Spreadsheet. The DM will schedule a staff meeting with ES as needed.

**Early Steps (ES) Referral Follow-up Process:**
1. Assigned ES Intake coordinator will contact the family to validate parent concerns and set up an appointment upon receiving the referral.
2. Upon completion of intake paperwork, ES will schedule the family within 45 days of referral and notify the DM of the appointment date and time.
3. After the child has been evaluated and determined eligible and the Individualized Family Support Plan (IFSP) has been completed, the assigned Service Coordinator at ES will forward the IFSP to the FA or Disabilities and Mental Health Manager.

**Referral Through Additional Relevant Information:**
Disabilities Questionnaire is to be completed during the application process in order to identify concerns and established conditions prior to enrollment into the EHS program. It is used to identify children that have a disability or and IFSP, or that may have a developmental delay or at risk of having a developmental delay.
1. The FA will complete the Disabilities Questionnaire during the application process for new children that are applying for EHS. The FAs will complete the Disabilities Questionnaire during Enrollment Interview.
2. When a concern is identified in the Disabilities Questionnaire, the Family Advocate will explain the referral process to Early Steps.
3. If parent consent to the referral process, the Family Advocate will follow the Referral Based on Parent Concern as detailed above.

**Referral Forms:**
- Referral form for Early Steps Agency (South)
- Referral form for Early Steps Agency (North – English)
- Referral form for Early Steps Agency (North – Spanish)
REFERRAL PROCEDURE (DISABILITIES) EARLY STEPS TO EARLY HEAD START

Regulation Reference:
Head Start Program Performance Standards 1032.13
Head Start Program Performance Standards 1032.63(a) & (b)

Policy:
Early Steps Program will identify children needing childcare and refer eligible children to the Early Head Start Program

Procedure
Early Steps Referral to Early Head Start:
1. ES will evaluate children birth to three years of age who have a suspected developmental delay and/or an established condition.

2. Upon qualifying for the Early Steps program and completing the Individualized Family Support Plan (IFSP), ES will identify the needs for additional family services, to include the Early Head Start Program.

3. ES will submit the referral via fax/e-mail with IFSP attachment to the Disabilities Manager (DM).

4. The DM will assign the case to the Family Advocate (FA) based on family need and demographic area.

5. The FA will contact the family in order to assist the family with identifying an Early Head Start site and with completing the EHS application.

EHS Application and Enrollment:
1. Once eligibility has been established and child has been accepted in the EHS program, the family will be assigned to the appropriate Family Advocate (FA) for their selected site and to complete the second part of the application.

2. Once the child has been enrolled, the assigned Technical Assistance Specialists (TA) and FA will ensure that the IFSP goals and services are implemented in the classroom.

Record Keeping and Communication:
1. The DM will verify that all information is entered into ChildPlus and records are up to date.

2. The DM will schedule a staff meeting with Early Steps on an as needed basis.

3. The DM will maintain an open line of communication with Early Steps, Director of Family and Community Support Services, the FA’s and the Education Team.
REFERRAL PROCEDURE (SOCIAL EMOTIONAL)

Regulation Reference:
Head Start Program Performance Standard 1302.33(a)
Head Start Program Performance Standard 1302.41(b)(1)

Policy: The program will ensure that there is a process for providing mental health services for children with social emotional and/or behavioral concerns through direct services or in partnership with a consultant.

Procedure:
2. The teaching staff and/or Center Director will always review the behavioral screener (ASQ:SE-2) results with all parents, regardless of results. Screener results will be reviewed during parent/teacher conference.

3. If/when there are noted concerns, the teacher or Center Director will discuss the referral for social-emotional support with the parents. The teacher or Center Director will complete with parent the Social Emotional Referral Consent Form. The parent will select whether or not they consent to services on the Social Emotional Referral Consent Form.

4. If parent(s) consent to the referral process, the teacher or Center Director will forward the Social Emotional Referral Consent Form to Mental Health Manager, TA, and/or the Family Advocate (FA).

5. The Mental Health Manager or TA will review the ASQ:SE-2 and Consent Form for accuracy. The Mental Health Manager will address internally or forward the referral to Mental Health Consultant.

6. If the concern is addressed through a Mental Health Consultant, the FA and TA will be included in the referral email sent to the consultant.

7. The Mental Health Manager will upload the referral and consent to the Program’s database.

8. The Mental Health Manager will continue to monitor the referral process to the Mental Health Consultant and all follow ups.

9. The Mental Health Manager will track and monitor all the referrals to the Mental Health Consultant with Program’s Database and Excel Spreadsheet.

Mental Health Consultant:
1. The Mental Health Manager, FA, and/or TA will participate in the first consultation with the Mental Health Consultant and parent(s).

2. The Mental Health Consultant will develop a Social Emotional Support Plan and work with parents and teachers regarding child with concerns for eight weeks.

3. If the child’s behavior continues to be of concern after the Social Emotional Support Plan has been completed, the Mental Health Manager will have a staffing with the Mental Health Consultant.
4. The Mental Health Manager will maintain an open line of communication with the Mental Health Consultant, Disabilities Manager, Director of Family and Community Support Services, FAs and the Education Team.
RECRUITMENT

Regulation Reference:
Head Start Performance Standards 1302.13

Policy:
The Neighborhood Place for Early Head Start must develop and implement a recruitment process designed to actively inform all families with Early Head Start eligible children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process may include canvassing the local community, attending community events, and participating in enrollment drives to actively recruit and engage families identified as the targeted population.

Procedure:
1. During the recruitment process that occurs prior to the beginning of the enrollment year, The Neighborhood Place for Early Head Start staff must participate in a weekly recruitment activity. Both outreach and recruitment strategies will be completed on an ongoing basis. The program identified two transitions dates: January 31st and July 31st to transition three-year (3) old out of the program and identified the Spring and Fall as two recruitment periods to serve as open enrollment. Recruitment periods run from:
   - Spring recruitment will run from the date the first working day in February through the last working day in April.
   - Fall recruitment will run from first working day in September through the last working day in October.
2. The Recruitment and Selection Plan for the following school year will be presented to Policy Council and the Early Learning Coalition of Miami-Dade/Monroe in February.

Outreach Strategies
Outreach consists of the program’s efforts to collaborate with agencies within the community to spread the word about the services offered to families. Outreach strategies will be initiated in each of the targeted areas. Outreach strategies will include but are not limited to:
   a. Ensuring staff increase their knowledge and understanding of community organizations in their respective areas, so as to identify potential partners and available resources.
   b. Enhancing the community’s general awareness of our program’s mission, goals, and services to grow recognition of the Organization.
   c. Maintaining partnerships in a way that is mutually beneficial to the program and its community partners by creating Memorandums of Understandings (MOU), offering reciprocal training for staff, and combining efforts to organize events that will benefit the community.

Recruitment Strategies
Recruitment is the systematic, year-round process of informing families about the program and inviting them to apply for services. Recruitment is a collaborative effort that addresses community needs and focuses on target populations. Multiple times per month, the program will engage in recruitment activities held in the community by organizations that service the community. Recruitment workstations will be set up at the locations listed below. Recruitment includes but is not be limited to:
   a. Community/Health fairs
   b. video testimonials from parents
c. family events at Miami-Dade County Public Library System

d. low-income housing projects and apartments in the area for applicants

e. Set up displays or presentations at community events, health fair, etc.

f. Post flyers and provide brochures and/or posters in the community

g. Provide brochures in the community

h. Door to door campaign

i. Word of mouth

j. Community organizations that provide services to low income families.

k. Canvassing locations:
   i. Early Learning Coalition of Miami-Dade/Monroe Service Centers
   ii. Childcare Providers in Miami-Dade County, schools & colleges
   iii. Churches
   iv. Medical Centers, Doctor’s offices
   v. Miami Dade County Head Start Program
   vi. United Way Center for Excellence
   vii. local grocery stores, churches, laundromats, convenience stores, and restaurants
   viii. City Halls

2. The Family Advocate Supervisor and the Director of Family and Community Engagement will organize and coordinate upcoming recruitment activities. Recruitment events can occur through Canvassing, Community Event, and/or Enrollment Drive.

   a. Before a recruitment event, the event will be added to the recruitment Calendar on outlook
      i. Assigned staff will be included in the invite to keep track of those who participate in the event.
      ii. During Canvassing events, the Family Advocate must use a recruitment verification form. A business card or signature from the establishment must be attached to the completed recruitment verification form.
      iii. At Community events, Family Advocates will have applications, flyers, inquiry log, and other pertinent recruitment materials. Family Advocates will provide families with an application and have all who receive an application complete the inquiry log.
      iv. During Enrollment Drive events, Family Advocates set up work stations at a community organization and assist families in completing an application.

   b. After any recruitment effort, Family Advocates will upload the inquiry logs and recruitment verification forms to the recruitment tracker in the Program’s Information Management System.

   c. The Family Advocate Supervisor will review the inquiry list and distribute the cases amongst the Family Advocates.

   d. The Family Advocates will assist families with the application process.
      i. Correspondence with families will be documented in the un-entered application module of Program’s Information Management System; once all documents are received, the applicant will be entered on the waitlist as a “new” applicant.
SAFE SLEEP PRACTICES

Regulation Reference:
Head Start Performance Standard 1302.47(b)(5)(ii)

Policy:
All staff and consultants will follow safe sleep practices to reduce the Risk of Sudden Infant Death Syndrome (SIDS), other infant deaths, and spread of communicable diseases.

Procedure:

1. Children in cribs/cots/other sleeping arrangements are to be placed at least three feet (36 inches) apart from each other on all sides of the cot or crib.

2. Children in cribs should always have the following sleeping arrangements:
   a. Each child should be alone in the crib.
   b. Each child should be placed on her/his back, unless a physician provides a written prescription for an alternate position.
   c. Infants shall be placed to sleep based on their individual need.
   d. Cribs are for sleep purposes only. No child shall be placed or left in a crib for punishment, play, or while awake.
   e. The following items should not be in the crib:
      i. Blankets
      ii. Pillows
      iii. Bumper pads
      iv. Stuffed animals
      v. Sleep positioners (unless there is an accompanying doctor’s note)
      vi. Toys

3. Caregivers/teachers should never use strings to hang any object, such as a mobile, or a toy or a diaper bag, on or near the crib where a child could become caught in it and be strangled.

4. Crib mattress must be firm covered by a tight-fitting sheet in a safety-approved crib.

5. Crib mattress should fit snuggly and be made specifically for the size of the crib.

6. Facilities should have an individual crib, cot, , bed, mat, or pad that has not been recalled and meet licensing requirements and U.S. Consumer Product Safety Commission and ASTM safety standards.
   a. No child should simultaneously share a crib, bed, or bedding with another child.
   b. Children one year old and able to walk may transition from a crib to a cot.

7. Clean linens should be provided for each child.
   a. Beds and bedding should be washed between uses if used by different children.
   b. Linen used by the same child shall be washed weekly unless soiled.
   c. Soiled linen should be stored separately from clean linen.
   d. Regardless of age group, bed linens should not be used as rest equipment in place of cots, beds, pads, or similar approved equipment.
   e. Bed linens used under children on cots, cribs, futons, and playpens should be tight-fitting.
   f. No child should sleep on a bare, uncovered surface.
   g. Each child’s pillow, blanket, sheet, and any special sleep item should be stored separately from those of other children.
SCHOOL READINESS PARENT FEE WAIVER

Regulation Reference:
Florida Statute Title XLVIII Section 1002.84(8)
ACF-IM-HS-15-03

Policy:
For those families participating in Florida’s School Readiness voucher program, a co-payment may be temporarily waived on a case-by-case basis for families with income at or below 100 percent of the Federal poverty level during an event that limits a parent’s ability to pay in accordance with Section 1002.84(8), of the Florida Statues. The program may use Early Head Start funds to pay the cost of the parent co-payment only after it is determined that the parent is financially unable to make the required payment and all other potential funding sources have been explored.

Procedure:
Initial Authorization:
1. A Fee Waiver Request will be initiated for enrolled children at the time the Early Head Start program is notified that the child is receiving School Readiness.
2. Early Head Start will use Early Learning Coalition of Miami-Dade/Monroe provider portal account to upload requests for a School Readiness (SR) parent copayment fee waiver. (Instructions on how to upload documents in the provider portal follow this procedure)
3. Each Family Advocate will complete, sign and date “School Readiness Fee Waiver Request” form. This will serve as written documentation that a fee waiver is being requested for a family at/below 100% FPL.
4. The SR Fee Waiver Request form will be named/saved using the parents’ last name & last four (4) numbers of the parent’s social security.
5. The Family Advocate must identify the qualifying event for each fee waiver request at the time The Neighborhood Place for Early Head Start selects a family for enrollment.
6. At the time of eligibility assessment, SR Eligibility Unit will review the provider portal for potential fee waiver.
7. Eligibility staff from the SR Program will assess each request on a case-by-case basis to determine if the fee waiver will continue to apply.
8. If a fee waiver applies, the form is to be copied to the permanent SR file to support the fee waiver. A case history note is to be added to the SR file identifying fee waiver.

Redetermination:
9. Upon a family’s SR redetermination, each Family Advocate must submit a new and updated School Readiness Fee Waiver Request form.
10. Redetermination staff form the School Readiness Program will re-assess each request on a case-by-case basis to determine if fee waiver will continue to apply.

Termination of EHS services:
1. Upon termination of EHS services, The Neighborhood Place for Early Head Start will upload to their provider portal account a “Fee Waiver Termination Request” form within three (3) business days of the child’s termination from EHS services.

2. The Fee Waiver Termination Request form will be named/saved using the parents’ last name and the last four (4) numbers of the parent’s social security.

3. School Readiness Eligibility Unit will process the request within 10 days.

4. Case history note is to be added to the School Readiness file identifying termination of fee waiver.

Steps for uploading the School Readiness Fee Waiver Request and the Fee Waiver Termination Request form:

Sign on to the Portal with on this website (https://providers.elcmdm.org/Account/Login)
Click on "+ ADD NEW DOCUMENT"

In the "UPLOAD DOCUMENT", screen click on "Choose File" to upload your document.
Select the location where the document is saved.

Reminder: The name of the document is Parent's last name + last 4 digits of the

1. In the "Description" type: "School Readiness Fee Waiver" or "Fee Waiver Termination"

2. Click on "UPLOAD DOCUMENT"
**SCREENINGS**

**Regulation Reference:** Head Start Performance Standard 1302.42 (a) *Screening.* (1) In collaboration with each child’s parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child’s developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.

**Policy:**

Within 45 calendar days of the child first day of attendance the program will obtain or perform evidence-based vision and hearing screenings, and reliable and valid developmental and behavioral screenings.

**Procedure:**

1. For developmental screenings The Neighborhood Place for Early Head Start will utilize the Ages & Stages Questionnaire (ASQ-3) and for behavioral screenings Ages & Stages Questionnaire—Social Emotional, Second Edition (ASQ:SE-2).
   a. A consent will be obtained from the parent/legal guardian for the screeners to be performed on the enrolled child.
   b. Educational staff will complete the ASQs within 45 days of child’s first day of attendance.
   c. ASQs are available in English or Spanish version.
   d. Once the screener is completed the childcare provider will upload a copy to the Provider Portal.
   e. The respective manager or designee will upload the screener to the Program’s database.
   f. Teaching staff will do the following as it pertains to the ASQ-3 and ASQ:SE-2:
      i. Review the results will all parents. (See Policy and Procedures for [Home Visits](#) and [Parent-Teacher Conference](#))
      ii. If/When there are noted concerns, referral process as outlined in the [Referral Procedure (Disabilities) Early Head Start (EHS) to Early Steps (ES)](#).
      iii. the staff will obtain parent’s consent for the referral process and submit to the respective manager.
   g. Once consent is obtained, a referral will be sent to the appropriate agency for intervention/support.

2. The evidenced based vision screenings will take place either by a trained EHS staff member, contracted health care system, or the child’s primary care physician.
   a. A consent form will be obtained from the parent/legal guardian for the vision screening to be performed on the enrolled child.
   b. Vision screening will take place within 45 days of the child’s first day of attendance.
   c. Vision screenings will be done on those children that have not produced documentation of a vision screening within 45 days of enrollment.
   d. Vision screening questionnaire for children under 12 months will be completed by the teacher within 45 days of the child’s first day of attendance.
   e. Screening results will be documented in Program’s Information Management System.
f. Family Advocate, along with Health Manager, will assist in the referral process for children who need follow-up care.
g. Children older than 12 months who are uncooperative will be retested within two months.

3. The evidence-based hearing screenings will take place either by a trained EHS staff member, contracted health care system, or the child’s primary care physician.
   a. A consent form will be obtained from the parent/legal guardian for the hearing screening to be performed on the enrolled child.
   b. Hearing screening will take place within 45 days of the child’s first day of attendance.
   c. Hearing screenings will be done on those children that have not produced documentation of a hearing screening within 45 days of enrollment.
   d. Screening results will be documented in Program’s database.
   e. Family Advocate, along with Health Manager, will assist in the referral process for children who need follow-up care.
   f. Children who are uncooperative will be retested within two months.

4. The family advocate or designee will complete a Health History Assessment with the family upon enrollment in the program.
   a. When the health history assessment is completed, the information will be documented in Information Management System.
   b. An area that is asterisked on the form will be shared with the health manager to follow-up and address with the school the child attends.
   c. Any allergies, seizures, asthma, or other medical issues will be documented on the child Emergency Plan to aid the school in knowing what to do if a situation were to arise.
SCREENINGS - REFUSAL

Regulation Reference:
Head Start Performance Standard 1302.41(b)(1)(2)

Policy:

Obtain advance authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services; and, share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

Procedure:

1. The Family Advocate, Health Manager, or other designee will consult with parent/guardian to discuss the need for health services.
   a. Health services may include, but are not limited to:
      i. Vision Screening
      ii. Hearing Screening
      iii. Developmental Screening
      iv. Social/Emotional Screening
      v. Health History
      vi. Nutrition Interview

2. If parent/guardian refuses to give authorization for health services to be provided by The Neighborhood Place for Early Head Start, designated staff will request written documentation of the refusal.

3. The Parent Refusal of Health Services will be completed, signed, and dated by parent/guardian and family advocate or other designee as documentation of the refusal of services.

4. The refusal form will be uploaded to the Health Section of the Information Management System.

5. The Neighborhood Place for Early Head Start staff will discuss with parent/guardian the option of requesting health services at any time after the refusal is signed.

6. Health services refusal information must be documented in Information Management System in the health portion as a ‘health monitoring’ event.
**SELECTION**

**Regulation Reference:**
*Head Start Performance Standard 1302.14*

**Policy:**

The Early Head Start program will develop a formal process for establishing selection criteria and for selecting children and families eligible for Early Head Start services.

**Procedure:**

1. Once an applicant is considered eligible for the Early Head Start program, the applicant must be selected based on the selection criteria that are revised annually and approved by the Policy Council and the Board. The most current selection criteria and the points assigned to each can be accessed on this link:
   (add link to the website)

2. All applications will be entered in the Program’s information management system and scored in the Program’s information management system for selection.

3. All applications will be entered using the listed status below:
   a. New = Used for new applications entered in the Program’s Information Management System
   b. Waitlisted = Children who have enrollment interviews completed
   c. Accepted = Used when a Family Advocate Supervisor has reviewed the initial application and enrollment interview.
   d. Enrollment = child’s first day present in school
   e. Drop/Wait = Used for enrolled families interested in continuing with the program but at a later date.
   f. Drop/Accept = Used for parents who request a transfer and can’t continue at the current site. However, if there is no space available at the requested transfer site. This parent received enrollment priority similar to a transfer
   g. Dropped = Used for children who are age eligible but no longer interested in the program.
   h. Abandoned = Used for waitlist families who are no longer interested in the program or children on the waitlist who have aged out of the program.
   i. Completed = Used for Transitioning children

4. Selection for enrollment interviews will be completed with applicants based on the highest need to enter the Early Head Start program

5. Once the applicant has been selected, the applicant’s status will change from New to Waitlisted after the completion of an enrollment interview.

6. The Family Advocate Supervisor will review the enrollment interview and change the status to accepted

7. Prior to selecting a new child for a vacant slot, the Director of Family and Community Engagement and Family Advocate Supervisor will review the Transfer Request Report. Transfers will receive priority over a new child.
8. If no transfers have been requested for a particular center, the Director of Family and Community Engagement and Family Advocate Supervisor will review the Program’s Information Management System enrollment report 2025 (Enrollment Priority Listing) filtering for families with Accepted and Drop/Accepted status in order to initiate selection for enrollment once a vacancy occurs.

9. Once the applicant is considered Accepted, then the applicant is ready for enrollment when a vacancy becomes available.

10. At the beginning of each enrollment year, The Neighborhood Place for Early Head Start will develop a waiting list that ranks children according to the eligibility selection criteria. The waiting list will be updated monthly to include new approved applications.
SELF-ASSESSMENT

**Regulation Reference:**
*Head Start Performance Standard 1302.102(b)(2)*

**Policy:**

The Neighborhood Place for Early Head Start will conduct a program self-assessment annually using monitoring data, Program Information Report, database reports, child outcomes data, and other tools to identify the program’s strengths and mitigate risks.

**Procedure:**

1. The Compliance Manager or designee will develop a plan for conducting the self-assessment. The plan must purpose, participants, and process (e.g. data collection, data analysis, report compilation and Improvement Plan, and report presentation) with timeframes.

2. Directors and Managers for each service area will invite participants to be a part of the self-assessment process.

3. Participants in the self-assessment will include staff, childcare partners, board members, policy council members, parents, and community representatives.

4. A general meeting will be held to provide an overview of the self-assessment.

5. After the general meeting overview, focus groups will break-out to review, analyze, and discuss data.

6. Focus groups will have input in the program strengths, opportunities for improvement, and improvement plans.

7. Focus group leaders will develop a report and improvement plan for their group.

8. The leadership team from The Neighborhood Place for Early Head Start will review the focus group reports and improvement plans to ensure accuracy and make additional recommendations.

9. The final report and improvement plan will be presented to the Board and Policy Council for approval.

10. Once approved by the Board and Policy Council, the report and improvement plan will be submitted through Head Start Enterprise System as part of the grant application process.
SEXUAL HARASSMENT

Policy:

The Neighborhood Place does not tolerate workplace sexual harassment. There is a commitment to a workplace free of sexual harassment.

Sexual harassment of third parties by employees also is prohibited. The purpose of this policy is not to regulate the morality of employees. The purpose of this policy is to define sexual harassment, provide procedures for the investigation of sexual harassment claims, and ensure that violations are remedied fully.

Unlawful sexual harassment is unwanted sexual attention of a persistent or offensive nature that creates a hostile working environment. Sexual harassment includes gender-motivated conduct that is sufficiently pervasive or severe to unreasonably interfere with an employee's job performance or create an intimidating, hostile, or offensive working environment. While sexual harassment encompasses a wide range of conduct and is not easy to define, it includes, but is not limited to, unwelcome sexual advances, requests for sexual favors and/or verbal or physical conduct of a sexual nature including, but not limited to, sexually-related drawings, pictures, jokes, teasing, uninvited touching or sexually-related comments.

Sexual harassment can involve males or females being harassed by members of either sex. Although sexual harassment typically involves a person in a position of greater authority as the harasser, individuals in positions of lesser or equal authority also can be found responsible for engaging in prohibited harassment. Third parties also can cause a hostile work environment.

1. Internal Complaint Procedure. Any employee who believes that s/he is a victim of sexual harassment or retaliated against for complaining of sexual harassment should report the act immediately to the Human Resources Department or any member of management with whom s/he is comfortable.

2. Other Available Procedures. The procedures available under this policy do not preempt or supersede any legal procedures or remedies otherwise available to a victim of sexual harassment under state or federal law.

The Neighborhood Place will investigate every reported incident promptly. Any employee, supervisor or agent of the agency who has been found to violate this policy may be subject to appropriate disciplinary action, up to and including immediate discharge.

All inquiries, complaints and investigations are treated as confidentially as possible. Information is revealed strictly on a need-to-know basis. Information contained in a formal complaint is kept as confidential as possible. However, the identity of the complainant usually is revealed to the respondent and witnesses. The Neighborhood Place recognizes that every investigation requires a determination based on all the facts in the matter. We also recognize the serious impact a false accusation can have. We trust that employees will act responsibly.

There will be no adverse action taken against employees who, in good faith, report violations of this policy or participate in the investigation of such violations. It is our policy to encourage discussion of the matter and to help protect others from being subjected to inappropriate behavior.
SPECIAL DIET

Regulation Reference:
Head Start Program Performance Standards 1302.44
Head Start Program Performance Standards 1302.42(4)

Policy:
The program will develop menus for children with special dietary needs, disabilities, and certain family and/or religious preferences (e.g. vegetarian, no meat, etc.).

Procedure:
1. Children who require a special menu will be referred to the Nutrition Manager by the family advocates, director/owner, or teaching staff. Special menus are developed for children with food allergies, sensitivities or intolerances. Doctor’s note is required for food allergies and parent note is required for food intolerances (like lactose intolerance).

2. Menus for children with medical dietary needs, including children with disabilities will be provided by the Nutrition Manager. The Nutrition Manager will provide training as appropriate. The menus will have the child’s initials (first two letters of the first and last name), ChildPlus ID number, and classroom in the heading.

3. In the event of a disability or exposure to food or substances identified to cause an anaphylaxis reaction (severe allergic reaction), program staff will follow plans documented on the Emergency Care Plan. This plan will be completed and provided before the child attends the program or as soon as identified by the physician.

4. Menus for children with religious and personal preferences of parents will be provided, to the extent possible. The menus will have the child’s initials (first two letters of the first and last name), ChildPlus ID number, and classroom in the heading.

5. The special menus along with Allergy Roster and Emergency Care Plan will be placed in a pocket folder which will read Special Menus or Allergies on it (for immediate recognition by the staff) and posted in every classroom for access by program staff. Allergy Roster will contain names of all The Neighborhood Place for Early Head Start children with allergies and food intolerances; names of children for the classroom will be highlighted. Special Menus and Allergy Roster will also be posted in the kitchen.
Regulation Reference:
Head Start Performance Standard 1302.43

Policy:
A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.

Procedure:

1. Toothbrushing Process
   a. All children with teeth shall brush their teeth at least once, after a meal. The children will rinse their mouths with water during the other two meals.
   b. The caregiver/teacher should either brush the child's teeth or supervise as the child brushes his/her own teeth. The younger the child, the more the caregiver/teacher needs to be involved.
   c. Disposable gloves should be worn by the caregiver/teacher if contact with a child's oral fluids is anticipated.
   d. To prevent cross contamination, toothpaste shall not be placed directly on the toothbrush from the tube.
      i. Each classroom will be responsible for creating a procedure of distributing the toothpaste in a manner that prevents cross contamination.
      ii. Classroom procedure must ensure that each child picks up only his or her own toothbrush.
   e. Babies with no teeth:
      i. Teachers are to wear disposable gloves and use a clean, moist gauze or adult fingertip toothbrush to clean a baby's gums.
   f. Babies with at least one tooth and children under three years of age:
      i. The teacher should have children brush their teeth with only a smear (size of a rice grain) of fluoride toothpaste on a child-size brush.
   g. Children over three years of age:
      i. Teachers should use a pea-sized amount of fluoride toothpaste on a child-size toothbrush.

2. Toothbrush Storage
   a. Toothbrushes should never be allowed to touch one another.
   b. Toothbrushes should be rinsed before storing and should be allowed to air dry while in storage.
   c. Regardless of how the toothbrush is stored, the toothbrush should be covered to keep insects from getting to it. It is recommended that netting is used to cover the toothbrushes while allowing air flow.
   d. The storage container itself should be washed/sterilized quarterly.
   e. Each child's toothbrush should have the child's name on it.
   f. It is preferable to store brushes with the handles down, so the water will run down the handle rather than onto the bristles.
3. Replacement of Toothbrush
   a. Toothbrushes are to be replaced every three months

4. Early Head Start staff/teachers will receive training on the policies and procedures regarding toothbrushing.
TRANSITION

Regulation Reference
1302.70 (a-b) Transition from Early Head Start
   (a) IMPLEMENTING TRANSITION STRATEGIES AND PRACTICES. An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.
   (b) TIMING FOR TRANSITIONS. To ensure the most appropriate placement and service following participation in Early Head Start, such programs must, at least six months prior to each child’s third birthday, implement transition planning for each child and family

Policy
The Program will ensure that children and families enrolled in Early Head Start participate in, are prepared for, and provided a smooth transition from Early Head Start into a developmentally appropriate preschool setting of their choice.

Procedure
At twenty-nine (29) months
Family Advocate will:
   • meet with the parent to review the Transition Letter (Live Letter: CP 1012);
   • identify a date and time for the thirty-month transition meeting;
   • setup a conference line when it is very difficult for a participant to attend the meeting in person. Conference line can be requested at ELCHQReceptionist@elcmdm.org;
   • give Head Start (HS) application and a list of all the Head Start locations to parents who have selected to transition their child to the Head Start program;
   • confirm the desired Head Start location with parent, within 10 days after issuing the Transition Letter;
   • complete Part I of the Transition tab in the Enrollment Module of ChildPlus and upload Follow-up Task Form.
   • Create a Transition event in ChildPlus under the Family Services Tab to enter notes
   • notify the following of the transition meeting date and time (within a week of issuing the Transition Letter):
     • Owner/Director
     • EHS Disability Manager (if applicable)
     • EHS Nutrition Manager (if applicable)
     • EHS Mental Health Manager (if applicable)
     • EHS Health Manager (if applicable)
     • EHS Technical Assistance Specialist
     • HS representative (if parent is applying for HS)

Upon Notification owner/director will:
   • identify the transition classroom;
   • inform the teacher in the transition classroom of the meeting date and time; and
   • plan classroom coverage for the transition meeting.

One week after being notified of the meeting date and time, Early Head Start Teacher will:
• conduct a parent-teacher conference to provide parent with and explain *A Look at My Child’s Development*.
• discuss the importance of transition with the parent.

Three weeks after notification, the EHS Technical Assistance Specialist will:
• ensure the EHS teacher conducted the parent-teacher conference to discuss the importance of transition and provide *A Look at My Child’s Development*.

**At thirty (30) months**
Family Advocate will:
• facilitate the 30-month transition meeting (see *Thirty-Month Transition Meeting Agenda*);
• create an Action Item for the Transition event in ChildPlus under the Family Services Tab to:
  ▪ enter the summary of the 30-month transition meeting; and
  ▪ enter all follow-up items that need to be completed prior to the three-month meeting.
• complete Part II of the Transition tab in the Enrollment Module of ChildPlus
• and upload the 35-month agenda, sign-in sheets, and *Follow-up Task Form*
• If applicable, upload the *Miami-Dade County Transition/Transfer Request* form in Part I of the Transition tab in the Enrollment Module of ChildPlus

For children with an Individualized Family Support Plan (IFSP), the following will be discussed:
• During the IFSP visit completed at age 24 months or older, Early Steps team will determine if the child is eligible for the referral to LEA (Local Education Agency/Miami Dade County Public Schools).
  ▪ Under the umbrella of Florida Diagnostic and Learning Resources System (FDLRS)
• If eligible for referral, Early Steps Service Coordinator will provide the parents with the brochure explaining the referral process for transition from Part C to Part B (Early Steps to MDCPS) services.
• As per parental consent, Early Steps Service Coordinator will send the referral packet to MDCPS

EHS Technical Assistance Specialist will:
• identify appropriate transition schedule, in conjunction with the teacher and parent, on the *Classroom Visit Schedule for Transition*;
• explain the *Classroom Visit Schedule for Transition* to the parent and teacher;
• obtain all appropriate parties’ signatures on the *Classroom Visit Schedule for Transition*;
• give the original *Classroom Visit Schedule for Transition* to the teacher;
• give a copy of the *Classroom Visit Schedule for Transition* to the parent;
• create a Transition Event in the Education Module of ChildPlus, enter notes summarizing the education discussion in the 30-month transition meeting, and upload the *Classroom Visit Schedule for Transition*.
• complete Part II of the Transition tab in the Enrollment Module of ChildPlus

**At thirty-one (31), thirty-two (32), and thirty-three months**
Family Advocate will:
• discuss transition progress during the usual monthly follow-up conversations;
• create an Action Item for the Transition event in ChildPlus under the Family Services Tab for all follow-up conversations concerning transition.

**At thirty-four (34) months (if first transition meeting, follow the Thirty-Month Agenda)**
Family Advocate will:
facilitate the 34-month transition meeting (see Thirty-Four Month Transition Meeting Agenda);
create an Action Item for the Transition event in ChildPlus under the Family Services Tab to:
- enter the summary of the 34-month transition meeting; and
- enter all follow-up items that need to be completed prior to the one-month meeting.
complete and upload Part III of the Transition tab in the Enrollment Module of ChildPlus and upload the 34-month agenda, sign-in sheets, and Follow-up Task Form.

For children with an Individualized Family Support Plan (IFSP), the following will be discussed:
- Miami Dade County Public School will send a letter by mail notifying the parent of the date and time of the staffing appointment/development of the Individualized Education Plan (IEP).
- Between the ages of 33 months and 36 months, the child will attend a final evaluation appointment at Early Steps.
  - Must attend appointment in order to have accurate developmental results for the staffing appointment with MDCPS. If final appointment with Early Steps is missed the transition process with Miami-Dade County Public Schools will be delayed.
EHS Technical Assistance Specialist will:
- create an Action item in the Transition event and enter notes summarizing the education discussion in the 34-month transition meeting; and
- upload the updated Classroom Visit Schedule for Transition to the Action item.
- complete Part III of the Transition tab in the Enrollment Module of ChildPlus

At thirty-five (35) months (if first transition meeting, follow the Thirty-Month Agenda) - Optional
Family Advocate will:
- facilitate the 35-month transition meeting (see Thirty five-Month Transition Meeting Agenda);
- create an Action Item under the Transition event to:
  - enter the summary of the 35-month transition meeting; and
  - enter all follow-up items that need to be completed prior to the one-month meeting.
- complete and upload Part IV of the Transition tab in the Enrollment Module of ChildPlus and upload the 35-month agenda, and sign-in sheets.
For children with an Individualized Family Support Plan (IFSP), the following will be discussed:
- Revisit topics discussed during meeting #2.
- Obtain staffing appointment date and time (if available).
- Explain process of extension of services if the staffing has not occurred prior to the child’s third birthday
  - Request extension to ERSEA Manager/Disabilities and Mental Health Manger
- Request copy of IEP. Obtain copy of IEP if already completed.
EHS Technical Assistance Specialist will:
- create an Action item in the Transition event and enter notes summarizing the education discussion in the 35-month transition meeting; and
- upload the updated Classroom Visit Schedule for Transition to the Action item.

Post 35-month meeting
Family Advocate will continue to do monthly contacts with the family until the child leaves the program.

Within 1-week before transition occurs:

EHS Technical Assistance Specialist will:
• support teachers on implementing a Good-Bye Day in current classroom (activity will be documented in Child Planning Form)
• complete and upload Part IV of the Transition tab in the Enrollment Module of ChildPlus

Family Advocate will:
• give a copy of A Look at My Child’s Development to the new center.
• complete and upload Part V of the Transition tab in the Enrollment Module of ChildPlus

Within 1-week after transition occurs:
EHS Technical Assistance Specialist will:
• conduct a final audit of the Education Tab of the child’s chart using the Audit Form
• complete and upload Part VI of the Transition tab in the Enrollment Module of ChildPlus

Family Advocate will:
• finalize “Family Goal” event by changing goal progress to “completed” and adding an action note to close the event.
• close out each content area by uploading documents and adding notes in ChildPlus.
• conduct a final audit of the child’s chart using the Audit Form.
• complete and upload Part VI of the Transition tab in the Enrollment Module of ChildPlus
USE OF FUNDS (CHILD HEALTH)

Regulation Reference:
Head Start Program Performance Standards 1302.42(e)(2)

Policy:
Program funds may be used to pay for medical and dental services when no other source of funding is available and causes a hardship on the family.

Procedure:
1. When a child must receive medical or dental and the child doesn’t have insurance or the necessary funds to cover the cost of the service, a written request will be sent to the Health Manager.
2. The request must include:
   a. A doctor’s note stating the procedure needed and the consequences of not doing the procedure.
   b. Proof of denial of medical/dental insurance, Medicaid or clinic payment plan.
   c. A summary of all the procedures to be done and the cost of each procedure.
   d. Parent’s letter and supporting documents stating why they are unable to pay fully or on a payment plan for the procedure(s) and how this will cause a hardship on the family.
   e. Health Advisory Ad Hoc Committee will be formed to review cases that request the program to pay for the health/dental services.
USE OF FUNDS (CHILD NUTRITION)

Regulation Reference:
Head Start Program Performance Standards 1302.42(e)(1-2)
Head Start Program Performance 1302.44(b)

Policy:
Program funds will be used for purchase formula and allowable food supplies/utensil/adaptive eating devices/equipment when not covered by the United States Department of Agriculture (USDA).

Procedure:
1. When nutrition or food service costs are not covered by USDA, the owner may submit a request for approval to purchase the food and/or equipment.

2. The Nutrition Manager will review the request to ensure it is allowable and necessary for the nutrition services, and can’t be paid using USDA funds

3. If approved and after purchase, the owner will submit request for reimbursement and receipts to the Nutrition Manager.

4. The Nutrition Manager will review reimbursement request and supporting documents prior to approving.

5. The Nutrition Manager will submit the reimbursement request and supporting documents to the VP of EHS for approval.

6. Once approved by the Nutrition Manager and the VP for EHS, the request and supporting documents will be submitted to finance for payment processing.
ATTACHMENT 1A

Click on document below to link to full document.

Referred Source: Early Steps

Primary Reason for Referral:

Referral Contact: Chia Gonzalez-Lopez, Disabilities and Mental Health Manager, 305-646-7777, ext 2456

Child's Information

Name: ____________________________ Middle Name: ____________________________ Last Name: ____________________________

DOB: ____________________________ AKA: ____________________________ Social Security: ____________________________

Child's Sex: ____________________________ Weight at birth: ________ lb. ________ oz or ________ lb. ________ oz. ________ grs

Weeks: ________ Child's Birth Order: ________ Mother's Number of Pregnancies: ________

Birth Hospital: ____________________________ County: ____________________________

State: ____________________________ Country: ____________________________

Race/Ethnicity-Federal Requirement

Please answer the following questions 1 & 2 about the child's racial/ethnic background.

Is your child latino? [ ]

If multiracial, please specify:

[ ] American Indian or Alaskan Native

[ ] Black

[ ] Asian

[ ] Pacific Islander

[ ] White

Current Family Information

Child lives with: ____________________________ Mr./Mrs. ____________________________ Caregiver's name: ____________________________

Caregiver's last name: ____________________________ Caregiver's DOB: ____________________________

Caregiver's Social Security: ____________________________ Caregiver's marital status: ____________________________

Caregiver's Education Level: ____________________________ Language spoken at home: ____________________________

Does family need interpreter? [ ]

Printed Information language: ____________________________

Home address: ____________________________ City: ____________________________

County: ____________________________ State: FL __________ Zip Code: ____________________________
ATTACHMENT 1B

Click on document below to link to full document.
ATTACHMENT 2

Click on document below to link to full document.

Password Securing a PDF Document:

1. Open document
2. Go to File and select Properties

3. In the Security Tab go to the drop-down arrow for Security Method and select Password Security
**Password Securing an Excel Document:**

1. Open document
2. Select the **File** tab.

3. In **Info** select **Protect Workbook**

Click on document below to link to full document.
Password Securing a Word Document:

1. Open document
2. Select the File tab.
3. In Info select Protect Document
# Home Visit Form

**Family Advocate Name:**

**Date of Home Visit:**

**Start Time:**

**End Time:**

**Parent/Guardian(s):**

**Child’s Name:**

**Child’s DOB:**

**Child Plus ID:**

- Present at Home Visit: [ ] Child
- [ ] Mother
- [ ] Father/Partner
- [ ] Grandparent
- [ ] Sibling

- [ ] Other (list all):

**Purpose of Home Visit:**

**Location of Home Visit:**

- [ ] Home
- [ ] Other (explain):

**Discussions/ Home Visitor Activities:**

- [ ] Health (Dr. visits, dental, mental health, nutrition, Well Baby’s, immunizations)

- [ ] Attendance (Attendance Intervention Plan, Attendance Checkup, Attendance Success Plan)

- [ ] Family Services (Goal Setting, Follow up, Needs Assessments)

**Family Goals:**

- [ ] Progress
- [ ] Revised
- [ ] Met

**Activities/discussions:**

**Referrals:**

- [ ] Made referral
- [ ] Follow-up on previous referral
- [ ] No referrals given

**Plan for Next Visit:**

**Family Advocate Signature:**

**Date:**

**Parent/ Guardian Signature:**

**Date:**
Goods/Services Contribution Guidelines

**Goods Contribution**

Goods contribution is a voluntary transfer of tangible items to The Neighborhood Place for Early Head Start a division of the Early Learning Coalition Miami-Dade/Monroe, transferred without expectation of return. "Without expectation of return" means that nothing of value (i.e. press coverage, sponsor recognition, etc.) is expected in exchange for the gift, though you can of course offer such benefits. Examples of non-cash contributions include but are not limited to classroom materials, toothpaste, toothbrushes, training materials, etc.

**Services Contribution**

Services contribution is a non-tangible item, which is provided by a donor to The Neighborhood Place for Early Head Start. Examples of services include but are not limited to trainings, conference room use, painting a space, etc.

**Guidelines**

All goods and services should be reported using the Goods/Services Sponsorship form on page two. The donor is responsible for assigning a value to the goods or services. The Neighborhood Place for Early Head Start is responsible for determining if the goods and services is reasonable, allowable, and necessary.

Up to 100% of your contribution may be tax deductible. Please check with your tax consultant for details. The Neighborhood Place for Early Head Start, a division of the Early Learning Coalition is a 501(c)(3) nonprofit organization.
Goods/Services Sponsorship

Thank you for your goods and/or services contribution to The Neighborhood Place for Early Head Start (TNPEHS). The Neighborhood Place for Early Head Start provides low-income families with comprehensive services for children. Please complete the following information so we may accurately process your commitment.

Organization/Individual Name: ___________________________ Title: ___________________________
Contact Name: ___________________________ Address: ___________________________
City: ___________________________ State: ___________________________ Zip Code: ___________________________
Telephone: ___________________________ Fax Number: ___________________________
Email: ___________________________ Signature: ___________________________

Please submit this for to NFS@elcmdm.org

Contribution Information:

☐ Goods Contribution ☐ Services Contribution

Description of Contribution:

Date of Contribution: ___________ Estimated Value: ___________

By signing this form, you are committing to supply the goods and/or services contribution as noted on this form on or by the written date.

For more information about The Neighborhood Place for Early Head Start, a division of the Early Learning Coalition, please visit www.elcmdm.org.

Office Use Only:
Verified receipt of goods/services by (electronic signature):

Acceptance Determination:
Sponsorship is: ☐ Approved as allowable, reasonable, allocable, and necessary ☐ Denied
Reason for denial: ☐ Not Allowable ☐ Not Reasonable ☐ Not Necessary
If not reasonable, return to donor for a re-evaluation.

Staff’s determination signature (electronic signature):
### Detailed Record of Volunteer Hours Worked

<table>
<thead>
<tr>
<th>Day</th>
<th>Time In</th>
<th>Time Out</th>
<th>Volunteer Hours</th>
<th>Hourly Rate</th>
<th>Total (Hours x rate)</th>
<th>Description of Volunteer Service</th>
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</thead>
<tbody>
<tr>
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<td>Please briefly describe the volunteer services or donation provided to the organization for the current month.</td>
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</table>

<table>
<thead>
<tr>
<th>Volunteer’s Signature</th>
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</table>

Total Volunteer Hours: 

Total In-kind Amount: 

Receipt of the above described personal service is hereby acknowledged by the undersigned.

Provider/Staff Signature

Date
# ATTACHMENT 6

**FLORIDA DEPARTMENT OF EDUCATION**

**TRAVEL AUTHORIZATION REQUEST**

**DESTINATION CITY/TOWN(S)**

Brief description of expenses (hotel, airfare, car rental, registration, etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>DIY</th>
<th>BUR</th>
<th>SEC</th>
<th>SUB</th>
<th>EO</th>
<th>GRANT</th>
<th>Amount or Percentage of Cost</th>
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**ESTIMATED COSTS**

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<tr>
<th>Per Diem amount $ 50 per day last day of travel only</th>
<th>Map Mileage</th>
<th>Lodging</th>
<th>Internet Access</th>
<th>Air Fare</th>
<th>Number of Bags</th>
<th>Baggage Cost</th>
<th>Rental Vehicle Gas</th>
<th>Rental Vehicle Mileage</th>
<th>Parking</th>
<th>Cabs, Shuttles, etc.</th>
<th>Tolls</th>
<th>Registration Fee</th>
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<td>$ 50</td>
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**PURPOSE OF TRAVEL**

Please state statement with “PURPOSE OF TRAVEL IS”

I hereby certify that the travel and costs shown above are reasonable and necessary in connection with official business of the state of Florida.

**TRAVELER'S SIGNATURE**

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<thead>
<tr>
<th>Date</th>
<th>Approved by Supervision</th>
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</table>

Print Name: ________________________________

Title: ________________________________

Approved by Bureau Chief: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Agency Head Approval or Designee’s Signature</th>
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Print Name: ________________________________

Title: ________________________________

Budget Approval: ________________________________

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<tr>
<th>Date</th>
<th>Auditor's Signature</th>
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Budget Reviewed and Approved By: ________________________________

EU-38PC (Rev. 06/2004)
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<th>SUB</th>
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<td>Total travel amount</td>
<td>Summary Total</td>
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**Less Non-Reimbursable Items Included On Purchasing Card**

- Less Advance Received: $ 0.00
- Less Amount Due Traveler: $ 0.00
- Total Reimbursement Amount: $ 0.00

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties, and that the above travel was on official business of the State of Florida and was performed for the purpose stated above:

**Traveler's Signature:**

**Supervisor's Signature:**

**Traveler's Title:**

**Travel Voucher Prepared By:**

**Preparer's Phone #:**

**Budget Approval By:**

Pursuant to Section 112.061(3)(a), Florida Statutes, I hereby certify or affirm that the travel was on official business of the State of Florida and was performed for the purpose stated above.
This training is a requirement of the Early Head Start Program. In order for Policy Council members to understand and oversee the Head Start grant, they are must be trained on the program and its regulations. The grant allows for reimbursement of reasonable expenses.

1301.3 (e) Reimbursement. A program must enable low-income members to participate fully in their policy council or policy committee responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the low-income members.
Out-of-Town Checklist

Traveler’s Name: __________________________________________________________

Travel Dates: __________________________________________________________

Dear Traveler,

As you travel on business, please use this checklist and travel envelope to keep all of your documents secure. Upon your return, you will have 5 business days to submit:
• your travel envelope;
• this checklist, and
• all of the original supporting documents to the person below.

Remember to label all of your original supporting documents with your name and keep copies (hard or electronically) for your records.

Original Supporting Documents to submit:
  □ Printed Boarding Pass, not electronic (if applicable)
  □ Rental car return receipt (if applicable)
  □ Transportation receipts, i.e. Uber or Lyft (if applicable)
  □ Gas, toll and parking receipts when using a rental car or parking at the airport (if applicable)
  □ Hotel receipt (Important: Hotel receipt must show room total minus taxes, have a $0 balance and charged to ELC’s Amex credit card)
  □ Conference Summary Form

Submit to:

Staff Name: _____________________________________________________________

Address: ___________________________________________________________________

City: __________________________ Zip Code: ______________

Phone Number: __________________________________________________________

For weekend or evening emergencies, please call:

Name: _____________________________________________

Phone #: ____________________________________________

Wishing you safe travels and a wonderful conference experience!
Early Learning Coalition Finance Office

Certification Statement for
Lost Receipt(s)

Traveler Name: ____________________________
Department: ______________________________
Date of Expense: __________________________
Receipt Amount: ____________________________
Type of expense (i.e. hotel, taxi, etc.): ____________
Reason receipt is lost: ____________________________

I hereby certify that the original receipt paid by the ELC is lost but is needed in order to reconcile all Amex charges. I also, hereby certify that the original receipt paid out of pocket will not be submitted for reimbursement or payment through any other reimbursement.

In the event an original hotel receipt is lost the traveler shall contact hotel directly and request a duplicate receipt for reimbursement.

In the event a boarding pass is lost and the airline cannot provide a duplicate the traveler shall provide and additional memo certifying the boarding pass was lost along with original flight confirmation.

In the event the original receipt was incurred by travel a copy of the amount charged on a bank/credit card statement will accompany the lost receipt form.

I understand that the frequent use of the lost receipt form may result in non-approval of future travel request.

Signature of Traveler

Supervisor Signature

Date
## Request Form

**Request for Trainings and Travel**

### Date:

### Requester Name:

### Department/Program/Grant:

### Office Location: ELC Locations

<table>
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<th># of Travelers</th>
<th>Purpose of Travel</th>
<th>Benefit to Coalition</th>
<th>Total SS amount of travel (incl. registration, air, car rentals &amp; hotel for all travelers)</th>
<th>Dates of travel</th>
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### NAME OF EACH TRAVELER | FUND SOURCE

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### Administrative Approval

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<th>Requester Name</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<th>Head of Department Name</th>
<th>Signature</th>
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### Budget Approval

(This portion is to be filled out by budget dept.)

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<table>
<thead>
<tr>
<th>Director of Budget</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Juan Castillo</td>
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### ELT Approval

<table>
<thead>
<tr>
<th>Chef Operating Officer</th>
<th>Signature</th>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Angelo Parrino</td>
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<tr>
<th>Approval Granted</th>
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