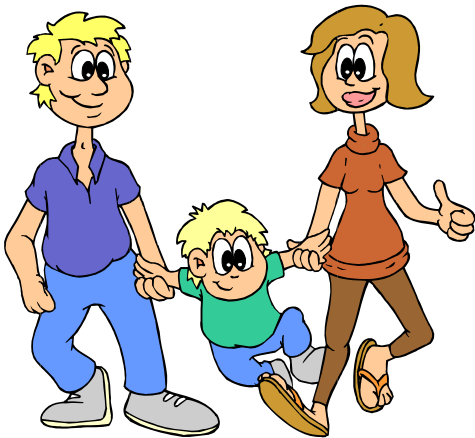


Southern Seven Head Start/ Early Head Start



Family and
Community Partnerships
Policies and Procedures

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Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Birth Certificate Requirement
References: Missing Children's Records Act – 325ILCS50

Effective April 1st, 2010, we were required to do the following: provide a written notice to the parent or guardian of any child to be enrolled for the first time that within 30 days of enrollment, the parent guardian must provide a certified copy of the child's birth certificate or other reliable proof of identity and age of the child. If a certified birth certificate is not available, the parent or guardian must submit a passport, visa, or other governmental documentation as proof of the child's age and affidavit or notarized letter explaining the inability to produce a certified copy of the birth certificate. We are required to notify the Illinois State Police department if the parent or guardian fails to submit proof of the child's identity within a 30 day time frame:

Written Notification sent to Parents/Guardians

Once the child is accepted for enrollment, the parent/ guardian receives notification from the ERSEA Specialist of the Missing Children Records Act and the requirements. Parents/ guardians will also be informed during the Parent Orientation. Each site will write a statement that will go in the first month's newsletter. A reminder will be placed in the Parent Newsletter from the Administrative Office.

RECEIVING AND REVIEWING THE CERTIFIED BIRTH CERTIFICATE

Staff receiving the application packet from the parent/ guardian must view the original birth certificate with the raised seal. Staff must feel the seal and once established that the certified birth certificate is the original, the staff person will copy and give the original to the parent. On the copy the staff person will write © with original seal in the top right hand corner of the copied certified birth certificate with their initials and date. A copy will be retained for the blue file and submitted to central office with the application packet. If the original birth certificate was viewed after the application packet was submitted for processing, the birth certificate will be submitted to the **Social Services Specialist**.

In the case that the parent/ guardian is unable to produce the original birth certificate, staff may accept alternative forms of birth verification for processing. The parent will be informed that according to the Missing Children's Reporting Act, the parent will need to produce the original birth certificate within 30 school days. If this does not occur, Southern Seven is obligated to contact the State Police Department. The parent/ guardian will be referred to the Parent Coordinator for assistance in obtaining the certified birth certificate.

The designated staff person will track the 30 days from enrollment on the tracking form in order to comply with the law. The Parent Coordinator will complete documentation in ChildPlus.Net under the Family Services Tab. All attempts made to assist the parent in

obtaining the certified birth certificate will be documented monthly. If in the event the parent/ guardian has not complied within the 30day time frame, the Parent Coordinator or designated staff person will notify the **Social Services Specialist** that the 30 day time frame has lapsed. The **Social Services Specialist** will then contact the designated person with the State Police Department. The **Social Services Specialist** will notify the family in good faith that the State Police Office has been contacted. The **Social Services Specialist** will retain a copy of the letter to be kept in the child's central office file as well as the general file and a copy will be sent to the site, parent, and state police office. All communications from the **Social Services Specialist** will be documented in ChildPlus.Net under the Family Services Tab.

RECEIVING THE CERTIFIED BIRTH CERTIFICATE AFTER ENROLLMENT

Once a parent/guardian submits the certified birth certificate after enrollment, the designated staff person will verify that it is the original. The designated staff will make two copies, write in the top right hand corner © with the original seal, date and initial. One copy will be retained for the blue file and the second copy will be sent to the **Social Services Specialist** to be documented in ChildPlus.Net.

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Children in Foster Care
References: Head Start Performance Standards – 1304.40(a)(3)

Performance Standard 1304.40 (a)(3)

To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

APPLICATIONS RECEIVED FROM FOSTER FAMILIES

When receiving an application from a child that is in foster care, it is important that the Parent Coordinator initiates communications with the caseworker as soon as possible. When the application is completed, the designated person will review the application and ensure the Foster Parent has received the Foster Care Contact Information form. This form is to be completed by the Foster Family and/or Head Start Staff.

Once the Parent Coordinator has completed the application and Foster Care Contact Information Form, the Parent Coordinator will complete Case Note Documentation. The Parent Coordinator will make a notation for the ERSEA Specialist to forward it to the Social Services Specialist for follow-up. The Social Services Specialist will contact the Case Worker for review of the Pick-Up List, obtain court documentation for eligibility and will obtain proper signatures. The Social Services Specialist will notify the Parent Coordinator and submit to the ERSEA Specialist.

WORKING WITH FOSTER FAMILIES AND CASE MANAGEMENT

Once a child is accepted for enrollment at a center, the Parent Coordinator will contact the caseworker to inform them of acceptance. It will be up to the caseworker and Parent Coordinator to continue ongoing communications in order to keep both parties abreast of the child's progress in the program. The Parent Coordinator or designated person should make all attempts to invite the caseworker to attend parent teacher conferences, home visits and to be a part of the family partnership process. Parent Coordinators or designated staff should use the blanket letter provided in order to invite appropriate parties to conferences, home visits, or meetings. The original letter should be sent to the appropriate agency retaining a copy for the child's file.



Southern Seven Head Start/Early Head Start FOSTER CARE CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____

Foster Parent Name: _____ Relationship to Child: _____

Center Attending: _____

Child Protective Services Agency: _____
(DCFS, Lutheran Social Services, Christian Social Services, etc.)

Caseworker's Name: _____ Phone Number/Ext.: _____



Southern Seven Head Start/Early Head Start FOSTER CARE CONTACT INFORMATION

Child's Name: _____ Date of Birth: _____

Foster Parent Name: _____ Relationship to Child: _____

Center Attending: _____

Child Protective Services Agency: _____
(DCFS, Lutheran Social Services, Christian Social Services, etc.)

Caseworker's Name: _____ Phone Number/Ext.: _____

Date_____

To the caseworker of _____,

We are currently planning on holding a Parent/Teacher conference or Home Visit on _____ at _____ at the (home/ center) in order to discuss progress and or concerns with _____. If your schedule permits, we would love for you to be apart of the meeting.

If you have any question or concerns, please feel free to contact me at the center.

Sincerely,

Parent Coordinator

Teacher

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Family Partnership Building Workbook
References: Head Start Performance Standards – 1304.40(a)(2)(3);
1304.40(b)(1)(2)

1. The file will be reviewed by the Parent Coordinator prior to meeting with the family. **UNDER NO CIRCUMSTANCES IS IT PERMISSABLE FOR THE PARENT OR OTHER STAFF WHO HAVE NOT GONE THROUGH THE TRAINING, COMPLETE THIS ASSESSMENT TOOL.** Trained staff will always complete the assessment in the presence of the parent.
2. The Parent Coordinator or trained designated person will complete a pre assessment with each family in the program. One booklet should be completed per family. The booklet should be copied for additional children's file. If the family has more than one child in the program, the following should occur;
 - a) Home Based staff will take the lead role in case management activities to include Family Partnership Workbook and Family Partnership Agreement.
 - b) If the family has a child enrolled in Early Head Start program and Head Start program, the Early Head Start Parent Coordinator will take lead in case management.
 - c) Where sites have more than one Parent Coordinator and children in different classrooms, staff should agree on which Parent Coordinator is best suited to work with that family.
3. The Parent Coordinator or designated trained person will complete the Family Partnership Building Workbook through interview with the family during a home visit or time deemed best with the family. **UNDER NO CIRCUMSTANCES IS IT PERMISSABLE FOR A PARENT OR OTHER STAFF PERSONS WHO HAVE NOT GONE THROUGH THE TRAINING, COMPLETE THIS ASSESSMENT TOOL.** This assessment tool will assist the family and staff works on the goal setting process. The first reporting time is due within 60 days of family's entry into the program.
4. After completion of the Family Partnership Building Workbook, staff will score the families responses and complete the Family Skills Matrix sheet for the first reporting period. Each child enrolled in Head Start/ Early Head Start will have a matrix sheet completed. The Matrix Sheet will be sent to the Social Services Specialist for data entry. The Social Services Specialist or Family Involvement Coordinator will enter

the Matrix sheet into Child Plus within 10 business days of receiving and forward back to the center.

5. Throughout the course of the year, staff will make the appropriate referrals based on identification and request of the family. Staff will document all referrals from the Family Partnership Building Workbook in Child Plus under the Family Services Tab. Follow-up from referrals should also be documented in child plus. Staff will receive a report periodically throughout the school year to show where each referral and progress of that referral is currently in process.
6. The Parent Coordinator or other designated trained staff person will complete the post assessment. This post assessment should be completed the last month of school. Staff will schedule a meeting with each family at a mutual covenant time to re-evaluate the Family Partnership Building Workbook with the family. Staff will score and submit the Matrix sheet to the Social Services Specialist for data entry.
7. The Social Services Specialist will provide data to the Parent Coordinators. This data will be reviewed and assessed throughout the school year at minimum twice a year.
8. Parent Coordinators will bring this data back to each education team and review with staff throughout the course of the school year.



Southern Seven Head Start/Early Head Start FAMILY PARTNERSHIP BUILDING WORKBOOK

Program Entry Year: _____

Child's Name	Option	Date of Entry	60 th Day Ending
	<input type="checkbox"/> Center Based <input type="checkbox"/> Home Based		
Child's Name	Option	Date of Entry	60 th Day Ending
	<input type="checkbox"/> Center Based <input type="checkbox"/> Home Based		
Child's Name	Option	Date of Entry	60 th Day Ending
	<input type="checkbox"/> Center Based <input type="checkbox"/> Home Based		
Site Name or Home Based County	Teacher or Home Based Advocate		Date of Initial Review with Parent
Parent's Name	Signature		Date
Parent's Name	Signature		Date
Parent Coordinator's Signature		Date	

Revised: 08/13, rm

IMPACT AREA	FAMILY SKILLS MATRIX
<p><u>3. Transition</u> <i>(Teacher Meeting, Transition Meeting)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Child will transition from EHS HS to HS CB. <input type="checkbox"/> Child will transition from EHS to HS. <input type="checkbox"/> Child will transition to Kindergarten. <input type="checkbox"/> Family attended Parent Orientation. <p>HS Family will attend Kindergarten Screening at _____ .</p> <p>EHS: 6 mo. Transition Date: _____ Meeting Date: _____ 2 mo. Transition Date: _____ Meeting Date: _____ 1 mo. Transition Date: _____ Meeting Date: _____</p> <p>Outcomes: Family Well Being; Family Engagement in Transitions; Family Connections to Peers and Community <input type="checkbox"/> Goal identified from impact area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Parent did not attend Parent Orientation. <i>Not applicable for returning children.</i> (1) <input type="checkbox"/> Parent is knowledgeable of Head Start Parent Group and/or school district meetings. (2) <input type="checkbox"/> Opportunities have been shared and parents attended Parent Orientation. Transition meetings are scheduled for Early Head Start. (3) <input type="checkbox"/> Family participated in meetings with staff and discussed strengths and challenges with transitions. (4)
<p>Notes:</p> <p>Referrals:</p>	
<p><u>4. Health: Child Medical/Dental</u> <i>(Application, Health History, Home Visit)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Child has medical insurance. <input type="checkbox"/> Child has primary medical doctor. <input type="checkbox"/> Child has diagnosed medical issues. <input type="checkbox"/> Child is up to date on immunizations. <input type="checkbox"/> Child has dentist. <input type="checkbox"/> Concerns about child's medical/dental health. <input type="checkbox"/> Assistance with immunizations. <input type="checkbox"/> Information with All Kids Coverage. <p>Outcomes: Family Well Being <input type="checkbox"/> Goal identified from impact area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No medical coverage or primary doctor. Uses the ER for medical services. (1) <input type="checkbox"/> Needs either a medical/dental home or assistance with Insurance/Medicaid. (2) <input type="checkbox"/> Has on going source of medical and dental care. Needs continued follow-up for medical or dental need. (3) <input type="checkbox"/> Child has ongoing source of medical and/ dental care, source of insurance treatment completed. (4)
<p>Notes:</p> <p>Referrals:</p>	

IMPACT AREA	FAMILY SKILLS MATRIX
<p>5. Health: Family Medical/Dental <i>(Home Visit Assessment from Family)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent has medical home. <input type="checkbox"/> Parent/family have insurance. <input type="checkbox"/> Parent has diagnosed medical issues. <input type="checkbox"/> Parent/ Family have concerns about medical/dental health. <input type="checkbox"/> Parent/Family is interested in assistance in medical/dental health. <input type="checkbox"/> Information on AIDS/HIV/STD testing. <input type="checkbox"/> Information on Birth Control. <input type="checkbox"/> Would like assistance with general nursing services. <input type="checkbox"/> Assistance with the smoking cessation program. <input type="checkbox"/> Environmental Health and Well Inspection. <input type="checkbox"/> Prenatal care. <p>Outcomes: Family Well Being</p> <p><input type="checkbox"/> Goal identified from impact area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Family has no insurance or medical home. (1) <input type="checkbox"/> Family has medical home, no insurance of source of payment needs preventive treatment. (2) <input type="checkbox"/> Has medical insurance and provider, no dental home or dental insurance. (3) <input type="checkbox"/> Family has both medical and dental homes and source of payment. See medical provider for preventative care. (4)
<p>Notes:</p> <p>Referrals:</p>	
<p>6. Nutrition <i>(Application, Health History)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Family receives food assistance through local food banks or pantries. <input type="checkbox"/> Family is on SNAP. <input type="checkbox"/> Family is on WIC. <input type="checkbox"/> Parent/guardian concerned with child's nutritional wellness. <input type="checkbox"/> Parent/guardian interested in assistance with nutritional counseling. <input type="checkbox"/> Parent/guardian concerned with child's weight about 95% or below 5%. <p>Outcomes: Family Well Being</p> <p><input type="checkbox"/> Goal identified from impact area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not Linked to SNAP or WIC benefits and child falls above the 100% for below the 0%. (1) <input type="checkbox"/> Linked to SNAP and/or WIC. Family is in need of nutritional food counseling. (2) <input type="checkbox"/> Can meet basic food needs with some assistance. (3) <input type="checkbox"/> Can meet basic food needs without assistance. (4)
<p>Notes:</p> <p>Referrals:</p>	



Southern Seven Head Start/Early Head Start MATRIX SCORE SHEET

Child's Name	Date of Birth	Option <input type="checkbox"/> Center Based <input type="checkbox"/> Home Based
Parent's Name	Parent's Name	
Site Name or Home Based County	Home Based Advocate/ Parent Coordinator	

Area	Program Year 1 20____-20____		Program Year 2 20____-20____		Program Year 3 20____-20____	
	Initial Score	Ending Score	Initial Score	Ending Score	Initial Score	Ending Score
1. Child Development						
2. Child Development/Education						
3. Transition						
4. Health: Child Medical/Dental						
5. Health: Family Medical/Dental						
6. Nutrition						
7. Housing						
8. Transportation						
9. Adult Education						
10. Child Care						
11. Support Network						
12. Family Systems/Relationships						
13. Community/Civic Involvement						
14. Mental Wellness						
15. Employment						
16. Income/Finances						
Score Totals						
Parent Coordinator Initials:				Date:		
Staff Person Who Completed Data Entry Initials:				Date:		

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Family Partnership Agreements
References: HS Performance Standards – 1304.40(a)(1)(2)(3)

Performance Standard 1304.40 (a)(3)

To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

Goal Setting

Parents **must** be offered the opportunity to develop and implement individualized **Family Partnership Agreements** (FPA's) that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as the progress in achieving them. The FPA's are family driven and take into account, and build upon as appropriate, information from the family and other community agencies concerning preexisting plans. Southern Seven Head Start coordinates with families and other agencies to support the accomplishment of preexisting goals/plans. The FPA(s) are to be determined jointly, with staff working with families to develop a strength based approach. Parents are to be provided with a copy of the FPA.

The Family Partnership Agreement is an ongoing process that involves the parents and families and is focused on the strengths, needs and interests of the family. Development of goals, timetables, responsibility, action steps, and follow-up are all involved in the process that assists parents and families in gaining access to the community services that can meet their needs or strengthens their ability to care and advocate for their child(ren). In the Home Based Program, this agreement must include the specific roles of parents in the home visits and group socialization activities. A copy of the FPA should be sent to the parent/ guardian for their records.

Family Partnership Agreements should be reviewed with families throughout the program year in accordance with the target dates set for the action steps and target dates noted on the FPA's. Family goals noted on the Family Partnership Agreement should be directly related to the family's interests and must meet the following *criteria:

Specific - A goal that is specific will answer the six "W" questions. Who? What? Where? When? Which? Why?

Measurable - Make sure that progress of the goal can be measured. How can you tell if the goal has been reached?

Attainable - Remember that we "grow" towards the goals we set.

Realistic - Goals are “realistic” if they are something that the family is both “willing and able” to work toward. Goals must be truly possible for the family to achieve and within the control of the family.

Tangible - Tangible goals are concrete. They are real. You can touch or taste or feel it.

**Adapted from the Western Kentucky Training and Technical Assistance Services Family Partnership Agreements Workbook, 2nd Edition © 2005,*

After completion of the Family Partnership Agreement, the Parent Coordinator will enter this information into ChildPlus.Net. All information should be added by the fifth of each month so that a report to reflect the most update information may be pulled by the sixth or next working day. As part of the ongoing monitoring process, the Social Services Specialist will review ChildPlus.Net Report 3015 to ensure that Family Partnership Agreements are completed in a timely manner. Also, periodically throughout the school year, the Social Services Specialist will review files at the site to identify those FPA's that are in process or goals have been met. Parent Coordinator's will document in ChildPlus.Net, the Family Partnership Goal and it's progress in the FPA note section.

When meeting the family to discuss the goal setting process, staff will note: family goal, timetable, who is responsible, and action steps. Staff will also leave with the parent the Dreams to Goals form for the family to complete to have a tangible document to list the family's individual strengths and support systems. Staff will be in touch with each family throughout the school year to touch base and celebrate successes.



Southern Seven Head Start/Early Head Start FAMILY PARTNERSHIP AGREEMENT

Plan	Date Identified	Who is Responsible	Target Date
Goal:			
Resources		Barriers	
Action Steps:			
<i>Status/Update/Comments: (Goal complete? Parents still working on it? What progress has been made?)</i>			

GA=Goal Achieved GP=Goal Pending IP=In Process NA=No Longer Applies



Southern Seven Head Start/Early Head Start MY FAMILY'S JOURNEY: FROM DREAM TO GOAL

We will know when we have reached our goal because:
Our family has a lot of strengths that we can use to reach our goal. Some of our strengths include:
1)
2)
3)
We have family, friends, and community services that can help us. Some of our support can come from:
1)
2)
3)
The first step I need to take to reach my goal is:
The second step is:
Reaching this goal will help me (my family) to:

Source: Family Partnership Agreements Workbook, 2nd Edition, © 2005, T/TAS

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Referral Process
References: HS Performance Standards – 1304.40(b)(1), 1304.40(b)(2)

Making Referrals for Community Services

Through partnering with families, Parent Coordinators identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interest and goals, including:

- Emergency or crisis assistance in area such as food, housing, clothing and transportation.
- Education, other appropriate interventions (including participation in counseling programs), or information on mental health issues that place families at risk (substance abuse, child abuse, neglect and domestic violence).
- Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

The Parent Coordinator will need to complete the Social Service Referral Form with parents/guardians for services needed outside of Head Start. The following procedure will be as following:

1. Parent Coordinator will complete Social Services Referral form with parents/guardians. (This form includes parental consent at the bottom)
2. Following completion, Parent Coordinator will submit original Referral Letter and Social Services Referral Form to the agency the family is seeking services from within two weeks of need identified.
3. Follow-up with agency and/or parent should occur two weeks following initial referral. Follow-up will be documented in ChildPlus.Net.
4. The Parent Coordinator will enter this information under the Family Services Tab in ChildPlus.Net. Fields that will need to be completed are: event type, date, description, status, staff, and contact.
5. ChildPlus.Net Report 4120 will be distributed and assessed periodically.



Southern Seven Head Start/Early Head Start SOCIAL SERVICES REFERRAL CONSENT

Client's Name: _____

Date of Birth: _____

Parent/Legal Guardian: _____

Phone: _____

Address: _____

Requested Service

S7HD

- ____ Family Planning
- ____ Teen Parent Services
- ____ Smoking Cessation Program
- ____ Health Screenings
- ____ Environmental Health
- ____ Immunizations
- ____ All Kids

DHS

- ____ Link Card
- ____ Medical Card
- ____ TANF
- ____ Child Support
- ____ Information

Education

- ____ High School
- ____ GED Program
- ____ SCC, SIC
- ____ Pre-K

Other Agencies

- | | |
|---------------------------|------------------------------------|
| ____ Job Service | ____ Shawnee Development Council |
| ____ Women's Shelter | (food, shelter, utility, rent) |
| ____ JAMP Audiology | ____ Federal Housing |
| ____ Parenting Classes | ____ Transportation (SMART, Rides) |
| (Marriage, Drug, Alcohol) | ____ Medical Services |

Other Services Requested:

Detail of Referral/Directions to Home (if applicable):

Referred By: _____ Date: ____/____/____

I _____, authorized Southern Seven Head Start to release information about myself and/or my children to all agencies identified above for services. This consent shall remain valid for one program year. I may revoke this consent at anytime I feel necessary.

Signature of Parent/Legal Guardian

Date

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Date: ____ / ____ / ____

To Whom It May Concern,

Hi, my name is _____, with Southern Seven Head Start. Based on the Family Assessment that was completed with _____, the family has requested services through your agency. I have obtained written consent from the family to disclose the nature of the referral.

Please feel free to contact me if you have any questions or concerns. I can be reached at _____. Thank you in advance for your cooperation.

Sincerely,

Parent Coordinator
Southern Seven Head Start

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Home Visits
References: HS Performance Standards – 1304.40(i) 1-3

Home Visits

Parent Coordinators will make home visits in accordance with the findings of the Family Partnership Building Workbook. At least one home visit is required for each family, by the Parent Coordinator, during the program year. In order to ensure that each family is offered the opportunity to have a Parent Coordinator complete a home visit, the first visit made by the Parent Coordinator will be documented on the Center Tracking Form and ChildPlus.Net.

Within 30 days of the child's date of entry, Parent Coordinators will provide a Parent Handbook and Orientation Packet to parents who did not attend Parent Orientation. The contents will be reviewed with parents/guardians at the first scheduled visit. To document that the packet was received and reviewed, PC will indicate completion on the Center Tracking Form.

As noted previously, Family Partnership Agreements should in most cases be discussed in the home. Parent Coordinators may join education staff during home visits but should take into consideration the amount of time both education staff and Parent Coordinators will need with families. Therefore, additional home visits may be necessary to meet the needs of the family.

Home Visits must be scheduled at times that are mutually convenient for the parent/guardian. When scheduling home visits, it is important to work around the parents work or school schedule. In cases where parents forbid home visits to be conducted in the home, staff should document in the case notes the parent's request. Staff should continue to work on building trusting relationships, which, over time, may provide meeting families in their homes. In instances where parents refuse to meet in the home, a centrally located place (the park, library) or the center should be suggested by staff.

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Social Service PIR
References: None

The Parent Coordinator will enter Social Service PIR Information into ChildPlus.Net as services are identified. Once the child/family has received services that field cannot be changed. This is to reflect services rendered during the school year not necessarily current status. Items that are entered AT TIME OF ENROLLMENT ONLY are: Active Military Duty, SNAP, and WIC. These should not be changed throughout the course of the year.

The date in which the FPA and Community Resource pages were completed will need to be identified and services that the family has received. Information should be added to ChildPlus.Net no later than the first Friday of each month.

The below services are listed on the PIR Form:

- A. Emergency/ Crisis- (meeting immediate needs for food, clothing, or shelter)
- B. Food
- C. Clothing
- D. Housing Assistance (subsidies, utilities, repairs, etc.)
- E. Transportation (subsidizing public transportation, driving parents to meetings/ appointments)
- F. Mental Health Services
- G. ESL (English as second language training)
- H. Adult Education (GED courses college selection)
- I. Job Training
- J. Substance Abuse Prevention
- K. Substance Abuse Treatment
- L. Child Abuse or Neglect Services
- M. Domestic Violence
- N. Child Support Assistance
- O. Health Education (including prenatal)
- P. Assistance to Families of Incarcerated Individuals
- Q. Parenting Education
- R. Marriage Education Services

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: The Do's and Don'ts of Case Notes
References: None

In order to assure that staff records all information appropriately, the following practices should be adhered to when documenting information in Head Start charts.

- Black or blue ink pens **ONLY**
- All staff are responsible for case noting their contacts with families. i.e., **DO NOT ASK OTHERS TO DOCUMENT FOR YOU**
- There should be no extraneous papers, sticky notes, etc. contained within the charts. The only materials which should be in a chart are those specified in the chart checklist.
- Staff signatures should appear on all case notes.
- Any assessments documented within case notes need to be backed-up with observable behavior. For any assessments you would make, there should be something noting what the child/family member did or said that impacted your assessment. For example: "Infant appears to be well cared for, was clean and dressed appropriately for weather, gaining weight appropriately for age according to growth chart. Mother and infant seem to be bonding well. Prolonged eye contact between mom and baby, mom speaks to infant in a soothing tone of voice."
- Any assessment you make based on "gut level" feelings should not be documented in case notes.
- All forms must be secured in the chart. There should be **NO** loose forms in the child's chart.
- All mailings and phone calls to and from concerning the family should be documented in the case notes.
- **"White Out"** or **erasable ink** is **never** to be used to correct errors in the charts. Errors need to be crossed out in such a manner that they can still be read and the author's initials are to be written next to the mistake – i.e., MM.
- No other Head Start child(ren's) names should appear in another child's case note.
- **Confidential Case Noting** - On an occasional basis, information pertaining to a family may be deemed as confidential (hot-line calls, confidential conversation from family). In these instances, a blank case note page should be started. When staff persons have completed documentation, information should be discussed with supervisor and any pertinent staff members. The confidential case note should then be placed in a sealed envelope marked ***Confidential*** and date the outside of the envelope with a staff signature.
- Case management activities completed by the Parent Coordinators may be added to ChildPlus.Net versus case note form.

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Information Exchange/Referral Consent Form
References: HIPPA

The Information Exchange Referral/Consent serves two purposes. It will be used as a referral for the Health Department as well as consent to release information for needed health items in the Head Start division. Each family will complete the Information Exchange form.

1. Head Start Staff will have parent/guardian complete the Information Exchange Referral Form Consent to its entirety.
2. Head Start Staff will keep the original form for center file. Parent Coordinator's will send a copy to the parent/guardian preferred Public Health Clinic.
3. Head Start Staff will encourage parents to turn in all health items needed.
4. If information is not submitted, Head Start Staff will call to request information from the Public Health clinic.
5. If consent is in place at the clinic, Public Health will send all requested information to the Head Start Site.
6. The consent is valid for the length of the enrolled program (upon transitioning to Head Start from Early Head Start, a new consent will need to be obtained).
7. All Information Exchange Forms will be documented in ChildPlus.Net. Periodically, ChildPlus.Net Report 2195 will be reviewed for monitoring completion.



Southern Seven Head Start/Early Head Start INFORMATION EXCHANGE/ REFERRAL CONSENT FORM

Parent's Name

Head Start Center

Child's Name

Preferred Public Health Clinic

(____) _____ - _____
Phone Number

____/____/____
Birth Date

☐ Male
☐ Female

Child's Address: _____

City

State

Zip

- ☐ The child is currently enrolled in the WIC Program
- ☐ The child is not currently enrolled in the WIC Program
- ☐ The child has been previously enrolled in the WIC Program
- ☐ I plan on enrolling the child in the WIC Program. When? _____
- ☐ The child has a sibling enrolled in the WIC Program

It is necessary to obtain height and weight assessments, hemoglobin/hematocrit screening results, blood lead screening results, immunizations, TB skin testing results, nutritional assessments and other medical and non-medical information related to the nutritional and medical status of your child. All child and family information is stored in a database that Head Start uses to monitor all services provided. Only staff with a direct need to know have access to your records. If your child has had these assessments performed at Southern Seven Health Department, we can exchange this information with your permission.

As the parent or legal guardian of the above named child, I give my permission for the Southern Seven Health Department's Public Health and WIC Program to exchange confidential information concerning my child with the Southern Seven Early Childhood Program. This permission is intended to exchange information between Southern Seven's Early Childhood Division and Southern Seven Health Department staff only throughout the participation of my child in the Early Childhood Program

This consent is valid throughout your child's participation in the program but may be revoked by you at any time through written notice to Southern Seven Health Department/Head Start. I understand that I have the right to inspect and obtain copies of these records and reports.

Printed Parent's Name

Signature of Parent/Guardian

Date

Southern Seven HS/EHS

Service Area: Family and Community Partnerships

Procedure: Child Abuse/Neglect Reporting

References: DCFS Licensing Standards

What is Child Abuse or Neglect?

Abuse occurs when a person responsible for a child's welfare inflicts, causes, or allows any of the following:

- Excessive corporal punishment
- Serious physical injury
- Death
- Disfigurement
- Torture
- Loss or impairment of any bodily function
- Impairment of physical or emotional health
- A sex offense (as defined in Criminal Code of 1961)
- Creation of a substantial risk of serious physical danger to a child

Neglect occurs when a person responsible for a child's welfare abandons the child or fails to provide the proper or necessary support, education, medical, or other remedial care necessary for a child's well-being. "Child" means any person under 18 years of age. "Person responsible for a child's welfare" means parent, guardian, foster parent, or any other person responsible for the child's welfare at the time of the alleged abuse or neglect. This definition includes persons such as a mother's boyfriend or a babysitter who assumes temporary responsibility for care of a child.

Who Should Report Suspected Abuse or Neglect?

Any concerned citizen can and should report suspected child abuse or neglect. In accordance, with Illinois State law, the following persons must report all suspected abuse or neglect: doctors, dentists, nurses, school personnel, social workers, child care and foster care workers, center and nursery school personnel, law enforcement officers, psychologists, public health, Department of Human Services, and mental health personnel.

You only need to suspect abuse or neglect to report it, as a report does not mean that you are certain that the abuse or neglect has occurred. The Department of Children and Family Services, when investigating the report, will determine if the abuse or neglect actually occurred.

How Should Suspected Abuse or Neglect be Reported?

Any staff member who discovers suspected abuse or neglect should immediately notify the Site Supervisor. The Site Supervisor or designated staff must immediately call the Social Services Specialist. In the absence of the Social Services Specialist, the ERSEA Specialist will be notified. If both are absent, the Program Standards Director should be

contacted. The Social Services Specialist, ERSEA Specialist, or Program Services Director, and the Site Supervisor will assist the person who had contact with the child, complete the required DCFS reports. The Early Childhood Administrator or designated staff will be notified immediately by the Social Services Specialist, ERSEA Specialist, or Program Services Director. At the time of the initial report the staff that had first contact with the child will be required to complete a written confirmation form for mandated reporters. This person, with the assistance of the Site Supervisor, should also call in the report to the DCFS Hotline number 1-800-252-2873. This report will be mailed to the appropriate DCFS office by the Site Supervisor.

The DCFS Hotline number is 1-800-252-2873. This Hotline is toll free and operates 24 hours a day, seven days a week. Any person, institution, or agency reporting suspected abuse or neglect is presumed to be acting in good faith and is immune from any legal action, civil, or criminal, from a parent or other person. Head Start employees are all mandated reporters, and are required to report all suspected abuse immediately as outlined in the procedures given above.

Failure to report child abuse or neglect could result in termination of employment as well as the individual being referred to the State's Attorney for investigation and consideration of disciplinary action. Head Start Agencies must preserve the confidentiality of all records pertaining to child abuse or neglect in accordance with state and/or local law. Any person who knowingly transmits a false report may be prosecuted in a court of law. Any new incident of child abuse or neglect must be reported as a new case. Our Head Start Program will provide training for staff on the identification and reporting of child abuse/neglect.

Reporting Procedure Summary

1. Suspected abuse or neglect is discovered.
2. Immediately alert the Site Supervisor to the situation. First contact the Social Services Specialist. If the Social Services Specialist is not available then contact the ERSEA Specialist. If the ERSEA Specialist is not available then contact the Professional Development Specialist. (If all are unavailable, the Site Supervisor should take responsibility for the course of action chosen).
3. The Social Services Specialist, ERSEA Specialist, or Professional Development Specialist will speak to staff involved by phone or will come to your center. If any of the involved individuals believe the Hotline should be made, the written confirmation of suspected child abuse/neglect report form will be completed by the staff that had first contact with the child with the help of the Social Services Specialist, ERSEA Specialist, or Professional Development Specialist. A verbal report will be made to the DCFS Hotline immediately at 1-800-252-2873. The Early Childhood Administrator or designated staff will be notified prior to or soon after making a report.
4. The Site Supervisor will mail the written report to the appropriate DCFS location and a copy will be sent to the Social Services Specialist at central office.

Staff first seeing the abuse will be required to complete a written confirmation and suspected use form for mandated reporters and document (case note) the incident in the child's file.

**Southern Seven Head Start/Early Head Start
DCFS MANDATED REPORTER FORM**

Follow this link to view the form:

www.state.il.us/DCFS/docs/cants5.pdf

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Sex Offender and Child Murder Community Law
References: Illinois Law

Because Head Start programs are licensed day care centers and licensed by Department of Children and Family Services, each of our centers automatically receives notification of the names and addresses of individuals in the county who are registered sex offenders as provided by Illinois law. Our policy regarding the receipt of this information:

1. When a list of offenders is received on a regular basis at the center
 - A. The Office Associate will:
 1. Send a photocopy to the Head Start Administrator at the administrative office
 2. Notify the Site Supervisor at the center that a new or updated list has been received and the information contained therein
 3. Compare the sex offender list with parents' authorized pick-up lists to determine whether any of the registered sex offenders appear as people authorized to pick up a child
 4. Notify the Site Supervisor when a registered sex offender does appear on a pick-up list
 - B. The Site Supervisor will:
 1. Notify the pertinent staff (i.e., teacher, bus driver, etc.)
 2. When a parent lists an authorized person to pick up a Head Start Child and that individual is on the sex offender registration list, the Site Supervisor will inform the parent that our staff cannot release the child to that person and the name will be removed from the pick-up list.

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: Registered Sex Offenders Who Are Parents/Step-Parents/Guardians
References: Illinois Law

Because the Illinois law allow for registered sex offenders to participate in function(s) of their child(ren)'s school, the Head Start/Early Head Start Program has adopted guidelines and policies to address issues which may arise from this law. The policy is as follows:

1. A parent/step-parent/guardian who is a registered sex offender may be allowed to pick up their child only if Head Start/Early Head Start has proof of guardianship and all other information needed for picking up a child is cleared by staff.
2. A parent/step-parent/guardian who is a registered sex offender may participate in center held activities, such as Family Fun Nights, Holiday activities, etc. The appropriate staff will be informed by the Site Supervisor if a parent/step-parent/guardian who is a registered sex offender is participating in such activities.
3. A parent/step-parent/guardian who is a registered sex offender **may not:**
 - a) be allowed to volunteer in the center
 - b) be allowed to participate in any activities the center may have outside the center building, such as movies, bowling, etc.

Situations not defined in this policy will be handled on an individual basis by a joint decision involving the Site Supervisor, the Early Childhood Administrator, and if necessary, Human Resources Administrator or the Executive Director.

Southern Seven HS/EHS

Service Area: Family and Community Partnerships
Procedure: ChildPlus.Net Data Entry for Family Services
References:

Adding a Family Service Event

Event Type - Select the type of Family Service Event that is happening in the Family. The drop-down list includes: Chronic Problem; Collaboration-Interagency; Emergency/Crisis; Family Goal; Home Visit; Need Identified; Routine Contact; Staff Meeting; Strength Identified

Initial Date - This date meets the definition of "initial" as defined by your own agency (e.g. the day a service record was created, the day the need was identified, or the day the service began).

Staff - Select the name of the staff member associated with the new event.

Description - Enter a brief description of the event.

Family Members - Enter the name of the family members associated with the new event.

Closure Expected - Enter the date you expect the family service event to be completed.

Closed - Enter the date that the family service event actually ended.

Outcome Rating - Enter the outcome after the event has ended.

Progress - Select the progress level for the selected family service.

Service Area - Select the Head Start Service Area that the event relates to.

Source of Information - Select the source that provided you with the information regarding the event.

Event Notes - Enter any notes associated with the selected family service event.

ChildPlus.Net displays family services events in the Events list at the top of the screen. The information displayed for each event includes:

- The date the event was entered.
- A description of the event
- The amount of progress made on the event.
- The amount of time spent working on the event
- The staff member associated with the event.

Adding a new event

1. Open the Family Services module
2. Click Add Event.
3. Complete each of the field's related to the event.
4. Click Save Changes.

Deleting an Event

Keep in mind that if you delete an event, Childplus.Net will automatically delete each action associated with the event as well.

1. Select the event that you want to delete.
2. Click Delete Event.

3. Click Yes to confirm that you want to delete the event.

Adding an Action

You can associate actions with family service events to assist you in tracking their progress. When you actions, you are also recording a history of the steps taken in order to assist a family. Actions can include tasks, referrals, follow-up's , phone calls, etc.

Adding a New Action

1. Open the family Services module
2. Select the event that you want to associate the action with.
3. Click Add Action.
4. Complete each of the fields applicable to the action.
5. Save Changes.
6. Total Time.

**** Click Add Action and repeat step 4 for each additional action you want to associate with the event.**

Deleting an Action

1. Select the action you want to delete.
2. Click Delete Action.
3. Click Yes to confirm you want to delete the action.

Tracking Services Received and Needed

You can track family services related to PIR questions on the **Family Services Information** tab.

PIR Questions Related to Family Services

1. Open the Family Services module.
2. Click on the Family Services Information tab.
3. Complete the Family Services Information section of the screen.
4. Choose the family member and program term that you want to track participant and/or PIR information for.
5. Complete the following fields in the Participant Services section of the screen:
6. Complete each of the applicable fields in the PIR section of the screen.
7. Click Save Changes.

Community Resources

All organizations, companies, and individuals that serve your agency can be tracked through Community Resources. You can use Community Resources to track doctors, dentists, mental health clinicians, volunteers, social service agencies, and anyone else who has a direct connection to the participants enrolled in your agency's programs.

Each Community Resource record includes the name, address and the service routinely provided by the resource. You can also associate the resource with a specific site or classroom (for example, if the resource is a volunteer).

To Add a New Community Resource

1. Send contact information to Robyn Mize.
 - a. Name (Agency Name)
 - b. Phone
2. Robyn will send a confirmation e-mail that the agency has been added to the Resource List.

Tracking Case Work Information

Family Service Information Tab

1. Participant Services: Ensure the most current school year is highlighted to reflect current activities for this school year.

Tracking Needs Assessments

Family Needs Assessments

1. Open the Family Services module.
2. Click the Family Services Information tab.
3. In the Participant Services section of the screen, choose the program term that you want to record needs assessment information for.
4. Complete each of the applicable needs assessment fields.
5. Click Safe Changes.
6. Click on the Health Module
7. Click Add events.
8. Choose the Family Partnership Building Workbook
9. Enter the event date
10. Under the status tab, choose completed
11. Click Safe Changes

Tracking Family Partnership Agreements

Family Partnership Agreements

1. Open the Family Services module.
2. Click on the Family Services Information tab.
3. In the Participant Services section of the screen, choose the program term that you want record family partnership information for.
4. Complete each of the applicable family partnership agreement fields.
5. Click Save Changes.
6. Click on the Health Module.
7. Click Add Events.
8. Choose the Family Partnership Agreement.

9. Enter the Event Date.
10. Under the status tab, choose completed.
11. Click Safe Changes.

Case Noting

Case noting documentation should be added to caseworker notes. Click on the symbol that looks like a clock at the top right of the box. This is your time/signature stamp. Complete documentation per case management activities.

Monthly PIR Data Information

1. Homeless
2. Acquired Housing
3. Referred for services by a child welfare agency
4. Child served in foster care anytime throughout the year
5. Program Receives Child Care subsidy for this child

-
- A. Emergency/ Crisis (meeting immediate needs for food, clothing, or shelter)
 - B. Food
 - C. Clothing
 - D. Housing (subsidies, utilities, repairs, etc.)
 - E. Transportation (subsidizing public transportation, driving parents to meetings/ appt.
 - F. MH Services
 - G. ESL (English as second language training)
 - H. Adult Education (GED courses college selection)
 - I. Job. Training
 - J. Substance Abuse Prevention
 - K. Substance Abuse Treatment
 - L. Child Abuse or Neglect Services
 - M. Domestic Violence
 - N. Child Support Assistance
 - O. Health Education (including prenatal)
 - P. Assistance to families of incarcerated individuals
 - Q. Parenting Education
 - R. Marriage education services

Once a child has been added to ChildPlus.Net services received or identified can be changed as needed. Once a field is changed to reflect status (housing, homeless, counseling, Assistance to Families of Incarcerated) this field should not be changed again. We want to reflect services rendered throughout the school year, not necessarily current status. **Accumulative VS Current.**