

**Nueces County Community Action Agency
Birth-to-Five Head Start Program
2021 -2022 Ongoing Monitoring Plan**

1302.100 Purpose.

A program must provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.

1302.101 Management system.

(a) *Implementation.* A program must implement a management system that:

- (1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part;
- (2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;
- (3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part; and,
- (4) Maintains an automated accounting and record keeping system adequate for effective oversight.

(b) *Coordinated approaches.* At the beginning of each program year, and on an ongoing basis throughout the year, a program must design and implement program-wide coordinated approaches that ensure:

- (1) The training and professional development system, as described in §1302.92, effectively supports the delivery and continuous improvement of high-quality services;
- (2) The full and effective participation of children who are dual language learners and their families, by
 - (i) Utilizing information from the program's community assessment about the languages spoken throughout the program service area to anticipate child and family needs;
 - (ii) Identifying community resources and establishing ongoing collaborative relationships and partnerships with community organizations consistent with the requirements in §1302.53(a); and,
 - (iii) Systematically and comprehensively addressing child and family needs by facilitating meaningful access to program services, including, at a minimum, curriculum, instruction, staffing, supervision, and family partnerships with bilingual staff, oral language assistance and interpretation, or translation of essential program materials, as appropriate.
- (3) The full and effective participation of all children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act; and,

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(4) The management of program data to effectively support the availability, usability, integrity, and security of data. A program must establish procedures on data management, and have them approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.

1302.102 Achieving program goals.

(a) *Establishing program goals.* A program, in collaboration with the governing body and policy council, must establish goals and measurable objectives that include:

- (1) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in their community assessment as described in subpart A of this part;
- (2) Goals for the provision of educational, health, nutritional, and family and community engagement program services as described in the program performance standards to further promote the school readiness of enrolled children;
- (3) School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth-to-Five, state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the requirements of subpart B of part 1304 of this part; and,
- (4) Effective health and safety practices to ensure children are safe at all times, per the requirements in §§1302.47, 1302.90(b) and (c), 1302.92(c)(1), and 1302.94 and 1303 subpart F, of this chapter.

(b) *Monitoring program performance.*

(1) *Ongoing compliance oversight and correction.* In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must:

- (i) Collect and use data to inform this process;
- (ii) Correct quality and compliance issues immediately, or as quickly as possible;
- (iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and,
- (iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.

(2) *Ongoing assessment of program goals.* A program must effectively oversee progress towards program goals on an ongoing basis and annually must:

- (i) Conduct a self-assessment that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program's progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;
- (ii) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,
- (iii) Submit findings of the self-assessment, including information listed in paragraph (b)(2)(i) of this section to the responsible HHS official.

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(c) Using data for continuous improvement.

(1) A program must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section.

(2) This process must:

(i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;

(ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except in programs operating fewer than 90 days, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services; and,

(iii) For programs operating fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services;

(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,

(v) Use program improvement plans as needed to either, strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.

(d) Reporting.

(1) A program must submit:

(i) Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually;

(ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum:

(A) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;

(B) Incidents that require classrooms or centers to be closed for any reason;

(C) Legal proceedings by any party that are directly related to program operations; and,

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(D) All conditions required to be reported under §1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.

(2) Annually, a program must publish and disseminate a report that complies with section 644(a)(2) of the Act and includes a summary of a program’s most recent community assessment, as described in §1302.11(b), consistent with privacy protections in subpart C of part 1303 of this chapter.

(3) If a program has had a deficiency identified, it must submit, to the responsible HHS official, a quality improvement plan as required in section 641A(e)(2) of the Act

1301 Program Governance

1301.1 Purpose.

An agency, as defined in part 1305 of this chapter, must establish and maintain a formal structure for program governance that includes a governing body, a policy council at the agency level and policy committee at the delegate level, and a parent committee. Governing bodies have a legal and fiscal responsibility to administer and oversee the agency’s Head Start and Early Head Start programs. Policy councils are responsible for the direction of the agency’s Head Start and Early Head Start programs.

1301.2 Governing body

(a) Composition. The composition of a governing body must be in accordance with the requirements specified at section 642(e)(1)(B) of the Act, except where specific exceptions are authorized in the case of public entities at section 642(e)(1)(D) of the Act. Agencies must ensure members of the governing body do not have a conflict of interest, pursuant to section 642(e)(1)(C) of the Act.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.2 (a)	1. NCCAA Birth to Five Head Start governing body is composed of at least 1 member in each of the following areas: <ul style="list-style-type: none"> • Expertise in fiscal management or accounting • Expertise in early childhood education and development 	Credentials	Director of Birth to Five Head Start	Director of Birth to Five Head Start	Annually	We are able to verify the representation requirements	N/A	Replacing the members with representatives that meet the requirements	Policy Council Board and OHS

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	<ul style="list-style-type: none"> • A licensed attorney familiar with issues that come before the governing body. • A reflection of the community to be served and include parents of children who are currently or were formerly enrolled in Head Start program • Additional representatives chosen for their expertise in education, business administration, or community affairs. 							
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~~(b) Duties and responsibilities.~~

~~(1) The governing body is responsible for activities specified at section 642(e)(1)(E) of the Act.~~

~~(2) The governing body must use ongoing monitoring results, data on school readiness goals, other information described in §1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.~~

~~(c) Advisory committees.~~

~~(1) A governing body may establish advisory committees as it deems necessary for effective governance and improvement of the program.~~

~~(2) If a governing body establishes an advisory committee to oversee key responsibilities related to program governance, it must:~~

~~(i) Establish the structure, communication, and oversight in such a way that the governing body continues to maintain its legal and fiscal responsibility for the Head Start agency; and,~~

~~(ii) Notify the responsible HHS official of its intent to establish such an advisory committee.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.2 (b)(c) 1302.60	1. The governing Body shall:– <ul style="list-style-type: none"> • Have legal and fiscal responsibility for administering and overseeing program affairs • Adopt practices that assure active, independent and 	Board and PC Orientation Sign In Sheets	Board of Directors, CEO Birth to-Five	Admin Secretary Chief Operating	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings

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	<p>informed governance of the Head Start agency-- including development, planning, and evaluation.</p> <ul style="list-style-type: none"> • Be responsible for ensuring compliance with federal laws <p>Other duties include:</p> <ul style="list-style-type: none"> a. Selecting delegate agencies and service areas b. Establishing procedure and criteria for recruitment, selection, and enrollment of children e. Reviewing all applications for funding and amendments to applications for funding d. Establishing procedures and guidelines for assessing and collecting information e. Reviewing and approving all major policies of the agency f. Developing procedures for how members of policy council are selected g. Approve financial management, accounting, reporting policies, and compliance, with laws and regulations related to financial statements h. Review results from monitoring i. Approving personnel policies and procedures j. Establishing adopting and periodically updating written standards of conduct k. Establish advisory committees to oversee key responsibilities related to program governance and improvement of the program 		<p>Head Start Director, PC Chairperson</p>	<p>Officer</p>							
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1301.3 Policy council and policy committee.

(a) *Establishing policy councils and policy committees.* Each agency must establish and maintain a policy council responsible for the direction of the Head Start program at the agency level, and a policy committee at the delegate level. If an agency delegates operational responsibility for the entire Head Start or Early Head Start program to one delegate agency, the policy council and policy committee may be the same body.

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course		How are the results shared?
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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1301.3 (a)	1. NCCAA Birth to Five Head Start Program does not utilize delegate agencies at this time.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

~~(b) Composition.~~

~~(1) A program must establish a policy council in accordance with section 642(c)(2)(B) of the Act, or a policy committee at the delegate level in accordance with section 642(c)(3) of the Act, as early in the program year as possible. Parents of children currently enrolled in each program option must be proportionately represented on the policy council and on the policy committee at the delegate level.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.3 (b)(1) 1302.60	1. A policy council is established as early in the fiscal year as possible and is comprised of parents with currently enrolled children.	Parent Meeting Packets	Family Advocates Admin Secretary	Admin Secretary	Annually and as needed	We are able to determine if each center has a representative	We use the information to ensure that a representative is voted in, and attending the meetings	Work with the Family Advocate to vote in a representative	Parents Staff Policy Council Board during monthly meetings

~~(2) The program must ensure members of the policy council, and of the policy committee at the delegate level, do not have a conflict of interest pursuant to sections 642(c)(2)(C) and 642(c)(3)(B) of the Act. Staff may not serve on the policy council or policy committee at the delegate level except parents who occasionally substitute as staff. In the case of tribal grantees, this exclusion applies only to tribal staff who work in areas directly related to or which directly impact administrative, fiscal, or programmatic issues.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.3 (b)(2) 1302.60	1. The policy council members do not have a conflict of interest, and staff does not serve on the policy council.	Parent Meeting Packets	Family Advocates Admin Secretary	Admin Secretary	Annually and as needed	We are able to determine if each center has a representative	The nomination packet is reviewed to ensure that the representatives are parents, not staff.	If representatives become staff they are replace with the center PC alternate	Parents Staff Policy Council Board during monthly meetings

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~~(c) Duties and responsibilities.~~

~~(1) A policy council is responsible for activities specified at section 642(c)(2)(D) of the Act. A policy committee must approve and submit to the delegate agency its decisions in each of the following areas referenced at section 642(c)(2)(D)(i) through (vii) of the Act.~~

~~(2) A policy council, and a policy committee at the delegate level, must use ongoing monitoring results, data on [school readiness goals](#), other information described in §1302.102, and information described in section 642(d)(2) of the Act to conduct its responsibilities.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.3 (e)(1)(2) (d)(1)-(4) (e) 1304.4 (a)(b)(1)-(3) 1301.5 1302.60	1. NCCAA Birth to Five Head Start Program provides training on the following: <ul style="list-style-type: none"> • Consolidated Budget; • Non-Federal Share; • Purpose and responsibilities of the center-level Parent Committees; • Purpose and responsibilities of the Policy Council members 	Board and PC Orientation Sign-In Sheets	Board of Directors, CEO Birth to Five Head Start Director, PC Chairperson	Admin-Secretary	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings
1301.3 (e)(2) 1302.60	2. The policy council is responsible for: <ul style="list-style-type: none"> • Activities to support the active involvement of parents in supporting program operations • Program recruitment, selection, and enrollment priorities • Application for funding and amendments to applications for funding • Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities • Bylaws for the operation of the policy council • Program personnel policies and decisions regarding the employment of program staff, including standards of conduct for program staff, contractors, • Volunteers and criteria for employment and dismissal of program staff 	Policy-Council Meeting Minutes	Birth to Five Head Start Director, PC Chairperson, Content Area Coordinators	Admin-Secretary	Monthly	Documentation verifies the activities that the Policy Council is involved with.	The minutes are taken at every meeting by the Admin-Secretary and reviewed to ensure the required topics are discussed.	Training of staff on the required participation of the governing bodies	Staff meetings, PC meeting, Board meetings

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	<ul style="list-style-type: none"> • Developing procedures for how members of the Policy Council will be elected • Use ongoing monitoring results, data on school readiness goals to conduct its responsibilities 							
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(d) Term-

- (1) A member will serve for one year.
- (2) If the member intends to serve for another year, she/he must stand for re-election.
- (3) The policy council, and policy committee at the delegate level, must include in its bylaws how many one year terms, not to exceed five terms, a person may serve.
- (4) A program must seat a successor policy council, or policy committee at the delegate level, before an existing policy council, or policy committee at the delegate level, may be dissolved.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.3 (d) (1-4) 1302.60	1. A policy council member will serve for one year.	Sign in sheets, Meeting minutes, Manual tracking	Admin Secretary	Admin Secretary	Annually / as needed	We are able to verify the amount of time that a representative has served	N/A	Replace that representative if needed	Staff meetings, Policy Council Meetings
1301.3 (d) (1-4) 1302.60	2. A member that intends to serve for an additional year must be re-elected	Meeting Minutes	Admin Secretary	Admin Secretary	Annually / as needed	We are able to verify the amount of time that a representative has served	N/A	Replace that representative if needed	Staff meetings, Policy Council Meetings
1301.3 (d) (1-4) 1302.60	3. A policy council member may not exceed more than five, one year terms.	Sign in sheets, Meeting minutes, Manual tracking	Admin Secretary	Admin Secretary	Annually / as needed	We are able to verify the amount of time that a representative has served	N/A	Replace that representative if needed	Staff meetings, Policy Council Meetings
1301.3 (d) (1-4)	4. The outgoing Policy Council remains in office until the succeeding Council is seated.	Sign in sheets,	Admin Secretary	Admin Secretary	Annually / as needed	We are able to verify the amount of time	N/A	Replace that representative if	Staff meetings, Policy Council

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1302.60		Meeting minutes, Manual tracking				that a representative has served		needed	Meetings
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(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.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.3 (e) 1302.60	1. Reimbursement will be made for reasonable expenses incurred by the low-income members.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1301.4 Parent committees.

(a) Establishing parent committees. A program must establish a parent committee comprised exclusively of **parents** of currently enrolled children as early in the program year as possible. This committee must be established at the center level for center-based programs and at the local program level for other program options. When a program operates more than one option, parents may choose to have a separate committee for each option or combine membership. A program must ensure that parents of currently-enrolled children understand the process for elections to the policy council or policy committee and other leadership opportunities.

(b) Requirements of parent committees. Within the parent committee structure, a program may determine the best methods to engage families using strategies that are most effective in their community, as long as the program ensures the parent committee carries out the following minimum responsibilities:

- (1) Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families;
- (2) Have a process for communication with the policy council and policy committee; and
- (3) Within the guidelines established by the governing body, policy council or policy committee, participate in the recruitment and screening of Early Head Start and Head Start employees.

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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Reference		you monitoring? (Draw from regulations, goals, and objectives)	responsible?	(enters) the data	will you collect the data?	you are collecting the data that you need?	aggregated and analyzed?	responding to issues and making course corrections?	shared?
1301.4 (b)(1-3) 1302.60	1. The parent committee will at minimum: <ul style="list-style-type: none"> Advise staff in program policies, activities and services Have communication with the policy council Participate in the recruitment and screening of staff by assisting with interviews of perspective staff 	Parent Committee Meeting Minutes	FCP Coordinator Admin Secretary	Family Advocate Center Manager FCP Coordinator	Monthly	Documentation verifies the activities that the Policy Council is involved with.	The minutes are taken at every meeting by the Admin Secretary and reviewed to ensure the required topics are discussed.	Training of staff on the required participation of the governing bodies	Staff meetings, PC meeting, Board meetings

1301.5 Training.

An agency must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council, including training on program performance standards and training indicated in §1302.12(m) to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.5 1302.60	1. Training is provided to the governing body, and policy council annually at orientation. Training covers performance standards, roles, responsibilities and eligibility of children.	Board and PC Orientation Sign In Sheets	CEO Birth-to-Five Head Start Director,	Admin Secretary	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings
1302.11 1302.101, et seq 1302.20 Sec. 641A, et seq	2. NCCAA Birth to Five Head Start Program provides training on the Community Needs Assessment, Self Assessment and the update on the Strategic Plan.	Progression and compliance of agency	Planner	Planner, Compliance Officers,	update annually, 3-year comprehensive	Data collected is based on min-standards, performance-	Through Excel spreadsheets, Google Sheets, ChildPlus PIR and CSBG Reports	Analyze data to focus on causes of poverty to provide quality services catered to the need of the community	Self Assessment Reports, Community Needs Assessment Report, Annual Report, CAP Plan, Strategic Planning

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Sec. 642B		wide program services, policy & procedure, assess the needs of the community to ensure quality services, programmatic goals and objectives as they align with the agency mission alignment		Program Coordinators	e-CNA and Strategic Plan	standards, organizational standards, TDHCA-TX Admin. Code, ROMA system		within agency capacity. Attain root cause of non-compliances/deficiencies to produce action plans to remediate findings, produce and maintain goals and objectives that align with agency mission, capacity and needs of the community.	Report, Social Media.
1301.5 1302.60	3. NCCAA Birth to Five Head Start Program provides training on the program's systematic approach to communication with parents, Policy Council, staff and the community.	Board and PC Orientation Sign In Sheets	CEO Birth to Five Head Start Director,	Admin-Secretary	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings
1301.5 1302.60	4. NCCAA Birth to Five Head Start Program provides training on how to implement the Head Start Performance Standards and NCCAA Birth to Five Head Start Program Plans.	Board and PC Orientation Sign In Sheets	CEO Birth to Five Head Start Director,	Admin-Secretary	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings
1301.5 746.1309- (e)(3) 1302.60	5. NCCAA Birth to Five Head Start Program provides training on how to implement the Program Manuals and forms.	Board and PC Orientation Sign In Sheets	CEO Birth to Five Head Start Director,	Admin-Secretary	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings
1301.5 1302.60	6. NCCAA Birth to Five Head Start Program plans a Board and Policy Council Orientation which provides training on the roles and responsibilities of program governance, budget, parliamentary procedures, etc. for Policy Council members and Board of Directors.	Board and PC Orientation Sign In Sheets	CEO Birth to Five Head Start Director,	Admin-Secretary	Annually	Documentation verifies the training of the members	Checking to ensure that all members receive the training	Provide training as needed	Policy Council Board Meetings

1301.6 Impasse procedures.

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(a) To facilitate meaningful consultation and collaboration about decisions of the governing body and the policy council, each agency's governing body and policy council jointly must establish written procedures for resolving internal disputes between the governing board and policy council in a timely manner that include impasse procedures. These procedures must:

- (1) Demonstrate that the governing body considers proposed decisions from the policy council and that the policy council considers proposed decisions from the governing body;
- (2) If there is a disagreement, require the governing body and the policy council to notify the other in writing why it does not accept a decision; and,
- (3) Describe a decision-making process and a timeline to resolve disputes and reach decisions that are not arbitrary, capricious, or illegal.

(b) If the agency's decision-making process does not result in a resolution and an impasse continues, the governing body and policy council must select a mutually agreeable third-party mediator and participate in a formal process of mediation that leads to a resolution of the dispute.

(c) For all programs except American Indian and Alaska Native programs, if no resolution is reached with a mediator, the governing body and policy council must select a mutually agreeable arbitrator whose decision is final.

Regulatory-Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1301.6 (a)(b)(c) 1302.60	1. NCCAA's Internal Dispute Resolution Policy and Procedures have been developed, reviewed, revised and approved / disapproved jointly by members of the Board, Policy Council and key management staff with technical assistance from community resources.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part 1302-Program Operations

1302.1 Overview

This part implements these statutory requirements in Sections 641A, 645, 645A, and 648A of the Act by describing all of the program performance standards that are required to operate Head Start, Early Head Start, American Indian and Alaska Native and Migrant or Seasonal Head Start programs. The part covers the full range of operations from enrolling eligible children and providing program services to those children and their families, to managing programs to ensure staff are qualified and supported to effectively provide services. This part also focuses on using data through ongoing program improvement to ensure high quality service. As required in the Act, these provisions do not narrow the scope or quality of services covered in previous regulations. Instead, these regulations raise the quality standard to reflect science and best practices, and streamline and simplify requirements so programs can better understand what is required for quality services.

1302 Subpart A—Eligibility, Recruitment, Selection, Enrollment, and Attendance

1302.10—Purpose

This subpart describes requirements of grantees for determining community strengths, needs and resources as well as recruitment areas. It contains requirements and procedures for the eligibility determination, recruitment, selection, enrollment and attendance of children and explains the policy concerning the charging of fees.

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1302.11 Determining community strengths, needs, and resources.

~~(a) Service area.~~

~~(1) A program must propose a service area in the grant application and define the area by county or sub-county area, such as a municipality, town or census-tract or jurisdiction of a federally recognized Indian reservation.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.11 (a)(1)	1. The Nueces County Community Action Agency (NCCAA) is the designated grantee that serves Nueces County.	Program participants address	ERSEA Coordinator	Family Advocates, Site Base Manager (SBM), ERSEA Technician, ERSEA Coordinator	Every completed application	Verification of residence in Nueces County	Program Database	Assisting applicants / participants with finding services in their residential area	Staff trainings, Policy Council and Board Meetings

~~(i) A tribal program may propose a service area that includes areas where members of Indian tribes or those eligible for such membership reside, including but not limited to Indian reservation land, areas designated as near reservation by the Bureau of Indian Affairs (BIA) provided that the service area is approved by the tribe's governing council, Alaska Native Villages, Alaska Native Regional Corporations with land based authorities, Oklahoma Tribal Statistical Areas, and Tribal Designated Statistical Areas where federally recognized Indian tribes do not have a federally established reservation.~~

~~(ii) If the tribe's service area includes any area specified in paragraph (a)(1)(i) of this section, and that area is also served by another program, the tribe may serve children from families who are members of or eligible to be members of such tribe and who reside in such areas as well as children from families who are not members of the tribe, but who reside within the tribe's established service area.~~

~~(2) If a program decides to change the service area after ACF has approved its grant application, the program must submit to ACF a new service area proposal for approval.~~

~~(b) Community-wide strategic planning and needs assessment (community assessment).~~

~~(1) To design a program that meets community needs, and builds on strengths and resources, a program must conduct a community assessment at least once over the five-year grant period. The community assessment must use data that describes community strengths, needs, and resources and include, at a minimum:~~

~~(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:~~

~~(A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));~~

~~(B) Children in foster care; and~~

~~(C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;~~

~~(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;~~

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(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

(vi) Strengths of the community.

(2) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly funded pre-kindergarten (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(3) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.11 1302.101, et.seq 1302.20 Sec. 641A, et. Seq Sec. 642B	1. NCCAA Birth-to-Five Head Start Program conducts a Comprehensive Community Assessment every three years and updates it annually to identify any socio-economic and demographic changes that may affect prior and/or future planning.	Needs and trends of the community	Planner	Planner, CAN Data Analysis committee	Annual updates, 3 year comprehensive	Data collected is based on Texas DFPS min. standards, OHS performance standards, CSBG organizational standards, TX Admin. Code, ROMA framework.	Quantitative and qualitative data is aggregated and analyzed through Excel spreadsheets, Google Sheets, Program Database, and SHAH software	Observation and reporting through annual updates	Report Update, agency website, Social Media and electronic sharing of data to community partners.
1302.11 1302.101, et.seq 1302.20 Sec. 641A, et. Seq Sec. 642B	2. NCCAA Birth-to-Five Head Start Program establishes an annual Strategic Planning team, comprised of Board members, Policy Council members, staff and parents.	Tri-partite community representation in the progression of agency-wide and programmatic goals and objectives as they align with the agency mission	COO, Head Start Administrative Assistant, Planner	Planner	Every Board and PC term year	Data collected is based on Texas TX DFPS min. standards, OHS performance standards, CSBG organizational standards, TX Admin. Code, NCCAA Bylaws	As per bylaws, and through email and phone communication	Training through the PC and Board Orientation	Training through the PC and Board Meeting, staff training, social media, agency website and Annual Report

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		statement.							
1302.11 (b)(1)-(3) 1302.60 1302.102(a)	3. The Strategic Planning team utilizes the Community Needs Assessment to determine if revision is necessary in the following areas:	Focus and alignment of community needs and strategic plan, mission, and the promise of community action	Planner	Program staff, Coordinators and Compliance Officers	6 month updates/3 year comprehensive	Data collected is based on NCCAA CNA, TX DFPS min. standards, OHS performance standards, CSBG organizational standards, TX Admin. Code, ROMA framework, TDHCA Strategic Plan Guide and ECLKC Program Planning Resource	Spreadsheets, check lists, Program Databases, CNA results	Continuous analysis of data to maintain on course with goals and objectives that align with agency mission, capacity and needs of the community.	Annual Report, CAP Plan, Strategic Planning Report, social media/agency website
1302.11 1302.101, et.seq 1302.20 Sec. 641A, et. Seq Sec. 642B	4. NCCAA Birth-to-Five Head Start Program Strategic Planning Team submits their recommendations to the Policy Council and Board of Directors for approval.	Inform Progression of agency-wide and programmatic goals and objectives as they align with the agency mission and the promise of community action	Planner	Planner	Monthly as needed	Recommendations based on TX DFPS min. standards, OHS performance standards, organizational standards, TDHCA TX Admin. Code, ROMA system	Meeting minutes Organizational standard reporting	N/A	Board & PC Meeting minutes/ Agency website, CSBG Reports

~~1302.12 Determining, verifying, and documenting eligibility.~~

~~(a) Process overview.~~

~~(1) Program staff must:~~

- ~~(i) Conduct an in-person interview with each family, unless paragraph (a)(2) of this section applies;~~
- ~~(ii) Verify information as required in paragraphs (h) and (i) of this section; and,~~
- ~~(iii) Create an eligibility determination record for enrolled participants according to paragraph (k) of this section.~~

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~~(2) Program staff may interview the family over the telephone if an in-person interview is not possible or convenient for the family.~~

~~(3) If a program has an alternate method to reasonably determine eligibility based on its community assessment, geographic and administrative data, or from other reliable data sources, it may petition the responsible HHS official to waive requirements in paragraphs (a)(1)(i) and (ii) of this section.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (a)(3) 1302.60	1. At the time of application, the staff accepting the application will interview the applicant, collect all verification of family status, and create the eligibility determination record for each application.	Determining Verifying, and Documenting Eligibility	ERSEA Coordinator, ERSEA Technician Site Based Management, Family Advocates	ERSEA Coordinator, ERSEA Tech, Family Advocates	September-August	Eligibility Verification	Program Database	Training ERSEA Tech and Family Advocates	Upper Management Coordinators New Staff Orientation Family Advocates
1302.12 (a)(3) 1302.60	2. At the time of application, the staff accepting the application will interview the applicant. The only time that a phone interview would be completed is when the application would be submitted by a person other than the parent or primary caregiver or if additional follow up with the family is needed.	Determining Verifying, and Documenting Eligibility	ERSEA Coordinator, ERSEA Technician Site Based Management, Family Advocates	ERSEA Coordinator, ERSEA Tech, Family Advocates	September-August	Eligibility Verification (notes)	Program Database Case Notes	Training ERSEA Tech and Family Advocates	Upper Management Coordinators New Staff Orientation Family Advocates
1302.12 (a)(3) 1302.60	3. If an application is submitted online, staff will contact the applicant and schedule a time for the applicant to come in for in person interview and to collect all verification of family status and create the eligibility record for each application.	Determining Verifying, and Documenting Eligibility	ERSEA Coordinator, ERSEA Technician Site Based Management, Family Advocates	ERSEA Coordinator, ERSEA Tech, Family Advocates	September-August	Eligibility Verification	Program Database/Email	Training ERSEA Tech and Family Advocates	Upper Management Coordinators New Staff Orientation Family Advocates

~~(b) Age requirements-~~

~~(1) For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old.~~

~~(2) For Head Start, a child must:~~

- ~~(i) Be at least three years old or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located; and,~~
- ~~(ii) Be no older than the age required to attend school.~~

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1302.12 (b)(1)(2)(i)-(ii) 1302.60 1302.80-82	1. NCCAA Birth-to-Five Head Start Infant/Toddler Division serves Expectant Women and children 6 weeks to 3 years old. NCCAA Birth-to-Five Head Start Preschool Division serves children who are 3 years old and less than 5 years old by September 1 st .	Determining, Verifying, and Documenting Eligibility	Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician		Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician	Determining, Verifying, and Documenting Eligibility	Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician	Determining, Verifying, and Documenting Eligibility	Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician
1302.12 (b)(2) (i)-(ii) 1302.60	2. NCCAA Birth-to-Five Head Start Program Preschool Division may fill a Mid-Year vacancy with children who are 3 years old after September 1 st but before January 1 st . NCCAA allows enrollment with younger 3 year olds provided: <ul style="list-style-type: none"> No age and income eligible children are interested in services No children with disabilities or transfers are waiting No Early Head Start transitioning children are waiting A developmentally appropriate classroom is available.	Determining, Verifying, and Documenting Eligibility	Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician		Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician	Determining, Verifying, and Documenting Eligibility	Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician	Determining, Verifying, and Documenting Eligibility	Birth-to-Five Head Start Director, ERSEA Coordinator, ERSEA Technician

(3) For Migrant or Seasonal Head Start, a child must be younger than compulsory school age by the date used to determine public school eligibility for the community in which the program is located.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (b)(3)	1. NCCAA Birth-to-Five Head Start Program is not a migrant or seasonal Head Start therefore this is not	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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	applicable							
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~~(c) Eligibility requirements.~~

(1) A pregnant woman or a child is eligible if:

- (i) The family's income is equal to or below the poverty line; or,
- (ii) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments; or,
- (iii) The child is homeless, as defined in part 1305; or,
- (iv) The child is in foster care.

(2) If the family does not meet a criterion under paragraph (c)(1) of this section, a program may enroll a child who would benefit from services, provided that these participants only make up to 10 percent of a program's enrollment in accordance with paragraph (d) of this section.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (c)(1) (i)- (iv)(2) 1302.60	<p>1. NCCAA Birth-to-Five Head Start staff verify family income before determining a child's eligibility. NCCAA Birth-to-Five Head Start Program staff signs the Eligibility Statement verifying the family's income.</p> <p>Examples of proof of income may include, but is not limited to the following:</p> <ul style="list-style-type: none"> • Income Tax forms • W-2 forms • 12 consecutive months of pay stubs • Child Support • SSI benefits • TANF benefits • Notarized Letters. 	Determining, Verifying, and Documenting Eligibility	Family Advocates Site Based Management, ERSEA Coordinator, ERSEA Technician	ERSEA Coordinator, ERSEA Tech, Family Advocates	Ongoing	Eligibility Verification	Program Database	Ongoing Training	Upper Management Coordinator Meetings Family Advocate Meetings New Staff Orientation

~~(d) Additional allowances for programs.~~

(1) A program may enroll an additional 35 percent of participants whose families do not meet a criterion described in paragraph (c) of this section and whose incomes are below 130 percent of the poverty line, if the program:

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~~(i) Establishes and implements outreach, and enrollment policies and procedures to ensure it is meeting the needs of eligible pregnant women, children, and children with disabilities, before serving pregnant women or children who do not meet the criteria in paragraph (c) of this section; and,~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (d)(1)(i) 1302.60	1. NCCAA Birth-to-Five Head Start will only enroll 35% over income families if we've not met full enrollment will keep documentation of those families.	Determining, verifying, and documenting Eligibility	ERSEA Coordinator, Site Based Management, ERSEA-Technician	ERSEA Coordinator, ERSEA Tech, Family Advocates	Ongoing	Application	Tracking – PIR Program Database – Over Income Waitlist Review and Approval Signature from Director	Ongoing Training with ERSEA Tech Continuous Recruitment	Upper Management Coordinator Meetings Family Advocate Meetings New Staff Orientation

~~(ii) Establishes criteria that ensure pregnant women and children eligible under the criteria listed in paragraph (c) of this section are served first.~~

~~(2) If a program chooses to enroll participants who do not meet a criterion in paragraph (c) of this section, and whose family incomes are between 100 and 130 percent of the poverty line, it must be able to report to the Head Start regional program office:~~

~~(i) How it is meeting the needs of low income families or families potentially eligible for public assistance, homeless children, and children in foster care, and include local demographic data on these populations;~~

~~(ii) Outreach and enrollment policies and procedures that ensure it is meeting the needs of eligible children or pregnant women, before serving over income children or pregnant women;~~

~~(iii) Efforts, including outreach, to be fully enrolled with eligible pregnant women or children;~~

~~(iv) Policies, procedures, and selection criteria it uses to serve eligible children;~~

~~(v) Its current enrollment and its enrollment for the previous year;~~

~~(vi) The number of pregnant women and children served, disaggregated by the eligibility criteria in paragraphs (c) and (d)(1) of this section; and,~~

~~(vii) The eligibility criteria category of each child on the program's waiting list.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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1302.12 (d)(2) (i)-(vii) 1302.60	1. NCCAA Birth-to-Five Head Start Program seeks to serve the families that have the highest level of need and has a selection criteria based on the Community Needs Assessment and at the time of application the family will submit the appropriate documents to verify their status as categorically eligible or any other criteria.	Determining, Verifying, and documenting Eligibility	Family Advocates, ERSEA Technician, ERSEA Coordinator	ERSEA Coordinator, ERSEA Tech, Family Advocates	Ongoing	Eligibility Verification	Family must submit verification of income, Public Assistance TANF), SSI, Homeless, and/or Foster Care Information is entered into Program Database	Ongoing Training	Upper Management Coordinator Meetings Family Advocate Meetings New Staff Orientation
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(e) Additional allowances for Indian tribes-

- (1) Notwithstanding paragraph (c)(2) of this section, a tribal program may fill more than 10 percent of its enrollment with participants who are not eligible under the criteria in paragraph (c) of this section, if:
- (i) The tribal program has served all eligible pregnant women or children who wish to be enrolled from Indian and non-Indian families living within the approved service area of the tribal agency;
 - (ii) The tribe has resources within its grant, without using additional funds from HHS intended to expand Early Head Start or Head Start services, to enroll pregnant women or children whose family incomes exceed low-income guidelines or who are not otherwise eligible; and,
 - (iii) At least 51 percent of the program's participants meet an eligibility criterion under paragraph (c)(1) of this section.
- (2) If another program does not serve the approved service area, the program must serve all eligible Indian and non-Indian pregnant women or children who wish to enroll before serving over-income pregnant women or children.
- (3) A program that meets the conditions of this paragraph (e) must annually set criteria that are approved by the policy council and the tribal council for selecting over-income pregnant women or children who would benefit from program services.
- (4) An Indian tribe or tribes that operates both an Early Head Start program and a Head Start program may, at its discretion, at any time during the grant period involved, reallocate funds between the Early Head Start program and the Head Start program in order to address fluctuations in client populations, including pregnant women and children from birth to compulsory school age. The reallocation of such funds between programs by an Indian tribe or tribes during a year may not serve as a basis for any reduction of the base grant for either program in succeeding years.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (e)(1)-(4)	1. NCCAA Birth-to-Five Head Start does not operate an Indian Tribe program. Therefore this is not applicable to the program.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(f) Migrant or Seasonal eligibility requirements. A child is eligible for Migrant or Seasonal Head Start, if the family meets an eligibility criterion in paragraphs (c) and (d) of this section; and the family's income comes primarily from agricultural work.

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course	How are the results shared?

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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1302.12 (f)	1. NCCAA Birth-to-Five Head Start does not operate a Migrant or Seasonal Program. Therefore, this is not applicable to the program.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

~~(g) Eligibility requirements for communities with 1,000 or fewer individuals-~~

~~(1) A program may establish its own criteria for eligibility provided that it meets the criteria outlined in section 645(a)(2) of the Act.~~

~~(2) No child residing in such community whose family is eligible under criteria described in paragraphs (c) through (f) of this section, may be denied an opportunity to participate in the program under the eligibility criteria established under this paragraph (g).~~

~~(h) Verifying age. Program staff must verify a child's age according to program policies and procedures. A program's policies and procedures cannot require families to provide documents that confirm a child's age, if doing so creates a barrier for the family to enroll the child.~~

~~(i) Verifying eligibility-~~

~~(1) To verify eligibility based on income, program staff must use tax forms, pay stubs, or other proof of income to determine the family income for the relevant time period.~~

~~(i) If the family cannot provide tax forms, pay stubs, or other proof of income for the relevant time period, program staff may accept written statements from employers, including individuals who are self-employed, for the relevant time period and use information provided to calculate total annual income with appropriate multipliers.~~

~~(ii) If the family reports no income for the relevant time period, a program may accept the family's signed declaration to that effect, if program staff describes efforts made to verify the family's income, and explains how the family's total income was calculated or seeks information from third parties about the family's eligibility, if the family gives written consent. If a family gives consent to contact third parties, program staff must adhere to program safety and privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k)(2) of this section.~~

~~(iii) If the family can demonstrate a significant change in income for the relevant time period, program staff may consider current income circumstances.~~

~~(2) To verify whether a family is eligible for, or in the absence of child care, would be potentially eligible for public assistance, the program must have documentation from either the state, local, or tribal public assistance agency that shows the family either receives public assistance or that shows the family is potentially eligible to receive public assistance.~~

~~(3) To verify whether a family is homeless, a program may accept a written statement from a homeless services provider, school personnel, or other service agency attesting that the child is homeless or any other documentation that indicates homelessness, including documentation from a public or private agency, a declaration, information gathered on enrollment or application forms, or notes from an interview with staff to establish the child is homeless; or any other document that establishes homelessness.~~

~~(i) If a family can provide one of the documents described in this paragraph (i)(3), program staff must describe efforts made to verify the accuracy of the information provided and state whether the family is eligible because they are homeless.~~

~~(ii) If a family cannot provide one of the documents described in paragraph (i)(3) to prove the child is homeless, a program may accept the family's signed declaration to that effect, if, in a written statement, program staff describe the child's living situation that meets the definition of homeless in part 1305 of this chapter.~~

~~(iii) Program staff may seek information from third parties who have firsthand knowledge about a family's living situation, if the family gives written consent. If the family gives consent to contact third parties, program staff must adhere to program privacy policies and procedures and ensure the eligibility determination record adheres to paragraph (k) of this section.~~

~~(4) To verify whether a child is in foster care, program staff must accept either a court order or other legal or government issued document, a written statement from a government child welfare official that demonstrates the child is in foster care, or proof of a foster care payment.~~

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1302.12 (g)(1)-(4) 1302.60	1. When an application is submitted all verifying documents will be collected. NCCAA Birth-to-Five Head Start will not accept incomplete applications. The staff will work with the family to collect verification without creating barriers and or hardships to the applying family.	Determining verifying, and documenting Eligibility	ERSEA Coordinator ERSEA Technician Family Advocates	ERSEA Coordinator, ERSEA Tech, Family Advocates, SBM	Ongoing	Application Eligibility Verification	Application Packet is input into Program Database	Ongoing Training	Upper Management Coordinator Meeting Family Advocate Meetings New Staff Orientation

(j) Eligibility duration-

- ~~(1) If a child is determined eligible under this section and is participating in a Head Start program, he or she will remain eligible through the end of the succeeding program year except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income and there is a child with a greater need for Head Start services.~~
- ~~(2) Children who are enrolled in a program receiving funds under the authority of section 645A of the Act remain eligible while they participate in the program.~~
- ~~(3) If a child moves from an Early Head Start program to a Head Start program, program staff must verify the family's eligibility again.~~
- ~~(4) If a program operates both an Early Head Start and a Head Start program, and the parents wish to enroll their child who has been enrolled in the program's Early Head Start, the program must ensure, whenever possible, the child receives Head Start services until enrolled in school, provided the child is eligible.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (j)(1)-(4) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start staff re-verify income documentation for children in the Infant/Toddler Division transitioning into the Preschool Division to determine eligibility.	Determining Verifying, and Documenting Eligibility	Family Advocates, ERSEA Technician, ERSEA Coordinator	ERSEA Coordinator, ERSEA Tech, Family Advocates, SBM	September-August	Application Eligibility Verification Transition Checklist	Program Database	Ongoing Training	Upper Management Coordinator Meeting Family Advocate Meetings New Staff Orientation
1302.12 (j)(1)-(4) 1302.60	2. NCCAA Birth-to-Five Head Start Program, Expectant Women and Infant/Toddler Division families remain income eligible while they are enrolled in the program.	Determining, Verifying, and	ERSEA Coordinator Birth-to-Five Head Start	ERSEA Coordinator, ERSEA Tech, Family	September-August	Application Eligibility Verification	Program Database	Ongoing Training	Upper Management Coordinator Meetings Family Advocate Meetings

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		Documenting Eligibility	Director	Advocates, SBM					New Staff Orientation
1302.12 (j)(1)-(4) 1302.60 1302.61(a)	3. NCCAA Birth-To-Five Head Start Preschool Division families remain income eligible for 2 consecutive program years.	Determining, Verifying, and Documenting Eligibility	ERSEA Coordinator Birth-to-Five Head Start Director	ERSEA Coordinator, ERSEA Tech, Family Advocates, SBM	September-August	Application Eligibility Verification	Program Database	Ongoing Training	Upper Management Coordinator Meetings Family Advocate Meetings New Staff Orientation
1302.12 (j)(1)-(4) 1302.60 1302.61(a)	4. NCCAA Birth-to-Five Head Start staff re-verify income documentation to determine 3 rd year eligibility beyond for Preschool Division families.	Determining, Verifying, and Documenting Eligibility	ERSEA Coordinator Birth-to-Five Head Start Director	ERSEA Coordinator, ERSEA Tech, Family Advocates, SBM	April - June	Review and Approval Family Income	Review and Approval Form Income updated in Program Database	Ongoing Training with Family Advocates	Upper Management Coordinator Meetings Family Advocate Meetings New Staff Orientation

(k) Records-

~~(1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically.~~

~~(2) Each eligibility determination record must include:~~

~~(i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section;~~

~~(ii) A statement that program staff has made reasonable efforts to verify information by:~~

~~(A) Conducting either an in person, or a telephone interview with the family as described under paragraph (a)(1)(i) or (a)(2) of this section; and,~~

~~(B) Describing efforts made to verify eligibility, as required under paragraphs (h) through (i) of this section; and, collecting documents required for third party verification that includes the family's written consent to contact each third party, the third parties' names, titles, and affiliations, and information from third parties regarding the family's eligibility.~~

~~(iii) A statement that identifies whether:~~

~~(A) The family's income is below income guidelines for its size, and lists the family's size;~~

~~(B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance;~~

~~(C) The child is a homeless child or the child is in foster care;~~

~~(D) The family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or,~~

~~(E) The family was determined to be eligible under the criterion in paragraph (d)(1) of this section.~~

~~(3) A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.~~

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course	How are the results shared?
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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1302.12 (k)(1)-(3) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start Program starts the eligibility record at the time that the application is submitted. Copies of all verifying documents will be made and attached to the application. When the interview process has been completed the staff will complete an Eligibility Verification Form. The form will reflect the eligibility status of the family.	Determining, Verifying, and Documenting Eligibility	Family Advocates, ERSEA Technician, ERSEA Coordinator	ERSEA Coordinator, ERSEA Tech, Family Advocates, SBM	Ongoing	Eligibility Verification Application	Program Database Child's Application Packet	Ongoing Training with Family Advocates	Upper Management Coordinator Meetings Family Advocate Meetings New Staff Orientation
1302.12 (k)(1)-(3) 1302.60 1302.61(a)	2. The child's application will be stored for the appropriate length of time based on the child's services while they are enrolled in the program and the appropriate timeline requirements.	Records	ERSEA Coordinator, Family Advocates, ERSEA Technician	ERSEA Coordinator, ERSEA Tech, Family Advocates, SBM	September-August	Applications	Child's Application Packet is in a Locked File Cabinets	Ongoing Training with Family Advocates	Family Advocate Meetings New Staff Orientation

~~(l) Program policies and procedures on violating eligibility determination regulations. A program must establish written policies and procedures that describe all actions taken against staff who intentionally violate federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Early Head Start or Head Start services.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.12 (l)	1. NCCAA Birth-to-Five Head Start Program has clearly defined policies in the Employee Hand Book under Work Performance Violations.	Implementati on of Policies and Procedures	Director of Birth to Five Head Start,	Human Resource Manager	As Needed to update the policies	Verification of current policies	Annually with training	Staff training on policies, employee growth plans	Staff trainings Policy Council And Board Meetings

~~(m) Training on eligibility.~~

~~(1) A program must train all governing body, policy council, management, and staff who determine eligibility on applicable federal and program policies and procedures. Training must, at a minimum:~~

~~(i) Include methods on how to collect complete and accurate eligibility information from families and third party sources;~~

~~(ii) Incorporate strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,~~

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~~(iii) Explain program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or intentionally provide false information.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302..12 (m)(1)(iii)	1. NCCAA Birth-to-Five Head Start Program has clearly defined policies in the Employee Handbook under Work Performance Violations.	Implementati on of Policies and Procedures	Director of Birth to Five Head Start,	Human Resource Manager	As Needed to update the policies	Verification of current policies	Annually with training	Staff training on policies, employee growth plans	Staff trainings Policy Council And Board Meetings
1302..12 (m)(1)(iii)	2. NCCAA Birth-to-Five Head Start Program ensures parents or legal guardian are required to initial an Eligibility Verification that certifies all documentation is true and accurate to receive services in the Head Start Program. Falsifying information may result in disqualification from the program.	Fraudulent Acts	ERSEA Coordinator	ERSEA Tech, Family Advocates, SBM	Upon application intake, Ongoing	Hard copies of all necessary forms for enrollment	Data Base, Eligibility verification form	Staff training on policies,	Staff trainings Policy Council And Board Meetings
1302..12 (m)(1)(iii)	3. During Parent Orientation NCCAA staff informs parents about repercussions, if false documentation is provided for qualifying purposes.	Fraudulent Acts	FCP Coordinator	FCP Tech, Family Advocates	Parent Orientation	Power Point, sign in sheets, parent hand book, parent orientation form in the child's record.	Data Base, parent orientation form, child records,	Staff training on policies,	Staff trainings Policy Council And Board Meetings
1302.12 (m)(1)(i) (iii) 1302.92 (b)(4)(5) 1302.101 (b)(3) 1302.60 1302.61(a)	4.— NCCAA Birth To Five program provides non-discrimination training for staff involved in recruitment and enrollment regarding disabilities regulations, ADA, and 45 CFR Part 84. Through appropriate training, staff involved in recruitment will be knowledgeable of the provisions of 45 CFR Part 84.	Training on Eligibility and Recruitment	Disability-Mental-Health-Coordinator/ Technician, Content Area Coordinators	Disability/Mental Health-Coordinator- and-Technician, ERSEA-Coordinator/ Technician, Family-Advocates	Ongoing On-going-based on New-Staff-Orientation &-Annual-training	—Sign in logs Program Database-Report Staff Compliance-Binder Face to Face Child Find	Information is verified-through Program Database-and sign in sheets are kept on-file by the Training and-Technical Specialist Ongoing training	Staff who have not received the training will either attend the New Staff Orientation-or a training will be-scheduled Training	Coordinator Meetings,- Disability/Mental-Health-Coordinator-and-Technician,- Family Advocates,- LEA ECI

~~(2) A program must train management and staff members who make eligibility determinations within 90 days of hiring new staff.~~

~~(3) A program must train all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council.~~

~~(4) A program must develop policies on how often training will be provided after the initial training.~~

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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Reference		you monitoring? (Draw from regulations, goals, and objectives)	responsible?	(enters) the data	will you collect the data?	you are collecting the data that you need?	aggregated and analyzed?	responding to issues and making course corrections?	shared?
1302.12 (m) (i)-(iii)(2-4) 1302.60	1. NCCAA Birth-to-Five Head Start Program staff will receive annual ongoing training on ERSEA procedures during Fall Annual Staff Training. NCCAA Birth-to-Five Head Start Program Policy Council will receive training during Policy Council Orientation and as new PC members are voted in.	Training on Eligibility and Recruitment	ERSEA Coordinator, ERSEA Technician	ERSEA Coordinator	Ongoing	Sign In Sheets Power Point	Agenda and Certificates/Post Test	Ongoing Trainings	Upper Management Coordinator Meetings New Staff Orientation

1302.13 Recruitment of children.

In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program. A program must include specific efforts to actively locate and recruit children with disabilities and other vulnerable children, including homeless children and children in foster care.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.13 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start Program recruits children and expectant women throughout the year using a variety of methods which may include: social/ media announcements, flyers, word-of-mouth, emails to waitlist applicants, and community events / presentations. Applications are distributed to various community agencies and/or organizations.	Recruitment of Children	ERSEA Coordinator ERSEA Technician Disability/ Mental Health Coordinator, Family Advocates, Site Based Management	ERSEA Coordinator, ERSEA Technician, Family Advocates, Disability/ Mental Health Coordinator, Disability/ Mental Health Technician, Special Needs Assistance	Ongoing	Participating in Recruitment events throughout the community	Recruitment Tracking Form Requesting Recruitment Information Form	Ongoing Training	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.13	2. NCCAA Birth-to-Five Head Start staff makes	Recruitment	ERSEA	ERSEA	Ongoing	Participating in Recruitment Events	Recruitment Tracking Form Requesting Recruitment	Ongoing Training	Attach documentation to child application

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<p>1302.60 1302.61(a)</p>	<p>every effort to recruit children with qualifying disabilities by collaborating with the Local Education Agencies (LEA) and Early Childhood Intervention (ECI).</p>	<p>of Children</p>	<p>Coordinator ERSEA Technician Disability/ Mental Health Coordinator</p>	<p>Coordinator, ERSEA Technician, Family Advocates, Disability/Me ntal Health Coordinator, Disability/Me ntal Health Technician, Special Needs Assistance</p>		<p>throughout the community; Face-to-Face Transition meetings; ARD Applications issued to the families We collect Community Action Corp of South Texas Transition Meeting Verification Form for Disabilities Services NCCAA Transition Meeting Verification Form Disability Services, Teleconference Transition Meeting Verification Form</p>	<p>Information Form Information used for placement of children with disabilities throughout the Birth-Five Head Start Program</p>		<p>Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation</p>
<p>1302.13 1302.14 (a)(1) 1302.14 (b)(1)(2)(c) 1302.60 1302.61(a) CACFP- USDA</p>	<p>3. Any child who is eligible to participate in the Head Start program, “In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity</p>	<p>Recruitment of Children</p>	<p>Content Area Coordinator All Birth-To- Five Head Start Staff</p>	<p>Content Area Coordinator All Birth-to- Five Head Start Staff</p>	<p>Ongoing</p>	<p>Recruitment information contains the civil rights statement</p>	<p>N/A</p>	<p>Staff training on Civil Rights</p>	<p>Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation</p>

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	provider and employer.”							
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1302.14 Selection process.

(a) Selection criteria.

(1) A program must annually establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in §1302.11(b), and including family income, whether the child is homeless, whether the child is in foster care, the child’s age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 *et seq.*) and, other relevant family or child risk factors.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.14 (a)(1) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start Staff select children and families based on the Prioritization and Selection Criteria. a. Income Eligible b. Homeless c. Foster Care d. Children with Disability, etc.	Selection Process	ERSEA Coordinator, ERSEA Technician, Birth-to-Five Head Start Director	ERSEA Coordinator, ERSEA Technician	Ongoing	Through the Community Needs Assessment	Prioritization and Selection Criteria Committee selected to analyze Community Needs Assessment	Ongoing Training	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.13 1302.14 (a)(1) 1302.14 (b)(1)(2)(C) 1302.60 1302.61(a)	2. NCCAA Birth-To-Five Head Start program will ensure that 10% of total enrollment opportunities will be children with disabilities including children with severe disabilities that meet the Head Start eligibility guidelines. Efforts will be coordinated with Local Education Agencies (LEA), Early Childhood Intervention (ECI), Child Find and other agencies to locate children most in need and hard to reach.	Selection Process Review and Approval Form	ERSEA Coordinator, Disability/Mental Health Coordinator Staff	ERSEA Coordinator, ERSEA Technician	Ongoing	Disability Applications Review and Approval Form along with supporting documentation from LEA(Local Education Agency) or ECI (Early Childhood Intervention	Program Database Program Database Disability Enrollment Report 3502, Disability Enrollment Roster (Grid) Report 3503 Manual Disability Tracking Form	Enroll 10% of children with disability Continue to attend Transition Meeting with ECI (Early Childhood Intervention) & Child Find, Admission, Review and Dismissal Meetings and recruitment events	Share information through Program Database Disability Enrollment Report 3502, Disability Enrollment Roster (Grid) Report 3503 Manual Disability Tracking Form, staff meetings, policy council and board meeting, advisory and annual report Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation

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~~(2) If a program serves migrant or seasonal families, it must select participants according to criteria in paragraph (a)(1) of this section, and give priority to children whose families can demonstrate they have relocated frequently within the past two years to pursue agricultural work.~~

~~(3) If a program operates in a service area where Head Start eligible children can enroll in high quality publicly funded pre-kindergarten for a full school day, the program must prioritize younger children as part of the selection criteria in paragraph (a)(1) of this section. If this priority would disrupt partnerships with local education agencies, then it is not required. An American Indian and Alaska Native or Migrant or Seasonal Head Start program must consider whether such prioritization is appropriate in their community.~~

~~(4) A program must not deny enrollment based on a disability or chronic health condition or its severity.~~

~~(b) *Children eligible for services under IDEA.*~~

~~(1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.~~

~~(2) If the requirement in paragraph (b)(1) of this section has been met, children eligible for services under IDEA should be prioritized for the available slots in accordance with the program's selection criteria described in paragraph (a) of this section.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.14 (a)(b)(1) (2) 1302.60 1302.61(a) 1302.70 (b)(1)	1. Children who have a diagnosed disability through the L.E.A. may be enrolled in the Preschool Division of the NCCAA Birth-to-Five Head Start Program upon their 3 rd birthday, if they are income eligible and a developmentally appropriate class is available. Once NCCAA meets the 10% enrollment for children who have a disability, all the children with or without a disability compete equally for the available enrollment opportunities. The Birth-To-Five Head Start program enrolls children who meet age and income eligibility criteria, and who would benefit from placement in Head Start regardless of disability or non-disability status. Children with disabilities whose families are considered over income must have their enrollment approved by the appropriate Birth-to-Five Head Start Director.	Selection Process	ERSEA Coordinator Disability/Mental Health Coordinator LEA	ERSEA Coordinator ERSEA Technician	Ongoing	Disability Applications, Review and Approval Form ; Along with supporting documentation from LEA (Local Education Agency)	Program Database Information used for placement of children with disabilities throughout the Birth-Five Head Start Program	Ongoing Training	Supporting documentation from LEA (Local Education Agency) is uploaded into the Program Database data system -NCCAA Review and Approval Form is attached to child application Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.14 (b)(2) 1302.60 1302.61(a)	2. When an application for a child with a suspected or qualifying disability is received, it is then forwarded to the appropriate Coordinator for verification.	Selection Process Verification of eligibility	ERSEA Coordinator, ERSEA Technician Disability/	ERSEA Coordinator, ERSEA Technician, Disability/Me	Ongoing	Review and Approval Form Disability/Mental Health Coordinator verifies the supporting	Signature of Approval required from Disability/Mental Health Coordinator Make copy of child	Replace any dropped disability applications with an eligible disability application to maintain 10% of	Monthly reports, hardcopy of supporting documentation in the child's record,

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		criteria, current IEP/IFSP documentation, and Review & Approval Form	Mental Health Coordinator	ntal Health Coordinator		documentation from the LEA or ECI	application with supporting documentation and keep on file	enrollment Continue MOU with ECI (Early Childhood Intervention) /LEA (Local Education Agency) Communication via email, face to face or phone with ECI/LEA so the information can be shared amongst the as appropriate	uploaded into Program Database, PIR, Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
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(e) Waiting lists. A program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.14 (b)(2)(c) 1302.60	1. NCCAA Birth-to-Five Head Start staff maintains an active waitlist to assure those families most in need of services fill enrollment vacancies.	Selection Process	ERSEA Coordinator ERSEA Technician Family Advocates, SBM	ERSEA Coordinator	Ongoing	Program Database Waitlist	Program Database Waitlist	Recruit year round in order to maintain an active waitlist	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.13 1302.14 (a)(1) 1302.14 (b)(1)(2)(C) 1302.60 1302.53 (a)(1) 1302.61(a)	2. Recruitment strategies include radio and media announcements, attending Recruitment Admission Review and Dismissal (ARD) meetings, Recruitment Rally's, Disability Brochures, and attend community events, social media , etc. Our referral network includes, but is not limited to the following: <ul style="list-style-type: none"> ▪ Early Head Start ▪ Hospitals (Children) ▪ LEA ▪ WIC ▪ TDPRS ▪ Education Service 	Selection Process	ERSEA Coordinator Disability/Mental Health Coordinator All Birth-To-Five Head Start Staff	ERSEA Coordinator Disability/Mental Health Coordinator	Ongoing	Applications Program Information Flyers Recruitment Tracking Forms	Program Database Waitlist	Recruit year round in order to maintain an active waitlist	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation

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	<ul style="list-style-type: none"> ▪ ECI Center (ESC) 								
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1302.15 Enrollment:

(a) Funded enrollment. A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.15 (a) 1302.60 1302.61(a)	1. When a vacancy occurs, every effort is made to fill the space within 30 calendar days utilizing the active wait list.	Enrollment	ERSEA Coordinator, ERSEA Technician Disability/ Mental Health Coordinator	ERSEA Coordinator, ERSEA Technician, Family Advocates, SBM	Ongoing	Applications Program Database	Program Database Waitlist Individualized Transition Out of Early Head Start Out of Head Start	Enroll within 30 days Ongoing Training with Family Advocates	Coordinator Meetings Family Advocates New Staff Orientation

(b) Continuity of enrollment.

(1) A program must make efforts to maintain enrollment of eligible children for the following year.

(2) Under exceptional circumstances, a program may maintain a child's enrollment in Head Start for a third year, provided that family income is verified again. A program may maintain a child's enrollment in Early Head Start as described in §1302.12(j)(2).

(3) If a program serves homeless children or children in foster care, it must make efforts to maintain the child's enrollment regardless of whether the family or child moves to a different service area, or transition the child to a program in a different service area, as required in §1302.72(a), according to the family's needs.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.15 (b)(3)	1. NCCAA Birth-to-Five Head Start Program makes every effort to ensure children receive Preschool services until they are eligible for kindergarten.	Enrollment	ERSEA Coordinator Disability/	ERSEA Coordinator,	Ongoing	Receive 2 years of Head Start Services	Program Database	Income Eligible - Third Year applications will	Enrollment

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1302.12 (g)(1)-(4) 1302.60 1302.61(a) 1302.71 (a)- (e)			Mental Health Coordinator	ERSEA Technician, Family Advocates, SBM				continue to receive Preschool Services until eligible for Kindergarten	
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(e) Reserved slots. If a program determines from the community assessment there are families experiencing homelessness in the area, or children in foster care that could benefit from services, the program may reserve one or more enrollment slots for pregnant women and children experiencing homelessness and children in foster care, when a vacancy occurs. No more than three percent of a program's funded enrollment slots may be reserved. If the reserved enrollment slot is not filled within 30 days, the enrollment slot becomes vacant and then must be filled in accordance with paragraph (a) of this section.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.15 (c) 1302.60 1302.61(a)	1. No more than three percent of a program's funded enrollment slots will be reserved for homeless children and or foster care. The reserved enrollment slot will be filled within 30 days.	Enrollment	ERSEA Coordinator Disability/ Mental Health Coordinator	ERSEA Coordinator, ERSEA Technician	Ongoing	Applications	Program Database	Fill the reserved vacant slot within 30 days	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation

(d) Other enrollment. Children from diverse economic backgrounds, who are funded with other sources, including private pay, are not considered part of a program's eligible funded enrollment.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.15 (d) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start Program does not enroll children using private pay.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(e) State immunization enrollment requirements. A program must comply with state immunization enrollment and attendance requirements, with the exception of homeless children as described in §1302.16(c)(1).

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.15 (e)- 1302.60 1302.61(a)	1. NCCAA Birth to Five Head Start Program follows State Licensing requirements and in accordance to Early Periodic Screening Diagnosis Treatment (EPSDT) program of the Medicaid Agency.	State- Immunization- Enrollment	ERSEA- Coordinator- Health- Coordinator	Family- Advocates Health Staff, SBM	Ongoing	Immunization Record	PIR Program Database	Refer families to Community Resources for Immunizations	Health- Coordinator/Health- Staff

(f) Voluntary parent participation. Parent participation in any program activity is voluntary, including consent for data sharing, and is not required as a condition of the child's enrollment.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.15 (f) 1302.50(a)- (b)(4) 1302.60	1. NCCAA Birth-to-Five Head Start Program does not require parent participation in any activity as a condition for enrollment.	Enrollment	ERSEA Coordinator Content Area Coordinators	N/A	Ongoing	N/A	N/A	N/A	N/A

1302.16 Attendance.

(a) Promoting regular attendance. A program must track attendance for each child.

(1) A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child's well-being.

(2) A program must implement strategies to promote attendance. At a minimum, a program must:

(i) Provide information about the benefits of regular attendance;

(ii) Support families to promote the child's regular attendance;

(iii) Conduct a home visit or make other direct contact with a child's parents if a child has multiple unexplained absences (such as two consecutive unexplained absences); and,

Regulatory Reference	Action Steps	What are you	Who is responsible?	Who collects (enters) the	How often will you	How do you know you are collecting	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues	How are the results shared?
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		monitoring? (Draw from regulations, goals, and objectives)		data	collect the data?	the data that you need?		and making course corrections?	
1302.16 (a)(1)-(2)(i-iii) 1302.50 (b)(1) 1302.51 (a)(2) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start staff documents attendance on the Daily Meal Count & Attendance Record and our Program Database. The reason for the absence is also documented.	Attendance	Site Base Management, Classroom Staff ERSEA Coordinator, ERSEA-Technician	Site Base Management, Classroom Staff, Family Advocates, ERSEA Coordinator	September-August	Sign In/Out Sheets Daily Meal Count and Attendance	Program Database	Tardy/Attendance Letters Tardy/Attendance Contract	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.16 (a)(1)-(2)(i-iii) 1302.50 (b)(1) 1302.51 (a)(2) 1302.60 1302.61(a)	2. NCCAA Birth-to-Five Head Start staff analyze the causes related to absenteeism and creates a Program Improvement Plan to address the issues if the average daily attendance is less than 85%.	Attendance	Site Base Management, Family Advocates ERSEA Coordinator, ERSEA-Technician	Site Base Management, Family Advocates ERSEA Coordinator	September-August	EOM Percentage Attendance Letter	Program Database Case Notes Program Database Reports	Tardy/Attendance Letters Tardy/Attendance Contract Staffing's	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.16 (a)(1)-(2)(i-iii) 1302.50 (b)(1)	3. NCCAA Birth-to-Five Head Start staff encourages regular attendance. When a child is absent without contact, the following steps are initiated within one hour of program start time: 1st and 2nd day – the Family Advocate/Manager contacts the family;	Attendance	Site Base Management, Classroom Staff, Family Advocates, ERSEA	Site Base Management, Family Advocates ERSEA Coordinator	September-August	Sign In/Out Sheets Daily Meal Count and Attendance	Program Database Case Notes Program Database Reports Door Hanger	Attendance Letter Attendance Contract Staffing's	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation

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1302.51 (a)(2) 1302.60 1302.61(a)	3rd day – the Family Advocates/Manager makes a home visit to assess the family’s situation and provide any necessary referrals.		Coordinator, ERSEA Technician						
1302.16 (a)(1)-(2)(i- iii) 1302.50 (b)(1) 1302.51 (a)(2) 1302.60 1302.61(a)	4. If a child has chronic tardiness the following steps are initiated: 1st step- A tardy letter will be issued after 3 tardies within a one month period; 2nd step- If the tardies have not improved in the consecutive month a staffing is held and the Attendance/ Tardy Contract will be implemented after 2 additional tardies for a total of 5 tardies; If the family breaks the Attendance / Tardy Contract, staff will review and analyze the documents and make a recommendation to the ERSEA Coordinator before further action.	Attendance	Site Base Management, Classroom Staff, Family Advocates ERSEA Coordinator, ERSEA Technician, Directors	Site Base Management, Family Advocates ERSEA Coordinator	September-August	Sign In/Out Sheets Tardy Notice	Program Database Case Notes	Tardy Letter Tardy Contract Staffing’s	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation
1302.16 (a)(1)-(2)(i- iii) 1302.50 (b)(1) 1302.51 (a)(2) 1302.60 1302.61(a)	5. NCCAA Birth-to-Five Head Start staff must document all contacts, and efforts made to assist the family in resolving attendance or tardy issues in our Program Database.	Attendance	Site Base Management, Classroom Staff, Family Advocates, ERSEA Coordinator, ERSEA Technician	Site Base Management, Family Advocates ERSEA Coordinator	September-August	Tardy Notice Doctor Excuses	Program Database Case Notes	Referral/Community Resources Tardy/Attendance Letter Tardy/Attendance Contract Staffing’s	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation

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~~(iv) Within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as necessary.~~

~~(3) If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance, including as described in paragraph (a)(2) of this section. If the child's attendance does not resume, then the program must consider that slot vacant. This action is not considered expulsion as described in §1302.17.~~

~~(b) Managing systematic program attendance issues. If a program's monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program's absentee rate. The program must use this data to make necessary changes in a timely manner as part of ongoing oversight and correction as described in §1302.102(b) and inform its continuous improvement efforts as described in §1302.102(c).~~

~~(c) Supporting attendance of homeless children.~~

~~(1) If a program determines a child is eligible under §1302.12(c)(1)(iii), it must allow the child to attend for up to 90 days or as long as allowed under state licensing requirements, without immunization and other records, to give the family reasonable time to present these documents. A program must work with families to get children immunized as soon as possible in order to comply with state licensing requirements.~~

~~(2) If a child experiencing homelessness is unable to attend classes regularly because the family does not have transportation to and from the program facility, the program must utilize community resources, where possible, to provide transportation for the child.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.16 (2)(iv)(3)(b) -(c)(2) 1302.50 (b)(1) 1302.51 (a)(2) 1302.60	1. NCCAA Birth-to-Five Head Start staff documents all contacts and efforts made to assist the family in resolving attendance or tardy issues in our Program Database. If a child's monthly attendance is below 85% the following steps will be initiated: 1st Month: An Attendance Letter is given to the family 2nd Month: A staffing is held and the Attendance /Tardy contract will be implemented	Attendance	Site Base Management, Classroom Staff, Family Advocates ERSEA Coordinator, ERSEA Technician, Directors	Site Base Management, Family Advocates ERSEA Coordinator	September-August	Tardy Notice Tardy/Attendance Letter Tardy/Attendance Contract Program Database Case Notes	EOM Program Database Reports Daily Meal Count and Attendance Case Notes	PIP (Program Improvement Plan) Tardy/Attendance Letter Tardy/Attendance Contract Staffing's	Upper Management Coordinator meetings Family Advocate Meetings New Staff Orientation

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	If the family breaks the Attendance / Tardy Contract, staff will review and analyze the documents and make a recommendation to the ERSEA Coordinator before further action.								
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1302.17 Suspension and expulsion.

(a) Limitations on suspension.

- ~~(1) A program must prohibit or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.~~
- ~~(2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.~~
- ~~(3) Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources — such as behavior coaches, psychologists, other appropriate specialists, or other resources — as needed, to determine no other reasonable option is appropriate.~~
- ~~(4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:

 - ~~(i) Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;~~
 - ~~(ii) Developing a written plan to document the action and supports needed;~~
 - ~~(iii) Providing services that include home visits; and,~~
 - ~~(iv) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.~~~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.17 (a)(1)-(4)(i-iv) 1302.60 13021.61(a)	1. NCCAA Birth-to-Five Head Start Program prohibits or severely limits the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.	Limited use of suspension	HS Director, Disability Mental Health Coordinator	Disability Mental Health Coordinator	As needed	Through Mental Health Services manual tracking system and Mental Health Services Behavior Concern Log, child incident reports, Mental Health Consultant progress	SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of the incident, DMHS department will analyze incidents; SBM will contact DMHS Coordinator in	Provide training, apply the ABC Behavior Plan, analyze child incidents, mental health consultant will provide services to the child and HS staff will conduct services through home visits as	Child staffing, Administration meeting, Mental Health Services Referral manual report, trainings,

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						reports and Behavior Improvement Plans	reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.	needed	
1302.17 (a)(1)-(4)(i-iv) 1302.60 13021.61(a)	2. NCCAA Birth-to-Five Head Start Program uses temporary suspension only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.	Limited use of suspension	HS Director, Disability Mental Health Coordinator	Disability Mental Health Coordinator	As needed	Through Mental Health Services manual tracking system and Mental Health Services Phone Log, child incident reports, Mental Health Consultant progress reports and Behavior Improvement Plans	SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of the incident, DMHS department will analyze incidents, SBM will contact DMHS Coordinator in reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.	Provide training, apply the ABC Behavior Plan, analyze child incidents, mental health consultant will provide services to the child and HS staff will conduct services through home visits as needed	Child staffing, Mental Health Services Referral manual report, Administration meeting, trainings
1302.17 (a)(1)-(4)(i-iv) 1302.60 13021.61(a)	3. NCCAA Birth-to-Five Head Start Program determines whether a temporary suspension is necessary, after engaging a mental health consultant, collaborating with the parents, and utilizing appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.	Limited used of suspension	HS Director, Disability Mental Health Coordinator	Disability Mental Health Coordinator	As needed	Through Mental Health Services manual tracking system and Mental Health Services Behavior Concern Log, child incident reports, Mental Health Consultant progress reports and Behavior Improvement Plans	SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of the incident, DMHS department will analyze incidents, SBM will contact DMHS Coordinator in reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.	Provide training, apply the ABC Behavior Plan, analyze child incidents, mental health consultant will provide services to the child and HS staff will conduct services through home visits as needed	Child staffing, Mental Health Services Referral manual report,, Administration meeting, trainings
1302.17 (a)(1)-(4)(i-iv) 1302.50 (b)(1)	4. If NCCAA Birth-to-Five Head Start Program deems a temporary suspension is necessary, the program will help the child return to full participation in all program activities as	Limited used of suspension	HS Director, Disability Mental Health	Disability Mental Health Coordinator Child staffing,	As needed	Through Mental Health Services manual tracking system and Mental Health Services	SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of	Provide training, apply the ABC Behavior Plan, analyze child incidents, mental health consultant will	Child staffing, Mental Health Services Referral manual report Administration meeting, coordinator

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1302.53(a) 1302.60 13021.61(a)	quickly as possible while ensuring child safety by: (i) Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources; (ii) Developing a written plan to document the action and supports needed; (iii) Providing services that include home visits; (iv) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate		Coordinator	Administratio n meeting		Behavior Concern Log, child incident reports, Mental Health Consultant progress reports and Behavior Improvement Plans	the incident, DMHS department will analyze incidents, SBM will contact DMHS Coordinator in reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.	provide services to the child and HS staff will conduct services through home visits as needed	meeting, trainings
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~~(b) Prohibition on expulsion.~~

~~(1) A program cannot expel or unenroll a child from Head Start because of a child's behavior.~~

~~(2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:~~

~~(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,~~

~~(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.~~

~~(3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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<p>1302.17(b)(1)-(3) 1302.60 13021.61(a)</p>	<p>1. NCCAA Birth-to-Five Head Start Program does not expel or unenroll a child from Head Start because of a child's behavior.</p>	<p>Prohibition of expulsion</p>	<p>HS Director, Disability Mental Health Coordinator</p>	<p>Disability Mental Health Coordinator</p>	<p>As needed</p>	<p>Through Mental Health Services manual tracking system and Mental Health Services Behavior Concern Log, child incident reports, Mental Health Consultant progress reports and Behavior Improvement Plans</p>	<p>SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of the incident, DMHS department will analyze incidents, SBM will contact DMHS Coordinator in reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.</p>	<p>Provide training, apply the ABC/Positive Behavior Support Plan, analyze child incidents, provide mental health consultant will provide services to the child and HS staff will conduct services through home visits as needed, Provide parent/guardian assistance with placement at a childcare facility or program</p>	<p>Child staffing, Mental Health Services Referral manual report Administration meeting, trainings</p>
<p>1302.17(b)(1)-(3) 1302.50 (b)(1) 1302.53(a) 1302.60 13021.61(a)</p>	<p>2. NCCAA Birth-to-Five Head Start Program explores all possible steps and documents all steps taken to address such problems, and to facilitate the child's safe participation in the program when a child exhibits persistent and serious challenging behavior. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing services and support under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:</p> <p>(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program will consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,</p> <p>(ii) If the child does not have an IFSP or IEP, the program will collaborate, with parental</p>	<p>Prohibition of expulsion</p>	<p>HS Director, Disability Mental Health Coordinator, ERSEA Coordinator</p>	<p>Disability Mental Health Coordinator</p>	<p>As needed</p>	<p>Through Mental Health Services manual tracking system and Mental Health Services Behavior Concern Log, child incident reports, Mental Health Consultant progress reports and Behavior Improvement Plans</p>	<p>SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of the incident, DMHS department will analyze incidents, SBM will contact DMHS Coordinator in reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.</p>	<p>Provide training, apply the ABC Behavior Plan, analyze child incidents, mental health consultant will provide services to the child and HS staff will conduct services through home visits as needed, Provide parent/guardian assistance with placement at a childcare facility or program</p>	<p>Child staffing, Mental Health Services Referral manual report Administration meeting, coordinator meeting, trainings</p>

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	consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.								
1302.17(b)(1)-(3) 1302.50(b)(1) 1302.53(a) 1302.60 13021.61(a)	3. If, after the program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, the program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.	Prohibition of expulsion	HS Director, Disability Mental Health Coordinator, ERSEA Coordinator	Disability Mental Health Coordinator	As needed	Through Mental Health Services manual tracking system and Mental Health Services Behavior Concern Log, child incident reports, Mental Health Consultant progress reports and Behavior Improvement Plans	SBM will submit a copy of the Child Incident Reports that are behavior concern related to the DMHS Technician within 48 hours of the incident, DMHS department will analyze incidents, SBM will contact DMHS Coordinator in reference to child's behavior. DMHS will track Behavior Concerns on log, mental health consultants will provide services to child, parent/guardian and center staff as needed.	Provide training, apply the ABC Behavior Plan, analyze child incidents, mental health consultant will provide services to the child and HS staff will conduct services through home visits as needed, provide parent/guardian assistance with placement at a childcare facility or program	Child staffing, Mental Health Services Referral manual report Administration meeting, coordinator meeting, trainings

1302.18 Fees.

~~(a) Policy on fees. A program must not charge eligible families a fee to participate in Head Start, including special events such as field trips, and cannot in any way condition an eligible child's enrollment or participation in the program upon the payment of a fee.~~

~~(b) Allowable fees.~~

~~(1) A program must only accept a fee from families of enrolled children for services that are in addition to services funded by Head Start, such as child care before or after funded Head Start hours. A program may not condition a Head Start child's enrollment on the ability to pay a fee for additional hours.~~

~~(2) In order to support programs serving children from diverse economic backgrounds or using multiple funding sources, a program may charge fees to private pay families and other non-Head Start enrolled families to the extent allowed by any other applicable federal, state or local funding sources.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
	1. NCCAA Birth-to-Five Head Start Program	Fees	Director of			N/A	N/A	N/A	N/A

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1302.18 1302.60 13021.61(a)	does not charge a fee for the child/family to participate in the program.		Birth to Five Head Start Content Area Coordinators	N/A	September-August				
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1302 Subpart B—Program Structure

1302.20 Determining program structure.

(a) ~~Choose a program option.~~

(1) ~~A program must choose to operate one or more of the following program options: center based, home based, family child care, or an approved locally designed variation as described in §1302.24. The program option(s) chosen must meet the needs of children and families based on the community assessment described in §1302.11(b). A Head Start program serving preschool-aged children may not provide only the option described in §1302.22(a) and (c)(2).~~

(2) ~~To choose a program option and develop a program calendar, a program must consider in conjunction with the annual review of the community assessment described in §1302.11(b)(2), whether it would better meet child and family needs through conversion of existing slots to full school day or full working day slots, extending the program year, conversion of existing Head Start slots to Early Head Start slots as described in paragraph (c) of this section, and ways to promote continuity of care and services. A program must work to identify alternate sources to support full working day services. If no additional funding is available, program resources may be used.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.20 (a)(1)(2)	1. NCCAA Birth-to-Five Head Start has completed the Community Needs Assessment and determined that the center-based option is full day option.	Community Needs Assessment Data, Parent Survey results	Head Start Director, ERSEA Coordinator	Planner	Every three years for comprehensive and annually for update	NCCAA is able to determine the needs of the community and other child development resources in the area.	We look at the number of working parents, available resources to the parents, additional programs that provide services to the population.	N/A	Staff trainings, PC Meetings, and Board Meetings, and Social Media

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~~(b) *Comprehensive services.* All program options must deliver the full range of services, as described in subparts C, D, E, F, and G of this part, except that §§1302.30 through 1302.32 and §1302.34 do not apply to home-based options.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.20 (b) 1302.61(a)	1. NCCAA Birth-to-Five Head Start will deliver a full range of services to all enrolled children.	Component Services, data bases, child records,	Content Coordinators	Content Coordinators and Technicians	ongoing	We are able to determine compliance and outcomes	Program Database, records, manual tracking.	PIP. Additional training, professional development	Staff trainings, PC Meetings, and Board Meetings, Child Outcomes Committee, Advisory

(c) Conversion.

- (1) Consistent with section 645(a)(5) of the Head Start Act, grantees may request to convert Head Start slots to Early Head Start slots through the re-funding application process or as a separate grant amendment.
- (2) Any grantee proposing a conversion of Head Start services to Early Head Start services must obtain policy council and governing body approval and submit the request to their regional office.
- (3) With the exception of American Indian and Alaska Native grantees as described in paragraph (4) of this section, the request to the regional office must include:
 - ~~(i) A grant application budget and a budget narrative that clearly identifies the funding amount for the Head Start and Early Head Start programs before and after the proposed conversion;~~
 - ~~(ii) The results of the community assessment demonstrating how the proposed use of funds would best meet the needs of the community, including a description of how the needs of eligible Head Start children will be met in the community when the conversion takes place;~~
 - ~~(iii) A revised program schedule that describes the program option(s) and the number of funded enrollment slots for Head Start and Early Head Start programs before and after the proposed conversion;~~
 - ~~(iv) A description of how the needs of pregnant women, infants, and toddlers will be addressed;~~
 - ~~(v) A discussion of the agency's capacity to carry out an effective Early Head Start program in accordance with the requirements of section 645A(b) of the Head Start Act and all applicable regulations;~~
 - ~~(vi) Assurances that the agency will participate in training and technical assistance activities required of all Early Head Start grantees;~~

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- (vii) A discussion of the qualifications and competencies of the child development staff proposed for the Early Head Start program, as well as a description of the facilities and program infrastructure that will be used to support the new or expanded Early Head Start program;
- (viii) A discussion of any one-time funding necessary to implement the proposed conversion and how the agency intends to secure such funding; and,
- (ix) The proposed timetable for implementing this conversion, including updating school readiness goals as described in subpart J of this part.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.20 (c) (1)(2)(3) (i-ix)	1. NCCAA Birth to Five Head Start has received approval from Policy Council, Board, and Regional Office for the conversion of 323 Head Start slots into 144 Early Head Start slots. N/A at this time	Policy Council and Board Minutes	CEO and Director of Birth to Five Head Start	Admin Secretary	Collected with the original grant application	Requirements of Regional Office	NA	NA	Staff meetings, PC Meetings, and Board Meetings

~~(4) Consistent with section 645(d)(3) of the Act, any American Indian and Alaska Native grantee that operates both an Early Head Start program and a Head Start program may reallocate funds between the programs at its discretion and at any time during the grant period involved, in order to address fluctuations in client populations. An American Indian and Alaska Native program that exercises this discretion must notify the regional office.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.20 (4)	1. NCCAA Birth-to-Five Head Start is not an American Indian or Alaska Native program therefore, this standard is not applicable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

~~(d) *Source of funding.* A program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class-operations for the purposes of meeting the Head Start and Early Head Start service duration requirements in this subpart.~~

Regulatory Reference	Action Steps	What are you	Who is responsible?	Who collects (enters) the	How often will you	How do you know you are collecting	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues	How are the results shared?
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		monitoring? (Draw from regulations, goals, and objectives)		data	collect the data?	the data that you need?		and making course corrections?	
1302.20 (d)	1. NCCAA Birth-to-Five Head Start receives funds from the Office of Head Start and will offer 1380 hours for Early Head Start and 1020 hours for Head Start.	The Birth to Five Head Start Calendar	Head Start Director	Admin Secretary	Annually	Calculations of the days of service	N/A	N/A	Staff Meetings PC Meetings Board Meetings

~~1302.21 Center-based option.~~

~~(a) Setting. The center-based option delivers the full range of services, consistent with §1302.20(b). Education and child development services are delivered primarily in classroom settings.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.21 (a) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start will provide comprehensive services according to Performance Standard 1302.20 (b)	Comprehensive Services	All Content Coordinator, (SBM), Family Advocates Teachers Ongoing Monitoring Coordinator	All Content Coordinator, Compliance Officers, (SBM), Family Advocates Teachers Ongoing Monitoring Coordinator, Planner	As needed according to the Monitoring Plan	The agency is able to monitor for compliance, establish action plans, and implement quality improvement	Agency data bases, Child records, Manual tracking, Self Assessment	Train, initiate action plans, and monitor for improvement	Staff training, Policy Councils, Board, Advisory Committee, Collaboration with Community Partners
1302.21(a) (b)(1)(i)(ii) (2)(3)(4); 1302.101(a) (3); §746.1501;	2. NCCAA Birth-to-Five Head Start stresses the importance of building secure bonds between very young children and their primary caregiver. Continuity of care provides the time and intimacy all children need to learn about them and form meaningful	Continuity of Care Form, and Center and Classroom Notification	(SBM),	C&I, ERSEA, Facilities- and Site- Base- Managemen	Ongoing	Manual tracking, Agency Data Base	Staffing Patterns, Continuity of Care- Notification Form EHS Classroom	Staff Development; Intentional Training, Policy and Procedures	Coordinators meeting, Child Outcomes- Committee, PC Board; School Readiness Advisory

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1503; 1505; 1507; 1601; 2401	relationships.	form.		Education Technician Ongoing- Monitoring- Coordinator			Notification Form		
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~~(1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of program operation, except:~~

- ~~(i) For brief absences of a teaching staff member for no more than five minutes; and,~~
- ~~(ii) During nap time, one teaching staff member may be replaced by one staff member or volunteer who does not meet the teaching qualifications required for the age.~~

~~(2) An Early Head Start or Migrant or Seasonal Head Start class that serves children under 36 months old must have two teachers with no more than eight children, or three teachers with no more than nine children. Each teacher must be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children. A program must minimize teacher changes throughout a child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care.~~

~~(3) A class that serves a majority of children who are three years old must have no more than 17 children with a teacher and teaching assistant or two teachers. A double session class that serves a majority of children who are three years old must have no more than 15 children with a teacher and teaching assistant or two teachers.~~

~~(4) A class that serves a majority of children who are four and five years old must have no more than 20 children with a teacher and a teaching assistant or two teachers. A double session class that serves a majority of children who are four and five years old must have no more than 17 children with a teacher and a teaching assistant or two teachers.~~

Table to §1302.21(b) — Center-based group size	
4 and 5 year-olds	No more than 20 children enrolled in any class. No more than 17 children enrolled in any double-session class.
3 year olds	No more than 17 children enrolled in any class. No more than 15 children enrolled in any double-session class.
Under 3 years-old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.

- ~~(i) For brief absences of a teaching staff member for no more than five minutes; and,~~
- ~~(ii) During nap time, one teaching staff member may be replaced by one staff member or volunteer who does not meet the teaching qualifications required for the age.~~

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1302.21 (b) (1)(2)(3)(4) 13021.61(a)	NCCAA Birth to Five Head Start will meet all teacher child ratios and group sizes according to the children's age. The Staff Sign In/Sign Out form is utilized every time a staff leaves the room for whatever reason and for whatever amount of time to maintain Child/Staff Ratio.	Continuity of Care; Learning Environment; Classroom Organization; Effective Teaching Practices; Curricula;	Site Base Managers; Lead Teachers	C&I, Site Base Manger and Facilities, & Ongoing Monitoring Coordinators Compliance Officers	ongoing	Manual tracking	Staffing Patterns	Staff Development; Intentional Training, Policy and Procedures	Monthly Center SBM Meeting

(c) Service duration.

(1) Early Head Start.

(i) By August 1, 2018, a program must provide 1,380 annual hours of planned class operations for all enrolled children.

(ii) A program that is designed to meet the needs of young parents enrolled in school settings may meet the service duration requirements in paragraph (c)(1)(i) of this section if it operates a center based program schedule during the school year aligned with its local education agency requirements and provides regular home based services during the summer break.

Regulatory Reference	Action Steps	What are you monitoring ? (Draw from regulations, goals, and objectives)	Who is responsible ?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.21 (c) (1) 1302.61(a)	1. NCCAA Early Head Start will provide a minimum of 1380 annual hours of planned class operations for all enrolled children.	The Birth to Five Head Start Calendar	Head Start Director	Admin Secretary	Annually	Calculations of the days of service	N/A	N/A	Staff Meetings PC Meetings Board Meetings

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(2) Head Start.

- (i) ~~Until a program is operating all of its Head Start center based funded enrollment at the standard described in paragraph (c)(2)(iv) or (c)(2)(v), a program must provide, at a minimum, at least 160 days per year of planned class operations if it operates for five days per week, or at least 128 days per year if it operates four days per week. Classes must operate for a minimum of 3.5 hours per day.~~
- (ii) ~~Until a program is operating all of its Head Start center based funded enrollment at the standard described in paragraph (c)(2)(iv) or (c)(2)(v) of this section, if a program operates a double session variation, it must provide classes for four days per week for a minimum of 128 days per year and 3.5 hours per day. Each double session class staff member must be provided adequate break time during the course of the day. In addition, teachers, aides, and volunteers must have appropriate time to prepare for each session together, to set up the classroom environment, and to give individual attention to children entering and leaving the center.~~
- (iii) ~~By August 1, 2019, a program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for at least 50 percent of its Head Start center based funded enrollment.~~
- (iv) ~~By August 1, 2021, a program must provide 1,020 annual hours of planned class operations over the course of at least eight months per year for all of its Head Start center based funded enrollment.~~
- (v) ~~A Head Start program providing fewer than 1,020 annual hours of planned class operations or fewer than eight months of service is considered to meet the requirements described in paragraphs (c)(2)(iii) and (iv) of this section if its program schedule aligns with the annual hours required by its local education agency for grade one and such alignment is necessary to support partnerships for service delivery.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.21 (c) (2) 1302.61(a)	1. NCCAA Early Head Start will provide a minimum of 1020 annual hours of planned class operations for all enrolled children.	The Birth to Five Head Start Calendar	Head Start Director	Admin Secretary	Annually	Calculations of the days of service	N/A	N/A	Staff Meetings PC Meetings Board Meetings

(3) Secretarial determination.

- (i) ~~On or before February 1, 2018, the Secretary may lower the required percentage described in paragraph (c)(2)(iii) of this section, based on an assessment of the availability of sufficient funding to mitigate a substantial reduction in funded enrollment; and,~~
- (ii) ~~On or before February 1, 2020, the Secretary may lower the required percentage described in paragraph (c)(2)(iv) of this section, based on an assessment of the availability of sufficient funding to mitigate a substantial reduction in funded enrollment.~~

(4) Extension. ~~If an extension is necessary to ensure children enrolled in the program on November 7, 2016 are not displaced from the Early Head Start or Head Start program, a program may request a one year extension from the responsible HHS official of the requirements outlined in paragraphs (c)(1) and (c)(2)(iii) of this section.~~

(5) Exemption for Migrant or Seasonal Head Start programs. ~~A Migrant or Seasonal program is not subject to the requirements described in §1302.21(c)(1) or (2), but must make every effort to provide as many days and hours of service as possible to each child and family.~~

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.21 (e) (3)(4)(5) 1302.61(a)	1. NCCAA Birth to Five Head Start will provide the minimum annual hours of planned class operations for all enrolled children.	The Birth to Five Head Start Calendar	Head Start Director	Admin Secretary	Annually	Calculations of the days of service	N/A	Ensure that the agency meets the required hours of service	Staff Meetings PC Meetings Board Meetings

(6) Calendar planning. A program must:

- (i) Plan its year using a reasonable estimate of the number of days during a year that classes may be closed due to problems such as inclement weather; and,
- (ii) Make every effort to schedule makeup days using existing resources if hours of planned class operations fall below the number required per year.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.21 (c) (6) 1302.61(a)	1. NCCAA Birth-to-Five Head Start has added in extra service days to ensure that in the event of closures the agency would still provide the minimum annual hours of planned class operations for all enrolled children.	The Birth to Five Head Start Calendar	Head Start Director	Admin Secretary	Annually	Calculations of the days of service	N/A	Ensure that the agency meets the required hours of service	Staff Meetings PC Meetings Board Meetings

(d) Licensing and square footage requirements.

- (1) The facilities used by a program must meet state, tribal, or local licensing requirements, even if exempted by the licensing entity. When state, tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedence.

Regulatory Reference	Action Steps	What are you	Who is responsible?	Who collects (enters) the	How often will you	How do you know you are collecting	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues	How are the results shared?
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		monitoring? (Draw from regulations, goals, and objectives)		data	collect the data?	the data that you need?		and making course corrections?	
1302.21(d)(1)	1. In the State of Texas, all child care facilities must meet city county and state rules and regulations, before a license is issued.	Sufficient indoor and outdoor Space	HS-Director, SBM and Facilities Coordinator, Maintenance Coordinator	Site Base Manager, SBM and Facilities Coordinator, C&I Coordinator and Education Tech	Initial, new staff, at time of staff transfers, December, and March	Verification of facility meeting requirements, and children play space is appropriate.	Child Outcomes Strengths, Concerns Pattern	Policy and Procedures; Intentional Training Staff Development; New Staff Orientation Annual Training; Cluster Training; Individual Training	Coordinators meeting, Child Outcomes Committee,

(2) A center based program must have at least 35 square feet of usable indoor space per child available for the care and use of children (exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.

(3) A program that operates two or more groups within an area must ensure clearly defined, safe divisions to separate groups. A program must ensure such spaces are learning environments that facilitate the implementation of the requirements in subpart C of this part. The divisions must limit noise transfer from one group to another to prevent disruption of an effective learning environment.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.21(d)(2)(3) 1302.61(a)	1. NCCAA Birth to Five Head Start ensures that each classroom meets the requirements of at least of 35 sq. ft. for indoor space per child and 80 sq. ft. of outdoor space per child. On facilities that provide services for Infant, Toddler and Preschoolers, the physical space (indoor and outdoor) used by infants and toddlers, is separated from the space used by	Square footage requirement of 35 sq.ft. indoor and 80 sq.ft. outdoor space per child.	Site Base Manager Maintenance Supervisor SBM/ Facilities Coordinator	SBM/ Facilities Coordinator	Annually and/or when opening a new site.	A permit is issued from the Texas Department of Families and Protective Service to operate a facility that complies with requirements for outdoor and indoor space for children.	Program Database report	To access and evaluate the space as needed.	Upper management and Coordinators meeting

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	preschoolers-								
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1302.22 Home-based option.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.22	1. NCCAA Birth to Five Head Start does not provide Home-based services. Therefore, this regulation does not apply to our Program.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1302.23 Family child care option.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.23	1. NCCAA Birth to Five Head Start does not provide Family child care services. Therefore, this regulation does not apply to our Program.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1302.24 Locally designed program option variations.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.24 (a)(b)(c)	1. NCCAA Birth to Five Head Start does not apply for a waiver to operate a locally-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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(1)(2)(3)(4)(5)(d)	designed option. Therefore, this regulation does not apply to our Program.								
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1302 Subpart C—Education and Child Development Program Services-

1302.30 Purpose.

All programs must provide high-quality early education and child development services, including for children with disabilities, that promote children’s cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and support family engagement in children’s learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in §§1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in §§1302.33 and 1302.35.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.30 1302.101(b) (3) 1302.60	NCCAA Birth-to-Five Head Start Classroom staff plans for quality teacher/child interactions and child-initiated activities. Activities are implemented in small and/or large group settings, which include fine and gross motor movement to promote physical development for at least 60 minutes per day.	Curricula; Screening and Assessments; Parent and Family Engagement; Safety and Injury Prevention; Culture and Diversity;	Site Base Managers Teaching Staff	Teaching Staff SBM Curriculum and Instruction Coordinator and COACH Coordinator	Weekly Monthly	Daily Monthly observation	Child Outcomes Strengths, Needs, Concerns, Patterns	Staff Development; Intentional Training, Policy and Mentoring Coaching	Coordinators Meeting, Child Outcomes Committee;

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~~1302.31 Teaching and the learning environment.~~

~~(a) *Teaching and the learning environment.* A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities. A program must also support implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.~~

~~(b) *Effective teaching practices.*~~

~~(1) Teaching practices must:~~

~~(i) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; are communication and language rich; promote critical thinking and problem solving; social, emotional, behavioral, and language development; provide supportive feedback for learning; motivate continued effort; and support all children's engagement in learning experiences and activities;~~

~~(ii) Focus on promoting growth in the developmental progressions described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* by aligning with and using the Framework and the curricula as described in §1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child's individual pattern of development and learning;~~

~~(iii) Integrate child assessment data in individual and group planning; and,~~

~~(iv) — Include developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*.~~

~~(2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must:~~

~~(i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English;~~

~~(ii) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or,~~

~~(iii) If staff does not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.~~

~~(c) *Learning environment.* A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:~~

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~~(1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; and,~~

~~(2) For preschool age children, include teacher directed and child initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.~~

~~(d) *Materials and space for learning.* To support implementation of the curriculum and the requirements described in paragraphs (a), (b), (c), and (e) of this section a program must provide age appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. Programs must change materials intentionally and periodically to support children’s interests, development, and learning.~~

~~(e) *Promoting learning through approaches to rest, meals, routines, and physical activity.*~~

~~(1) A program must implement an intentional, age appropriate approach to accommodate children’s need to nap or rest, and that, for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap. A program must provide alternative quiet learning activities for children who do not need or want to rest or nap.~~

~~(2) A program must implement snack and meal times in ways that support development and learning. For bottle fed infants, this approach must include holding infants during feeding to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff child interactions and foster communication and conversations that contribute to a child’s learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.~~

~~(3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.~~

~~(4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.31(a) (b)(1)(i-	NCCAA provides a responsive care, effective teaching, and an organized	Environmenta l Checklist,	C&I/Coach/ Disability	C&I/Coach/ Disability	Ongoing	Healthy and Organized Learning	Manual Tracking/Program Databases	Professional Development/Indivi	Staff Trainings/Policy

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iv)(c)(1-2)(d)(e)(1-4) 1302.92(a-d) 1302.60 1302.61(a) 1302.47(b)(6)(i) §746.2205; §746.2417 §746.2423; §746.2607 §746.2901; §746.2903§ 746.1309 (c)(6)	learning environment that aligns with the Head Start Early Learning Outcomes Framework that is inclusive for children with disabilities. The program integrates regular and ongoing supervision, and a system of individualized and ongoing professional development for program staff.	CLASS observations, Lesson Plans, SBM Lesson Plan Checklist, Lesson Plan Monitoring Report, GOLD, Magic Number, Safety Transition Checklists, Staff-Child Ratio Form , Practice Base Coaching, T/TA Plan Schedules/ Hazzard Mapping /Daily Activity Reports	Mental Health Coordinators ,Education/ Disability Mental Health Technician, SBM, Mentors/ Coaches, Program Staff, T&TA Specialist	Mental Health Coordinators ,Education/ Disability Mental Health Technician, SBM, Mentors/ Coaches, Program Staff, T&TA Specialist		Environment aligned with the HELOF/ Professional development has been provided		dualized Training	Council/Board/Data Outcomes Meeting/School Readiness Advisory
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Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible ?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.31(b)(2)(i-iii); 1302.33(c)3; 1302.50(a)(b)(1-6)	NCCAA supports the native language and culture of every child and family. Head Start actively promotes English Language Acquisition for those children whom English is not their first language, or a child who had grown up hearing equal amounts of two or more languages every day since birth. Whenever possible, children will be placed in a classroom where at least one teacher speaks the child's native language.	Home-Language-Questionnaire	SBM-SBM/Facilities	Family-Advocates;	Ongoing	Class placement of children GOLD	Manual Tracking; Child's Record	Staff Development; Policy and Procedures	Coordinators meeting, Data Outcomes Meeting/PC/ Board/ School Readiness Advisory
1302.33(b)1	Teaching Staff will document on the Education	DLL Home	Education	Teaching	Ongoing	How many children	Manual Tracking	Staff Development;	Data Outcomes

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302.50(a)(b) (1-6);	Requirements and Assessment checklist whether or not the child will be assessed in the ELA dimension. The teaching staff will document the children on DLL Home Language Survey-Teaching Strategies GOLD Head Start Only Form.	Language Survey-Teaching Strategies-GOLD Head Start Only Form	Technician	Staff		will be assessed on the ELA dimension	Program Database	Policy and Procedures	Committee, PC Board; School Readiness Advisory
1302.31 (b)(2)(i) (iii) 1302.50 (b)(1)(2) (5) 1302.51(a) 1302.60 1302.61(a)	1. NCCAA Birth to Five Head Start Program seeks to employ individuals who speak the primary language of the majority of children in the classroom. If needed, program staff will seek out parents and community partners to provide assistance/training with language translation	Career Plug	Site Base Management and Facilities Coordinator	Site Base Managers/ Site Base Management and Facilities Coordinator	Ongoing	Staff are able to communicate with the children and families	Data Base	Recruit staff that is fluent in the family first language. Collaborate with staff to ensure the communication needs of the children and family are met.	Personnel Committee meetings, PC and Board Meetings

~~1302.32 Curricula-~~

~~(a) Curricula-~~

~~(1) Center based and family child care programs must implement developmentally appropriate research based early childhood curricula, including additional curricular enhancements, as appropriate that:~~

- ~~(i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;~~
- ~~(ii) Are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and, as appropriate, state early learning and development standards; and are sufficiently content rich to promote measurable progress toward development and learning outlined in the Framework; and,~~
- ~~(iii) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.~~

latory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.32(a)(1) (i-iii)(2)(b)	1. NCCAA Birth-to-Five Head Start Program uses age appropriate Frog Street Curriculums which	Lesson Plans	ALL Head Start Staff	(SBM), Education	Daily, Ongoing	Manual tracking Database Report	Child Outcomes Data; Strengths, Needs,	Staff Development; Intentional Training,	Coordinators meeting,

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1302.60; 1302.34 (b)(4); 1302.50 (b)(1);	reflects a scope and sequence adapted to thematic units. INFANTS do not follow a scope and sequence. Weekly lesson plans are implemented and include Individualization for all children (including children with special needs).		Teaching Staff	Tech, DMHS Tech for (IEP/IFSP)	Weekly		Concerns, Staffing Patterns	Policy and Procedures	Child Outcomes Committee, PC Board; School Readiness Advisory, Parent Handbook
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(1) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.

Regulatory Reference	Action Steps	What are you monitoring ?	Who is responsible ?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.32(a) (2)	NCCAA Birth to Five Head Start Program will implement curriculum with fidelity through use of materials and scheduled planning time for teaching staff. Curriculum with Fidelity professional development will be provided as needed.	Daily Schedules/Lesson Plans/T&TA Plans	Site Base- Managers/T &TA Specialists	Teaching- Staff/T&TA Specialist	Ongoing	Curriculum with Fidelity and Professional Development are being implemented	Manual Tracking/Program Database	Staff Development; Policy and Procedures	Coordinators meeting, Cluster Meetings, School Readiness Advisory , Home visits, Parent Conferences, Parent Handbook

~~(b) Adaptation. A program that chooses to make significant adaptations to a curriculum or a curriculum enhancement described in paragraph (a)(1) to better meet the needs of one or more specific populations must use an external early childhood education curriculum or content area expert to develop such significant adaptations. A program must assess whether the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in §1302.102(b) and (c). Programs are encouraged to partner with outside evaluators in assessing such adaptations.~~

Regulatory Reference	Action Steps	What are you monitoring ?	Who is responsible ?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.32 (b)	Frog Street is a comprehensive curriculum that includes adaptations.	Implementation of the goals and	SBM; Disability and Mental	Teaching- Staff	Ongoing	Verification that adaptations are implemented as	Manual Tracking,	Staff Development; Policy and Procedures	Coordinators meeting, Data Outcomes

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		objectives- for-children- (inclusive-of children- with- disabilities)	Health- Technician			needed			Committee, PC Board
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1302.33 Child screenings and assessments.

~~(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.~~

~~(2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child’s typical behavior.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(a)(1) 1302.41(a)(b)(1) 1302.45(a)(3) 1302.50(a) 1302.60 1302.61(a)	1. Parental written consent will be obtained before any services are initiated.	Child Record for permission forms	Health Staff, Teaching Staff, (SBM) , Family Advocates, Content Area Coordinators and Technicians	Family Advocates,	Ongoing as needed	We are able to verify Parental written consent is on file.	Manual Tracking Children’s Record, Program Database	Gain appropriate consents	N/A
1302.33(a)(1)	2. All NCCAA Head Start children receive vision, hearing, speech, social-emotional, and	45 Day Screening	CACFP Clerk	Health Staff, Teaching	Ongoing as needed	We are able to verify that	Ages and Stages Questionnaire (ASQ 3, and	Ensure screening are completed,	Home Visits, Health Advisory,

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1302.41(a)(b)(1) 1302.45(a)(3) 1302.60 1302.61(a)	developmental screenings within 45 days of the child's entry into the program.	results	Monitor, and Content area Technicians, and Health Staff, Contents Coordinators, Teaching staff	Staff, Health Technician, Education Tech, CACFP Clerk / Monitor,		screening have been completed	ASQ SE2), Vision and Hearing Screening, Height and Weight Activities and Physical Exam results, manual tracking, Program Database	staff training, Reinforces Education Deadline Date Calendar, and Education, Disability, and Mental Health Calendar, rescreen and referrals	Policy Council, Staff Development, Coordinator's Meetings, Community Services Block Grant (CSBG)
1302.33(a)(1) 1302.41(a)(b)(1) 1302.45(a)(3) 1302.50(b)(1) 1302.60	3. — NCCAA Birth to Five Head Start Program staff inform parents/primary caregivers about the screening process at enrollment, and Parent Orientation.	Consents and Parent/Primary Caregiver Orientation Form	FCP Coordinator, Site Base Managers, and Family Advocates	Family Advocates	Ongoing as needed	We are able to verify that families are informed of the screening process.	Program Database Manual Tracking Children's Record Sign in forms	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development Coordinator's Meetings
1302.33(a)(1)(2)	4. A program must complete or obtain a current developmental and behavioral 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.	Developmental Screenings	Teaching Staff	Edu. Tech, Curriculum and Instruction, and Disability and Mental Health Coordinator	Ongoing	Screening and Program Data Base; Manual Tracking	Screening Results	Complete Screenings and Staff Development	Coordinators meeting, Child Outcomes Committee , PC Board; School Readiness Advisory, CSBG Report
1302.33(a)(3)	5. If a child's initial screening shows concern the teaching staff will rescreen the child in the same areas giving the child time to show progress.	Rescreens	Teaching Staff	Edu. Tech, Curriculum and Instruction, and	Ongoing	Screening and Program Data Base; Manual Tracking	Rescreening Results Referral Process	Complete rescreen Staff Development, Referrals	Coordinators meeting, Child Outcomes Committee , PC Board; School

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				Disability- Disability- and Mental- Health- Coordinator					Readiness Advisory
1302.33(a)(1)(2) 1302.34(b)(2) 1302.44(a)(1) 1302.46(b)(1)(ii) 1302.50(b)(1) 1302.60 1302.61(a)	1. The Disability/Mental Health Coordinator and Nutrition Coordinator maintain close communication concerning children with disabilities with special dietary or nutritional needs and their families. Together they ensure that all screenings and follow-ups have been completed	Special-Dietary-Needs	Teaching-Staff, SBM, Nutrition-Coordinator, Disability/Mental Health-Coordinator	Family-Service-Advocate, Nutrition-Services	As needed- or annually	Physician or-therapist complete-the IHCP for-Special-Dietary-Needs	List of Special Dietary-Needs is compiled by the Nutrition Services-Department and issued to-the classroom on-a-monthly-basis.	Communication with parent/guardian through child staffing	Monthly Special Dietary Needs List

(3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:

(i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(a)(3)(i) 1302.34(b)(3) 1302.41(a)(b)(1) 1302.45(3) 1302.50(b)(1)	1. NCCAA Birth to Five Head Start Program classroom staff with the parents input will conduct an additional social-emotional assessment if warranted.	Referral-Process	Teaching-staff	Education-Technician, DMHS-Coordinator, DMSH-Technician	As-warranted	Mental Health-Referral-Process	Mental Health Services-Referral process, referral-completed in the Program-Database and hardcopy filed in Mental Health Services-files, shared with LEA, ECI, Mental Health Consultant as-needed	Education Technician-will consult with-teaching staff if child-failed screening	Child Staffing, Mental-Health-Services-Referral, referral-completed in the-Program Database and-hardcopy filed in-Mental Health-Services files, LEA/, ECI, Mental Health-

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4) 1302.60 1302.61(a)									Consultant
1302.33(a)(3)(i) 1302.34(b)(3) 1302.41(a)(b)(1) 1302.45(3) 1302.50(b)(1) 1302.60 1302.61(a)	2. Children will be referred based on screening results, teacher observation, or parent/primary caregiver request.	Referral Process	Teaching staff	Education Technician, DMHS Coordinator, DMSH Technician	As needed or requested	Mental Health Referral Process	Mental Health Services Referral process, referral completed in the Program Database and hardcopy filed in Mental Health Services files, shared with LEA, ECI, Mental Health Consultant as needed	SBM will conduct initial child staffing with parent/guardian, DMHS Coordinator/Technician will conduct second staffing	Child Staffing, Mental Health Services Referral referral completed in the Program Database and hardcopy filed in Mental Health Services files, LEA/ECI, Mental Health Consultant

~~(ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(a)(3)(i) (ii) 1302.33(a)(5)(i) 1302.41(a)(b)(1) 1302.45(3) 1302.60 1302.61(a)	1. — Birth To Five Head Start Program collaborates with the Local Education Agencies (LEA) to assure that the evaluations are completed on children with disabilities or suspected disabilities.	Special Educational Services and MOUs	DMHS Coordinator, DMHS Technician	DMHS Coordinator, DMHS Technician	As per referral submission	Updated IEPs or IFSPs on file and current MOUs	Attend LEA evaluations, Check for MOU expiration dates and assist families with transitional services information and meetings	continue to strengthen collaborations with LEA, attend ECI transitional meetings and ARDs	Referral Packet to LEA/ECI, ARD, ECI transitional parent meetings, communication via email, interface, phone calls
1302.33(a)(3)(i) (ii) 1302.41(a)(b)(1) 1302.45(3)	2. — NCCAA Birth To Five Head Start program will assume responsibility for arranging or providing for an evaluation when the Local Education Agencies (LEA) does not evaluate the child, either by	Special Educational Services, and MOUs	DMHS Coordinator,	DMHS Coordinator, DMHS Technician	As per referral submission	Documentation of evaluation conducted by LEA or contractor	Contract contractor to evaluate child, check for MOU expiration dates and assist families with transitional services information and meetings	Seek contractors to evaluate child, continue to strengthen collaborations with LEA, attend ECI transitional meetings	Referral Packet to LEA/ECI, ARD, ECI transitional parent meetings, communication via email, interface, phone

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1302.60 1302.61(a)	accessing other resources or using contracted consultants.							and ARDs	calls
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~~(4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(a)(4) 1302.33(a)(4) 1302.41(a)(b)(1) 1302.45(3) 1302.60 1302.61(a)	1. — Children with special needs will acquire appropriate technical assistance as stated by Individuals with Disabilities Education Act (IDEA) if required by child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Children with disabilities will receive all of the services they need.	Special Educational Services, — and MOUs	DMHS- Coordinator,	DMHS- Coordinator, DMHS- Technician	Ongoing as per IFSP/IEP	IFSP Service Plan/IFSP, ARD, IEP	IFSP/IEP and MOU	Continue to strengthen collaborations with LEA, attend ECI transitional meetings and ARDs	Referral Packet to LEA/ECI, ARD, ECI, IFSP/IEP, transitional parent meetings, communication via email, interface, phone calls

~~(5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:~~

~~(i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,~~

~~(ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?

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1302.33(a)(5)(i)(ii) 1302.33(a)(3)(i)(ii) 1302.50(b)(3) 1302.52(a) 1302.53(a)(1) 1302.60	1. — NCCAA Birth to Five Head Start Program staff may refer families to community resources to help strengthen a supportive and healthy environment at home.	Mental Health Services for families	DMHS Coordinator,	DMHS Coordinator	As per referral submission	Sign in/out logs, or mental health consultant invoice	Provide support and community resources to families. Provide parenting training and invite families to advisories and meetings	Contract Mental Health Consultant	School Readiness and Family Engagement Advisory Meeting, Social, Emotional, Awareness Team (S.E.A.T.) Meeting monthly center meetings advisories, communication via email, interface, phone calls
1302.33(a)(5)(i)(ii) 1302.33(a)(3)(i)(ii) 1302.50(b)(3) 1302.52(a) 1302.53(a)(1) 1302.60	2. NCCAA Birth-to-Five Head Start Program staff initiate the referral process if a concern is noted regarding a child's mental health.	Mental Health Services referral	DMHS Coordinator,	DMHS Coordinator	As per referral submission	Lesson plan Mental Health Section, ABC Data Log, Supervisor classroom observation forms, DMHS observation, ABC Behavior Plan	Contract Mental Health Consultant to evaluate child as needed	SBM will conduct initial child staffing with parent/guardian, DMHS Coordinator/Technician will conduct second staffing Contract Mental Health Consultant as needed	Referral Packet to Mental Health Consultant, child staffing, ABC Positive Behavior Support Plan, communication via email, interface, phone calls

~~(A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.~~

~~(B) A program may use program funds for such services and supports when no other sources of funding are available.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(a)(5)(ii)(B)	1. — If no other resources are available, NCCAA Birth To Five Head Start	Mental Health	DMHS Coordinator,	DMHS Coordinator	As per referral	Contractor/Mental Health Consultant invoice	Contract Mental Health Consultant to evaluate child	Contract Mental Health Consultant	Referral Packet to Mental Health Consultant, child

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1302.60	Program may cover the cost of mental health services for children.	Services-referral	Director of Birth to Five Head Start		submission				staffing, communication via email, interface, phone calls
1302.33(a)(5)(ii)(A)(B) 1302.63(a)(b)	2.— Disability services will be provided through careful use of funds allocated for disabilities services as stated in the budget line items.	Special Educational Services, and MOUs	DMHS-Coordinator, Director of Birth to Five Head Start	DMHS-Coordinator,	As per-referral submission	Documentation of evaluation conducted by LEA /ECI or contractor invoice	Contract contractor to evaluate child, check for MOU expiration dates and assist families with transitional services information and meetings	Seek contractors to evaluate child, continue to strengthen collaborations with LEA, attend ECI transitional meetings and ARDs	Referral Packet to LEA/ECI, ARD, ECI transitional parent meetings, communication via email, interface, phone calls
1302.33(a)(5)(ii)(A)(B) 1302.33(a)(4) 1302.41(a)(b)(1) 1302.45(3) 1302.53(a)(2)(ii) 1302.60 1302.61(a)	3.— All children with disabilities will be provided services, either through the use of community resources, or through grantee funds.	Special Educational Services, and MOUs	DMHS-Coordinator, Director of Birth to Five Head Start	DMHS-Coordinator	As per-referral submission	Documentation of evaluation conducted by LEA /ECI or contractor invoice	Contract contractor to evaluate child, check for MOU expiration dates and assist families with transitional services information and meetings	Seek contractors to evaluate child, continue to strengthen collaborations with LEA, attend ECI transitional meetings and ARDs, encourage parent/primary caregiver to apply for health insurance if needed.	Referral Packet to LEA/ECI, ARD, ECI transitional parent meetings, communication via email, interface, phone calls

(b) Assessment for individualization:

- (1) A program must conduct standardized and structured assessments, which may be observation based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the *Head Start Early Learning Child Outcomes Framework: Ages Birth to Five*. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.
- (2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center based and family child care settings, and improve home visit strategies in home based models.

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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Reference		you monitoring? (Draw from regulations, goals, and objectives)	responsible?	(enters) the data	will you collect the data?	you are collecting the data that you need?	aggregated and analyzed?	responding to issues and making course corrections?	shared?
1302.33(b)(1) 1302.34(b)(2)(3) (5)(6) 1302.50(b)(1)(2) 1302.51(a)(1)-(3) 1302.60 1302.61 (b)(c)(1)	1 . NCCAA conducts standardized and structured assessments which are utilized for individualization of all children.	Ongoing Assessments , Lesson Plans, Lesson Plan Checklist, Developmental Learning Report (DLR)	Teaching Staff (SBM) ,	(SBM) , Education Technician, Disability and Mental Health Technician, and C&I Coordinator	Ongoing	Verification that the assessments were complete and individualization is on the lesson plan. Development Learning Report shared with parents	Child goals and measurable outcomes, Child Outcomes Data , Determine Strengths, needs, and concerns, of the children and teaching staff.	Assessment to be completed, Staff Development; Policy and Procedures	Coordinators meeting, Data Outcomes Meeting, PC Board; School Readiness Advisory, CSBG Report, Staff Development Meetings

~~(3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(a)(b)(3) 1302.34(b)(3) 1302.41(a)(b)(1) 1302.45(3) 1302.50(b)(1) 1302.60 1302.61(a)	1. The Disability/Mental Health Coordinator refers children to the Local Education Agency (LEA) and to Early Childhood Intervention for formal evaluation.	Disability Services Referral Process, and MOUs	DMHS Coordinator,	DMHS Coordinator, DMHS Technician	As per referral submission	Disability Services Referral Process	Check for MOU expiration dates, track disability services referrals	Continue to strengthen collaborations with LEA, attend ECI transitional meetings and ARDs	Referral Packet to LEA/ECI, , ARD, ECI transitional parent meetings, communication via email, interface, phone calls

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(4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

Regulatory-Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.33(e)(1) (4)(i)(ii)(iii) 1302.34(b)(3) 1302.50(b)(1)(5) 1302.60 1302.61(a)	1. NCCAA Birth To Five Head Start program follows the appropriate procedures on the provision of services; children with disabilities will be assured of fair, complete appropriate procedures in the provision of services. Birth To Five Head Start program will assure that contracted Consultants use evaluation procedures which are not racially or culturally discriminatory, and are administered in the child's native language.	All Screening/ Assessment tools and results.	Teaching staff, health staff, Family Advocates	Education and Health Technician Education and Health Coordinators CACFP Clerk/Monitor Nutrition Coordinator	Upon Enrollment, and ongoing	Verification of Screening and Assessment tools are linguistically and culturally sensitive	Program Databases, and Manual Tracking	Professional Development	Home Visits, Parent Conferences, Coordinator Meeting, School Readiness Advisories, Child Outcomes Committee, Community Services Block Grant Reporting, Policy Council, and Board Meetings

(d) *Prohibitions on use of screening and assessment data.* The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.

1302.34 Parent and family engagement in education and child development services.

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(a) ~~*Purpose.* Center-based and family child care programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.~~

Regulatory Reference	Action Steps	What are you monitoring ?	Who is responsible ?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.34(a)(b); 1302.50(b)(1-6); 1302.51(a)(1-3(b))	Home activities are provided to parents to encourage interaction in the home while working on the child's skills.	Home-Connections-Calendar	FCP, FCP/Tech, C&I / C&I Tech	Family-Advocates, Teaching-Staff	On going	Inkind, Portfolio Entries	Child Outcomes Data; Strengths, Needs, Concerns,	Staff Development;	Coordinators meeting, PC, Board;

(b) ~~*Engaging parents and family members.* A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure:~~

(1) ~~The program's settings are open to parents during all program hours;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.34(b)(1) 1302.50(b)(4) 1302.51(a)(1)(2)	1. Parent/Primary Caregiver are encouraged to volunteer or visit their child's classroom and participate in classroom activities, share ideas, comments, or concerns about their child with program staff throughout the year. and also observe when the Local Education Agencies (LEA), Part C Agencies or consultants are working with their child and are suggested activities to do in the home.	Parent-Participation, Open Door Policy In Kind	Content Area Coordinator s, (SBM),	Content Area Coordinator s, And other staff as applicable to event FCP Tech Family Advocates	Ongoing	We are able to determine that parents are invited and participate in events	Program Databases, Manual Tracking, and Child Records	Staff Development	Coordinators meeting, PC and Board; School Readiness Advisory, CSBG Monthly Reporting

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				SBM				
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(2) Teachers regularly communicate with parents to ensure they are well informed about their child's routines, activities, and behavior;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.34(b)(2) 1302.50(b)(1) 1302.51(a) (1)(2)1302.60 1302.61(a) §746.2431	1. Early Head Start Infant classrooms (0-17 months) share Daily Activity Reports with parents to inform them of the child's daily progress.	Daily Activity Report	SBM	Teaching Staff	Daily	Hard copies	Completion and distribution	Staff Development;	Daily Communication and Child Care Licensing
1302.34(b)(7) 1302.46(b)(1)(ii) 1302.50(b)(1)(6) 1302.51(a)(1)(2) 1302.60	2. Home activities are provided to parents to encourage interaction in the home while working on the child's skills.	In Kind	FCP Coord. / FCP Tech	Teaching Staff, Family Advocates, and FCP Technician	Ongoing	We are able to verify the family engagement	Program Data Base, Manual Tracking In Kind	Staff Development;	Coordinators meeting, PC, and Board

(3) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program;

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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Reference		you monitoring? (Draw from regulations, goals, and objectives)	responsible?	(enters) the data	will you collect the data?	you are collecting the data that you need?	aggregated and analyzed?	responding to issues and making course corrections?	shared?
1302.34(b)(3) 1302.34(b)(2)(7) 1302.46(b)(1)(ii) 1302.50(b)(6) 1302.51(a)(1)(2) 1302.60 1302.61(a)	1.	NCCAA Birth-to-Five Head Start Program Classroom teachers conduct at least two (2) parent conferences per program year to discuss the progress of each child's skills, including children with disabilities. Scheduled times are convenient for parents and staff.	Parent Conferences (1st & 2nd)	Teaching Staff, SBM, Education Technician, Disability and Mental Health Coordinator, Mental Health and Disability Technician	SBM	Ongoing	Data base report verifies that conferences have been completed	Data Base; Child's Record; Staff Development;	Coordinators meeting, School Readiness Advisory
1302.34(b)(3) 1302.46(b)(1)(ii) 1302.50(b)(6) 1302.51(a)(1)-(3) 1302.60 1302.61(a)	2.	NCCAA Birth-to-Five Head Start Program Staff and parents review individualized goals for their child including children with disabilities. Parents are also given the opportunity to share ideas, comments, or concerns with program staff.	Home Visits and Parent Conferences; Developmental Learning Reports	Teaching Staff; SBM, Curriculum and Instruction Coordinator Education Technician, Disability and Mental Health Coordinator, Mental Health and Disability Technician	Teaching staff	Ongoing	Ensure that the DL's were shared during the Home Visits and Parent Conferences	Assessment data base, Program Data Base, Child Record Staff Development;	Coordinators meeting, School Readiness Advisory

~~(4) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;~~

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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Reference		you monitoring? (Draw from regulations, goals, and objectives)	responsible?	(enters) the data	will you collect the data?	you are collecting the data that you need?	aggregated and analyzed?	responding to issues and making course corrections?	shared?
1302.34(b)(4) 1302.50(b)(1) 1302.53(a) 1302.60	1. NCCAA Birth-to-Five Head Start Program has a School Readiness & Family Engagement Advisory Committee consisting of parents, staff and community partners. Through this Committee, the Program assures shared communication with parents in implementing a researched based curriculum that supports each child's individualization, developmental age, age appropriate learning materials and experiences.	Agendas, Sign In's, and Minutes	FCP, Disability/ Mental Health, Curriculum and Instruction and Coach Coordinators	Coordinators	Biannually	We are able to verify the services that families receive	Program Databased System Manual Tracking Sign in forms	Staff Development	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development Coordinator's Meetings
1302.34(b)(4) 1302.50-53 §746.1305	2. Parents are invited to attend meetings/trainings at their local centers during F.A.C.E., Family Nights, and other community training opportunities. Information regarding parent participation will be made available in the classroom, monthly newsletters, parent meetings, and flyers, Agency Website, Social Media, etc.	Family Engagement Activities	Content Area Coordinators	Family Advocates and Coordinators	Ongoing	We are able to verify parents attendance and participation	Program Databased System Manual Tracking	Staff Development Identify resources needed	Staff Development

~~(5) Parents and family members have opportunities to volunteer in the class and during group activities;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
	1. NCCAA Birth-To-Five Head Start Program	Parent	FCP	Family	Ongoing	We are able to verify	Program Databased	Staff	Staff

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1302.34 (b)(5) 1302.50 (a)(b)(1)(2), (4) 1302.60	staff encourages parents to visit and actively participate in their children’s education by attending Program activities and/or volunteering in the center/classroom at any time during operational hours.	Participation In Kind	Coordinator FCP Tech (SBM), and Coordinators	Advocates and Coordinators FCP Tech		parents attendance and participation	System Manual Tracking	Development Identify resources needed	Development
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(6) Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child’s progress;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.34 (b)(6) 1302.41(a) 1302.42(b)(1) 1302.46(b)(1)(ii),(iv) 1302.50(b)(1) 1302.51(a)(1)(2) 1302.60	1.— NCCAA Birth to Five Head Start classroom staff will share the social-emotional screening results, discuss the child’s social-emotional development and behavior with families during the home visit.	Home Visits	Education, Disability and mental Health Coordinator/Technician	Teaching Staff, Site Base Managers	Ongoing	Verification of communication during home visits	Program Database, Manual Form	Staff Development;	Coordinators meeting, School Readiness and Family Engagement Advisory, CSBG Report
1302.34 (b)(7) 1302.46 (b)(1)(ii) 1302.50(b)(6)	1.— Each child has a portfolio that contains a collection of photographs, work-samples, ongoing classroom observations, assessments and other developmental information. Teaching will review the progress during the home visits and parent conferences.	Portfolio Checklist	SBM/Mentors/Coaches	Teaching Staff	Ongoing	Portfolio entries are filed in the child’s portfolio	Manual form	Staff Development; Policy and Procedures	Coordinators meeting, School Readiness Advisory

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1302.60 1302.61(a)									
1302.34(b)(6) 1302.46(b)(1)(ii),(iv) 1302.50(b)(1) 1302.51(a)(1)(2) 1302.60	2.— Parents have the opportunity to help complete the screening information on their child by identifying developmental skills observed at home.	18 Vision Developmental Milestones from Birth to Baby's First Birthday, ASQ SE2, and ASQ 3-	Education, Disability and mental Health Coordinator /Technician	Family Advocates, Teaching Staff, Education Technician	On-going	Completion of screening with Parent input	Screening Program Database, Program Database, Child Record up to first year of age	Completion of the screening Staff Development;	Home Visits, Coordinators meeting, Child Outcomes Committee, PC Board, School Readiness Advisory

(7) Teachers, except those described in paragraph (b)(8) of this section, conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child's learning and development, except that such visits may take place at a program site or another safe location that affords privacy at the parent's request, or if a visit to the home presents significant safety hazards for staff; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.34(b)(7) 1302.34(b)(2)(7) 1302.46(b)(1)(ii) 1302.50(b)(1)(6) 1302.51(a)(1)(2) 1302.60	3.— NCCAA Birth to Five Head Start Program will complete two home visits per program year for each child at a safe location at the convenience of the parent/primary caregiver.	Home Visits	Education Technician	Teaching Staff/SBM	Ongoing	To ensure that home visits are completed for children	Program Data Base Child's Record	Staff Development; Policy and Procedures	Coordinators Meeting CSBG Report

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(8) Teachers that serve migrant or seasonal families make every effort to conduct home visits to engage the family in the child's learning and development.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.34(b)(8)	1. NCCAA Birth to Five Head Start does not serve migrant or seasonal families. Therefore, this is not applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1302.35 Education in home-based programs.

(a) ~~*Purpose.* A home-based program must provide home visits and group socialization activities that promote secure parent-child relationships and help parents provide high-quality early learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. A program must implement a research-based curriculum that delivers developmentally, linguistically, and culturally appropriate home visits and group socialization activities that support children's cognitive, social, and emotional growth for later success in school.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.35	1. NCCAA Birth to Five Head Start does not offer a home-based program. Therefore, this is not applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1302.36 Tribal language preservation and revitalization.

~~A program that serves American Indian and Alaska Native children may integrate efforts to preserve, revitalize, restore, or maintain the tribal language for these children into program services. Such language preservation and revitalization efforts may include full immersion in the tribal language for the majority of the hours of planned class operations. If children's home language is English, exposure to English as described in §1302.31(b)(2)(i) and (ii) is not required.~~

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course	How are the results shared?
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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1302.35-	1. NCCAA Birth to Five Head Start does not serve American Indian and Alaska Native children. Therefore, this is not applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1302 Subpart D—Health Program Services

1302.40 Purpose.

- (a) ~~A program must provide high quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child’s growth and school readiness.~~
- (b) ~~A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.40(a)(b) 1302.42(b)(1) (i)(ii)1 1302.423 (b)1202.50(b)(1) 1302.53(a)(1)) 1302.60 1302.61(a)	1. NCCAA Birth to Five Head Start Program has a Health Services Advisory Committee.	Minutes and Sign In Sheets, Agenda	Health Coordinator	Health Coordinator	Quarterly	Able to determine attendance	Manual trackings	Recommendations included in Health and Safety Policy and Procedures Manual	Updated Policy and Procedures distributed accordingly

1302.41 Collaboration and communication with parents.

- (a) ~~For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child’s health needs and development concerns in a timely and effective manner.~~

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.41(a) 1302.46 (a) 1302.50(a) 1302.52(c) 1302.53(a)(1) 1302.60	1. Families whose children are not up-to-date on a schedule of well child care will receive reminders, phone calls and referrals from the Birth-to-Five Head Start Program with arrangements to bring the child up-to-date.	Health Records Database Referrals	Health Coordinator, FCP Coordinator	Classroom Staff, Family Advocates, (SBM), and Health Staff	On Going	Receive updated documents Current physicals, dental exams, immunizations We are able to verify referrals made	Program Database, and Child Record	Continue to complete and distribute Reminders Staff Development, Community resources outreach	Staff Development IMIL for Families Meeting
1302.41(a) 1302.46 (a) 12.50(b)(1) 1302.60	2. NCCAA Birth-to-Five Head Start Program staff involves parents in all health, developmental and behavioral screenings, ongoing assessments and health status related to the EPSDT and immunizations schedule as recommended by the CDC. To ensure appropriate health care services and follow-up are being provided.	Current Health Records Database	Health Coordinator, Content Area Coordinators	Classroom Staff, Family Advocates, Health staff and Health Technician	On Going	Receive updated documents Current health screenings Increase in the number of current immunizations, physicals, and dentals	Entered in Program Database Child Record	Continue to communicate with parents	End of Month Reports Health Services Advisory Meeting CSBG Report
1302.41(a) 1302.42(e)(2) 1302.50(b)(1)-(3) 1302.53(a)(1) 1302.60 1302.61(a)	3. NCCAA Birth to Five Head Start Program staff communicates with parents of children with identified health needs through on-going follow-up which may include: phone calls, staffings, parent conferences and home visits	Case Notes, Home Visits Follow-ups	Content Area Coordinators	Site Based Management, Family Advocates, Classroom Staff	On-Going	Child receives health services We are able to verify services received	Information entered in Program Database	Continue to communicate with families on child's needs Staff Development, Community resources outreach	Communicate with parent Staff Development IMIL for Families Monthly Meeting
1302.41(a) 1302.34(b)(6) 1302.42(b)(1)	4. NCCAA Birth to Five Head Start Program staff talks with parents about what screenings we use, how they are conducted and what the results mean.	EPSDT and Immunization Schedule	Content Area Coordinators	Family Advocates, Classroom Staff, Health Staff, SBMs	On-Going	Families receive information	Data entered in Program Database	Continue to communicate with families	Enrollment, Parent Orientation, Home Visits Parent Meetings, and CSBG Report

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1302.46(b)(1)(ii),(iv) 1302.50(b)(1) 1302.53(a)(1) 1302.60									
1302.41(a) 1302.50(b)(1) 1302.53(a)(1) 1302.60	5. — NCCAA Birth to Five Head Start Program provides training/ information for families on being active partners in their child's medical and dental health care preventative care and setting appointments.	Ensure children receive medical and dental care Referrals & Follow ups	FCP Coordinator, Health Coordinator, Health Staff	Family Advocates, Site Based Management	Ongoing	Receive updated Physicals, Dental Exams, and Immunization Records We are able to verify and follow up on referrals made	Program Database	Continue to communicate with families Staff Development, Community resources outreach	End of Month Reports Staff Development IMIL for Families Monthly Meeting Health Services Advisory Meeting

(b) At a minimum, a program must:

(1) 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,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.41(b)(1) 1302.33(a)(1) 1302.34(b)(6) 1302.50(b)(1) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start Program staff obtains consent for Lead Screening and a Consent for Anemia Screening form from parents before the screening is conducted. Staff provides parents with a 48-hour notice as to when children will be screened at their center.	Authorization for Consent Form, Consent for Lead, and Consent for Anemia Database	Health Coordinator, C&I Coordinator, FCP Coordinator	Family Advocates, Health staff, Classroom Staff	On Going	Children screened only if consent is in child's binder	Program Database	Communicate with families on need to conduct screenings	Parents as applicable

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1302.41(b)(1) 1302.33(a)(1) 1302.50(b)(1) 1302.60 1302.61(a)	2. NCCAA Birth-to-Five Head Start Program staff document in the child's file and in our Program Database when parents refuse to give authorization for health services.	Authorization for Consent Form, Consent for Lead, and Consent for Anemia Case Notes	Family Advocates, Health Staff ERSEA and FCP Coordinator	Health Staff, Family Advocates, Site Based Management	On Going	Documentation is in child's binder in Database We verify documentation of documentation of communications made with families consent	Information is in Program Database	Communicate with families on importance of health screenings, and parent provision of screening results from a Pediatrician or WIC Staff Development, Community resources outreach	End of Month Report
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~~(2) Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.41(a)(b)(1)(2) 1302.33(a)(1) 1302.50(b)(1) 1302.60 1302.61(a) §746.605 (13)	1. NCCAA Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention during Parent Orientation, Child Staffings, and through the Parent Handbook.	Parent/Primary Caregiver Orientation Form, Child Staffing Form, Sign Ins	Content Area Coordinators	Family Advocate, Site Base Mangers, Family and Community Partnership Coordinator	Ongoing	Documented communication with the parent	Child Record, Program Data Base	Staff Development Communication via in person, phone or email	Staff meetings Staff trainings Education and or Health Advisory Committee Policy Council Board Meetings

~~1302.42 Child health status and care.~~

~~(a) Source of health care.~~

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(1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care—provided by a health care professional that maintains the child’s ongoing health record and is not primarily a source of emergency or urgent care—and health insurance coverage.

(2) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(a)(1) 1302.46(a)(b)(2)(ii)(ii) 1302.50(b)(1) 1302.53(a)(2)(i) 1302.60	1. NCCAA Birth-to-Five Head Start Program staff will determine whether or not each child has access to health insurance and a regular medical home. If a child does not have insurance and/or a medical home, staff will work with the family to access health care through community resources. Come back to!	Manual Emergency Contact Form, Medical Home Referrals	Health Coordinator FCP Coordinator	Family Advocates, Site Based Management	90 days from date of enrollment Ongoing	Have increases in number of children with Medical Home We are able to verify referrals made	Program Program Database Child Record	Health Fairs Referrals Communicate with families on need to have Medical Home HSAC visit centers to distribute information on health plans Staff Development, Community resources outreach	Parent Meetings Coordinator Meetings HSAC Policy Council Board Meetings
1304.42(a)(1) 1302.46(a) 1302.50(b)(1) 1302.60	2. NCCAA Birth-to-Five Head Start Program staff works with parents to obtain height, weight, hct/hgb results. Parent/primary caregivers are notified of any nutritional risks identified through assessments.	Data Base Report	Nutrition Coordinator, Health Coordinator	Family Advocates CMA’s	Ongoing	Obtain from Physical for all children and two Ht/Wt Activities conducted per year (September Activity for all children)(February/ March activity for the children with weigh concerns)	Data Base Centers and Class Healthy Weight Overweight Obese Underweight Improvement	Staff Training on IMIL Parent Training on IMIL Implementation in classrooms IMIL Providing educational Material to parents	One on one meeting Phone Calls Letters/Educational Material on calorie intake

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~~(b) Ensuring up-to-date child health status.~~

~~(1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:~~

~~(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age-appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, 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;~~

~~(ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).~~

~~(2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings.~~

~~(3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(b)(2) 1302.33(a)(1) 1302.34(b)(6) 1302.41 1302.50(b)(1) 1302.60 1302.61(a)	1. NCCAA Birth-to-Five Head Start Program staff works with parents to conduct age-appropriate screenings for a child's vision, hearing, developmental and behavioral skills to identify any concerns.	Screening Results	Content Area Technicians and Coordinators	Family Advocates Classroom Staff Health Staff Content Technicians	Ongoing	Increased number of screenings completed prior to 45 and 90 days	Program Database Reports Screening Program Database Child Records	Family Case Notes Parent Meeting Notes Staff Development	Home Visit, Parent Conferences, Health Services Advisory Meeting, CSBG Report

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(b)(3)	2. NCCAA Birth to Five Head Start Program operates longer than 90 days.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

~~(4) A program must identify each child's nutritional health needs, taking into account available health information, including the child's health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(b)(4) 1302.34(b)(2)(3) 1302.50(a) 1302.53(a)(1) 1302.60	1. Major community nutrition concerns may be identified utilizing the Community Needs Assessment and/or the Health Services Advisory Committee. Nutritional concerns in our community are shared and discussed with parents and community partners through groups such as the Wellness / IMIL Meetings / Trainings, parent meetings, advisories groups, parent events and activities,	Case Notes Sig in sheets of events Parent Meetings packets	Health Coordinator Nutrition Coordinator or FCP Coordinator or, FCP Tech	Family Advocates	Ongoing	We are able to verify information shared with parents	Program Database Manual Tracking	Identify resources needed	Staff Development
1302.42(b)(4) 1302.44(a)(1)(2)	2. Family Advocates gather a dietary history to use as a basis for discussion with the family about their child's nutritional requirements. For infants, current feeding schedules with amounts and types of food are provided by	Diets, Child's Nutritional Needs, Feeding	Nutrition Coordinator Quality Assurance Monitor	Family Advocates Teachers, SBM,	Ongoing	Able to determine the child's special dietary needs	Child Records, Manual Tracking Program Database	Staff Development e-mails Educational Material on calorie intake for parents	Site-Base-Manager Meetings One on One with parent Meeting

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(iv)-(v) 1302.46 (a)(b)(1)(ii) 1302.50(b)(1) 1302.60 1302.61(a)	the parent/primary caregivers.	Schedule	CACFP Clerk / Monitor						E-Mails Monitoring Reports Staffings
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e) Ongoing care.

(1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(c)(1)) 1302.41(b)(1) 1302.50(b)(1) 1302.60 1302.61(a)	1. — NCCAA Birth-to-Five Head Start Program staff supports families in keeping their child up to date according to the Texas EPSDT recommended schedule of well child care.	Health Forms	Health Coordinator	Family Advocates Health Staff Health Technician	Ongoing	Increase in the number of current immunizations, physicals, and dentals	Program Data Base Child Records	Family Case Notes Parent Meeting Notes Staff Development	Staff Development IMIL for Families Health Services Advisory Committee.
1302.42(c)(1)) 1302.61(a)	2. NCCAA Birth-to-Five Head Start staff promotes effective dental hygiene for preschoolers’ toddlers and infants. Staff wipes infant’s gums after each feeding and staff assist toddlers (under two years old) with tooth brushing. Older toddlers and preschoolers brush teeth independently with teaching staff as role models. All toddlers and preschoolers use a small smear of	Oral Hygiene Procedures	Nutrition Coordinator, Health Coordinator	Quality Assurance Monitor CACFP Clerk/Monitor or	Quarterly	Able to verify that the staff and children are brushing their teeth	Manual Tracking	Staff Development	Staff Development

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	fluoridated toothpaste, unless medically inappropriate.								
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~~(2) 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.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(e)(2) 1302.33(b)(1)(3) 1302.34 (b)(2)(3)(6) 1302.50(b)(1) 1302.61(a)	1.— NCCAA Birth to Five Head Start Program staff identifies any new or recurring concerns through ongoing developmental and behavioral assessments, daily health checks and ongoing anecdotal notes.	Screening and Assessments	Disability/ Mental Health Coordinator, Health Technician, C&I Coordinator,	Classroom Staff, Family Advocates, Site Based Management, and Health Technician	On going	Identification of the child's health status	Program Data Base reports	Communication with the parent/primary caregiver, Encourage completion of follow up,	First Home Visit, Parent Conferences HSAC, CSBG
1302.47(7)(i v) 1302.47(b)(4)(D) § 746.1309(c)(5)	2. NCCAA Birth-to-Five Head Start Program provides training on recognizing and responding to Asthma and Allergies, as well as the use of a nebulizer.	Staff trained on recognizing and responding to health issues	Health Coordinator Health Staff Site Based Managers	T/TA Specialists	Ongoing	Staff will show evidence of ability to recognize and respond to health issues	Data base reports and staff observation	Appropriate IHCP's	Staffings, Trainings

~~(3) 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.~~

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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1302.42(c)(3)	1. NCCAA Birth-to-Five Head Start staff will utilize a variety of monitoring tools to track health services which include manual tracking and Program Database.	Health Screening status	Health Staff Health Technician	Health Staff	Ongoing	Screenings current	Program Database	Check manual tracking to Program Database	At Health Staff Meetings
1302.42(c)(3) 1302.43 1302.53(a)(1)	2. NCCAA Birth-to-Five Head Start Program provides fluoride toothpaste to meet the fluoride needs of the children.	Fluoride toothpaste provided	Nutrition Coordinator Health Coordinator	N/A	N/A	N/A	N/A	Program provides ONLY fluoride toothpaste	N/A

~~(d) Extended follow up care.~~

~~(1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?

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1302.42(d)(1) 1302.33(a) 1302.34(b)(2) 1302.50(b)(1) 1302.53(a) 1302.619a	1. NCCAA_Birth –to-Five Head Start staff refers children with a known or suspected health or developmental concern for additional testing from a licensed or certified professional.	Current with EPSDT schedule and Immunization Schedule, Referrals	Health Staff, Health, and Education Technician, CACFP-Clerk/Monit or, Content Cordinators	Health Staff, and Technician, Family Advocates, Disability / Mental Health Department, CACFP-Clerk/Monit or, Content Cordinators	Ongoing	Referral will be completed for the children’s concerns	Agency Program Database and Manual Tracking	Reminders to parents Calls to parents Efforts made are documented in Case notes Service referrals	IMIL For Families, Staff Meetings CSBG, School Readiness and Family Engagement Advisory
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~~(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(d)(2) 1302.41(a) 1302.34(b)(6) 1302.46(b)(1)(ii)(iv) 1302.50(b)(1. NCCAA_Birth to Five Head Start staff communicates with families regarding the status of any child’s health, developmental and social-emotional referrals. Staff utilizes a Program Database and manual tracking to document and monitor referrals and follow-ups.	Ensure children current with EPSDT schedule	Content Coordinators, Technicians	Classroom staff, SBM Family Advocates Health Staff	Ongoing	Data indicates children are current with health and dental needs	Program Database, manual tracking	Meeting with parents and stress the need to adhere to EPSDT and immunization schedule, staffing, follow-up on referrals,	Home Visits Staff Meetings Parent Meetings, Child-outcomes meetings, School Readiness and Health Advisory,

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1) 1302.60 1302.61(a)									
1302.42(d)(2) 1302.42(e)(1) 1302.41(b)(1) 1302.50(b)(1) 1302.60 1302.61(a)	2.— NCCAA Birth to Five Head Start staff monitors health documents to ensure all children are participating on a schedule of well child care according to the Texas EPSDT schedule.	Ensure children current with EPSDT schedule	SBMs Classroom Staff Health Staff	Classroom staff Health Staff	Ongoing	Data indicates children are current with health and dental needs	Program Database	Meeting with parents and stress the need to adhere to EPSDT and immunization schedule	Home Visits Staff Meetings Parent Meetings

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(d)(3) 1302.50(b)(1) 1302.53(a)(1)(2)(i)(ii) 1302.60	1.— NCCAA Birth to Five Head Start Program staff works with community resources to teach parents how to obtain prescription medication and/or use equipment for medical and dental reasons as needed.	Referrals and Follow-ups	Health Coordinator FCP Coordinator FCP Tech	Health staff Family Advocates	Ongoing	We are able to verify referrals made	Program Database Reports	Staff Development, Community resources outreach	Staff Development School Readiness, Health & Family Engagement Advisory Meeting Parent meetings Child staffing
1302.42(a)(2)(d)(3)	2.— NCCAA Birth to Five Head Start staff encourages parents to be advocates for their	Case Notes, parent	Health Staff, Health	Center Staff	Ongoing	We are able to	Program Database Reports, sign ins,	Staff Development,	Staff Development,

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1302.50(b)(1) 1302.53(a)(1)(2)(i)(ii) 1302.60	children health care needs by sharing information and community resources.	meetings, staffings,	Coordinator, FCP-Coordinator			verify referrals made		Community resources outreach	Health Services Advisory Committee
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~~(e) Use of funds-~~

~~(1) A program must use program funds for the provision of diapers and formula for enrolled children during the program day.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(e)(1) 1302.61(a)	1. NCCAA Birth to Five Head Start Program provides diapers and formula for infants, toddlers and preschool children as needed. Diapers, disposable training pants and/or baby wipes are provided for the children while they are in care.	Budget, Inventory	Director of Birth to Five Head Start	Fiscal, Food Production Specialist Accountant II	Ongoing	We are able to verify that agency funds were used	Program Database, inventory	Tracking of inventory and evaluation of budget	Budget workshops, staff trainings, policy council, and board meeting

~~(2) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.42(e)(2)	1. NCCAA Birth to Five Head Start Program provides professional medical and dental services to children with Head Start or Early	Budget, Inventory	Director of Birth to Five Head Start	Accounting Procurement Coordinator	Ongoing	We are able to verify that agency funds were used	Program Database, inventory	If unable to obtain required health product/assistance	Health Staff/ Health Coordinator contact community

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1302.61(a)	Head Start funds provided the program has exhausted and documented efforts to obtain other sources of funding or services.		Director	Accountant II				from Community, Program will purchase required item/service	resources/ HSAC to assistance
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1302.43 Oral health practices.

~~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.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.43 1302.50 (b)(4) 1302.34 (b)(1)(5) 1302.60 1302.61(a) 1302.90 (a)(b)(1)-(6) Pg 27 (a) 1302.94 (a)(b)	1. NCCAA Birth to Five Head Start Program uses preventive measures such as: <ul style="list-style-type: none"> • Staff wiping infant's gums after each feeding, • Staff assist toddlers (under two years old) with tooth brushing • Older toddlers and preschoolers brush teeth independently with teaching staff as role models, • Children and staff brush their teeth with a small smear of fluoride toothpaste after breakfast, unless medically inappropriate 	Classroom procedures	Quality Assurance Monitor, CACFP Clerk/Monit or Nutrition and Health Coordinators	Classroom Staff Site Base Managers	Ongoing	We are able to determine that the proper procedures are implemented	H1606 Monitoring Report	On Site Correction and staff training	Staff meetings Staff training Cluster Meetings

1302.44 Child nutrition.

~~(a) Nutrition service requirements.~~

~~(1) A program must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities. Family style meals are encouraged as described in §1302.31 (e)(2).~~

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.44(a)(1)(2) (iv)-(v) 1302.42(b)(4) 1302.46(a)(b)(1)(ii) 1302.50(b)(1)(2) 1302.60 1302.61(a)	1. Parent/primary caregivers are encouraged to share nutritional and feeding patterns for their child with the staff and consultants throughout the year. Special dietary requirements based on family's cultural or religious reasons are accommodated with appropriate documentation.	IHCPs Nutrition Assessment	Nutrition Coordinator	Family Advocate	On-Going	Special accommodations are provided and Nutrition Assessment are complete	Individual Infant Feeding Assessment and Follow-up Individualized Health Care Plan for Special Diets form Program Database, And Manual Tracking	Obtain the information from the parent. Site-Base-Manager and Staff Meeting Staff Development	Coordinator Meetings Site-Base-Manager Meetings One on One with parent Meeting E-Mails

~~(2) Specifically, a program must:~~

- ~~(i) Ensure each child in a program that operates for fewer than six hours per day receives meals and snacks that provide one third to one half of the child's daily nutritional needs;~~
- ~~(ii) Ensure each child in a program that operates for six hours or more per day receives meals and snacks that provide one half to two thirds of the child's daily nutritional needs, depending upon the length of the program day;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.44(2)(i) 1302.61(a)(1)	1. Breakfast, lunch, and snacks that are nutritionally balanced supply a minimum of 2/3's of the recommended dietary allowance	Menus	Nutrition Coordinator	Quality Assurance-Monitor	Daily	Menus are compared to the USDA Meal	CACFP Monitoring Review (H1606) & On-Going Monitoring of	Meal Substitutions Training	Staff Trainings (SBM), Meeting

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)	(RDA) for children ages 0-5 based on the Child and Adult Care Food Program meal pattern guidelines.	USDA Requirement		CACFP Clerk/Monitor		Patterns	Classroom Evaluation of Family Style/Cafeteria Style Services & Oral Health Care Form		
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(iii) ~~Serve three to five year olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.44(a)(i) ii) 1302.61(a) CACFP- USDA	1. In the preschool rooms, child-sized and finger foods are served often. When adults serve any food component; the entire portion must be served to the child, according to CACFP requirements. When children serve the food item, they may serve portions according to their individual preference.	Meal Services	Nutrition Coordinator (SBM)	Teaching Staff CACFP Clerk/Monitor or Quality Assurance Monitor	Daily Quarterly	Report 1606	N/A	On site correction Staff Training Training	Staff Meeting Cluster Meetings
1302.44(2)(i) ii) 1302.61(a) CACFP- USDA	2. As recommended by USDA American Dietary Guidelines and My Plate, menus are planned that are limited in fat, sugar and salt. Toddler / preschool menus are planned to reduce fat to no more than a weekly average of 30% from total calorie intake. Additionally, snack foods high in refined carbohydrates (sugar / white flour) are limited to no more than three times per week.	Menus	Nutrition Consultant	CACFP Clerk/Monitor or Food Production Specialist	As Needed	Menu Staff Surveys for Feed back	N/A	Training CACFP Conference	Staff Trainings

(iv) ~~Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;~~

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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1302.44(a)(2)(iv) 1302.44(a)(1)(2)(iv)-(v) 1302.34(b)(2) 1302.42(b)(4) 1302.46(a)(b)(1)(ii) 1302.50(b)(1) 1302.61(a)	1.	Daily Activity Form, Infant Daily Schedules, and Menu For infants, voiding patterns, eating patterns and observations related to developmental changes in feeding and nutrition are documented on the Daily Activity Report and shared with the parent/caregiver daily. Schedules are flexible and babies are fed on demand to ensure their needs are met	Nutrition, Education, and Health Coordinators	(SBM), Teaching Staff Food Production Specialist	Daily	1530-A Infant Meal Production Record	Manual Tracking	On Site Corrections Annual Trainings One on One Training	Coordinator Meetings Site-Base-Manager Meetings One on One with parent Meeting
1302.44(a)(2)(iv) 1302.61(a)	2.	Classroom Schedules Classroom Observation Infants birth to eleven months meal-schedules are flexible and are fed on-demand to ensure their needs are met.	Nutrition Coordinator	Teaching Staff Site Base-Manager Quality Assurance Monitor CACFP Clerk/Monitor	Daily Ongoing	Observation of the infants feeding on-demand	N/A	On Site Correction One on one Training	Coordinator Meetings Site Base-Manager Meetings One on One with parent Monitoring Reports

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle;

Regulatory Reference	Action Steps	What are you	Who is responsible?	Who collects (enters) the	How often will you	How do you know you are collecting	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues	How are the results shared?
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		monitoring? (Draw from regulations, goals, and objectives)		data	collect the data?	the data that you need?		and making course corrections?	
1302.44(a)(2)(v) 1302.31(e)(2) 1302.60 1302.61(a)	<p>1. All children are offered a nutritious breakfast regardless of their arrival time. Children are not rushed during mealtimes.</p> <ul style="list-style-type: none"> ▪ Breakfast for EHS is served from 8am to 9am, HS from 8:30am to 9:30am ▪ Lunch for EHS is served from 11am to 12pm, HS from 11:30am to 12:30pm ▪ Snack for EHS/HS is served from 1:45pm to 2:15pm ▪ NCCAA Birth-to-Five Staff ensures bottle-fed infants are never laid down to sleep with a bottle. 	Classroom Schedules Classroom Observation	Content Area Coordinators	Teaching Staff (SBM), Quality Assurance Monitor CACFP Clerk/Monitor or	Daily Ongoing	Observation of the infants lying down	N/A	Training	One on One Training Meetings Monitoring Report

(vi) ~~Serve all children in morning center based settings who have not received breakfast upon arrival at the program a nourishing breakfast;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.31(e)(2) 1302.44(a)(2) 1302.45(a)(1) 1302.60	2. All children are offered a nutritious breakfast regardless of their arrival time. Children are not rushed during mealtimes. <ul style="list-style-type: none"> ▪ Breakfast for EHS is served from 8am to 9am, HS from 8:30am to 9:30am 	Meal Service Daily Schedule H 1606 CACFP	Nutrition Coordinator	Teaching Staff Site Base Manager Quality Assurance Monitor	Daily Quarterly	Meal Time Lesson Plans Daily Schedule	N/A	Correct on Site Staff Training	Training Meetings Monitoring Reports

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1302.61(a)(1)	<ul style="list-style-type: none"> ▪ Lunch for EHS is served from 11am to 12pm, HS from 11:30am to 12:30pm ▪ Snack for EHS/HS is served from 1:45pm to 2:15pm 	Site-Application		CACFP-Clerk/Monitor					
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(vii) ~~Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.44(a)(vii)	1. NCCAA Birth-to-Five Head Start Program does not operate a home-based option. Therefore, this is not applicable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(viii) ~~Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and,~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.44(a)(viii) 1302.61(a)	<p>1. Nursery/distilled water is used in preparing formula for infants up to three months; premature age is adjusted. After all infants in the same room turn three months, plain tap water is used.</p> <p>All prepared bottles of breast milk and formula are labeled with the child's first, last name, time, and date the bottle was prepared. Breast milk must be kept refrigerated until serving time. Bottles are prepared at each</p>	Classroom Observation	Nutrition Coordinators	Teaching Staff (SBM), Quality Assurance Monitor CACFP Clerk/Monitor	Daily Ongoing	Observation of the bottle preparations	N/A	On site corrections Training	One on One Training Meetings Monitoring Report

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	feeding and discarded one hour after preparation.								
1302.44(a)(viii) 1302.50(b)(4) 1302.61(a)	2. All prepared bottles of breast milk and formula are labeled with the child's first, last name, time, and date the bottle was prepared. Breast milk must be kept refrigerated until serving time. Bottles are prepared at each feeding and discarded one hour after preparation.	Bottles and breast milk storage	Nutrition Coordinators	Teaching Staff Site Base Manager Quality Assurance Monitor CACFP Clerk/Monitor	Daily Ongoing	Observation of the bottle preparations	N/A	On site corrections Training	One on One Training Meetings Monitoring Report

~~(ix) Make safe drinking water available to children during the program day.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.44(a)(ix) 1302.61(a)	1. NCCAA Birth-to-Five Program provides safe drinking water to children during program day. Water is available with meals and snacks.	Meal Services	Nutrition Coordinator	Teaching Staff (SBM), Quality Assurance Monitor CACFP Clerk/Monitor	On Going Quarterly	Observation H1606 Monitoring Form	N/A	Address on Site	Trainings One on One

~~(b) *Payment sources.* A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.~~

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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1302.44(b)	1. NCCAA is a contractor of the USDA's Child and Adult Care Food Program, receiving reimbursement for program children's meals. Birth-to-Five Head Start funds are used to cover those allowable costs not covered by USDA.	CACFP Application H1535 (Point of Service) Meal & Snack Service	Nutrition Coordinator Content Area Coordinators	Teaching Staff (SBM), Quality Assurance Monitor CACFP Clerk/Monitors	Ongoing	USDA Data base H1535	CACFP Requirements Forms Reimbursement Submission	Trainings CACFP Trainings CACFP Conferences One on One	Trainings Meetings e-mails

~~1302.45 Child mental health and social and emotional well-being.~~

~~(a) Wellness promotion. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must:~~

~~(1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45(a)(1) 1302.46(b)(1)(iv) 1302.31(b)(1)(i)-(iv) 1302.50(b)(1) 1302.60	1. NCCAA Birth-to-Five Head Start management staff secures services with Mental Health professionals by establishing service contracts to support children, families and staff.	Mental Health Services referral	DMHS Coordinator,	DMHS Coordinator	As per referral submission	Contractor/Mental Health Consultant invoice	Contract Mental Health Consultant to evaluate child	Contract Mental Health Consultant	Referral Packet to Mental Health Consultant, child staffing, communication via email, interface, phone calls, School Advisory & Family Engagement Advisory, parent meetings

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1302.61(a)									
1302.45(a)(1) 1302.31(b)(1)(i)-(iv) 1302.50(b)(2) 1302.60 1302.61(a)	2. NCCAA Birth-to-Five Head Start Program enhances emotional security for each child by providing environments that accept each child as an individual and shows respect and feelings for others. by greeting parents and children on a daily basis and building of family's culture and pride.	Fostering connections program wide, Standards of Conduct Individualization	All Content Area Teaching staff Site Base Manger Disability and Mental Health Coordinator	All Content Areas	Ongoing	Sign in/out logs for ECKLC 15 Minute In-service Suites, training agendas, parent meeting minutes , Standard of Conduct training, Non-Discrimination training	To promote and foster connections program wide.	Conscious Discipline training opportunities, ECKLC 15 Minute In-Service Suites, plan for training	child staffing, communication via email, daily interface, phone calls, School Advisory & Family Engagement Advisory, parent meetings, center functions
1302.45(a)(1) 1302.31(b)(1)(i)-(iv) 1302.61(a)	3.— NCCAA Birth to Five Head Start classroom staff will modify the classrooms to help support individual children's needs by making modifications to the lesson plans, classroom management and learning environment.	Individualization	Teaching Staff, SBM, DMHS Coordinator, DMHS Technician, Education Department	Education- DMHS- Department	Twice a year As needed	Environmental Checklist, lesson plans, classroom observation Specialized Material log, Materials Usage	Using the IFSP and IEP teaching staff and DMHS and Education Department will plan accordingly to the meet the needs of the child.	Review the child's IFSP or IEP and plan accordingly	Meeting with classroom staff, child staffing,
1302.45(a)(1) 1302.31(b)(1)(i)-(iv) 1302.60 1302.61(a)	4. NCCAA Birth-to-Five Head Start Program implements the use of positive methods of child guidance and Conscious Discipline strategies.	Standards of Conduct, Discipline and Guidance Policy, Lesson Plans training	Teaching staff, SBM, DMHS Department, Education Department	SBM and Education Department DMHS Department,	Ongoing, and as needed	Lesson plans, training agendas, and sign in/out logs	Lesson plans reviewed at the center level. Classroom observations conducted by the SBM as needed and the Education and DMHS Department as per request	Conscious Discipline training opportunities, ECKLC 15 Minute In-Service Suites , plan for training, Standards of Conduct, Discipline and Guidance Policy	Child staffing Staff Compliance Record, School Advisory & Family Engagement Advisory, parent meetings, center functions
1302.45(a)(1) 1302.46(b)(1)(iv) 1302.50(b)(1) 1302.53(a)(2)(i) 1302.60 1302.61(a)	5. NCCAA Birth-to-Five Head Start Program provides opportunities for families to identify and discuss issues related to child mental health. in a group setting.	Training Opportunities, parent meetings	FSA, SBM, DMHS Coordinator, DMHS Technician, FCP	Content Coordinators	As training opportunities arise	Meeting minutes, Social Emotional Awareness Team sign in/out logs	Meeting minutes , sign in/out logs	Provide training opportunities	child staffing, communication via email, daily interface, phone calls, School Advisory & Family Engagement Advisory, parent meetings, center functions

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(2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45 (a)(2) 1302.60 1302.61(a)	1. Mental Health services will be provided based on individual needs. Individualized services will be scheduled by the frequency agreed to during the staffing process.	Referral Process, Mental Health Consultant	Mental Health Consultant, DMHS Coordinator	DMHS Coordinator, DMHS Technician	As per agreed	Mental Health Consultant Activity Form, MH Consultant Progress Notes, MH Consultant BIP	Teaching staff work collaboratively with Mental Health Services Department and Consultant as per ABC Behavior Plan and BIP (Behavior Improvement Plan)	SBM will keep open communication with MH Consultant and DMHS Coordinator	Lesson plans, child staffing, PIR Report, Program Database
1302.45(a)(2) 1302.61(a)	2. — The Disability/ Mental Health Coordinator maintain close communication with staff concerning children with disabilities that show signs of depression, withdrawal, anxiety, abuse, or stressful situations.	ABC Behavior Plan and Mental Health Referral Process	Teaching Staff, SBM, DMHS Technician, Special Needs Assistants, DMHS Coordinator	DMHS Coordinator, DMHS Technician	As per referral request	ABC Behavior Plan, Mental Health Referral, child staffing	Training on recognizing child maltreatment, training opportunities to foster positive interactions and positive connections	Continue to provide training on recognizing child maltreatment, training opportunities to foster positive interactions and positive connections	Program Database, child staffing, parent meetings, coordinator meetings, observations, MH Consultant meeting, DMHS Support Group (staff).

3) Obtain parental consent for mental health consultation services at enrollment; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45 (a)(3) 1302.41(b)(1) 1302.50(a)	1. NCCAA Birth-to-Five Head Start obtains parental consent for mental health services as needed, or at enrollment through Consent for Participation Form.	Consent for Mental Health Services	Family Service Advocate, SBM, DMHS	DMHS Coordinator, DMHS Technician	At enrollment or as needed	Consent for Participation Form & Consent for Mental Health Services Mental Health Consent Form	Mental Health Referral process, uploaded into referral-completed in the Program Database and hardcopy filed in Mental Health Services files	Conduct Child Staffing with parent/guardian	Program Database, Mental Health consultants, LEA

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(b)(1) 1302.60			Coordinator						
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(4) ~~Build community partnerships to facilitate access to additional mental health resources and services, as needed.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45(a)(4) 1302.34(b)(2) 1302.46(b)(1)(iv) 1302.50(b)(1)(3) 1302.53(a)(2)(i) 1302.60	1.—— NCCAA Birth to Five Head Start provides Mental Health information for parents throughout the year, including, but not limited to the following: • Meetings • Conferences • Staffings Program events and activities	Services Received Sign in's Parent Meetings packets	Disability/ Mental Health Coordinator r, Content Area Coordinato rs	Family Advocates	September— August Ongoing, as needed	We are able to verify communication and information shared with parents	Program Databased- System Manual Tracking	Identify resources needed	Staff Development
1302.45(a)(4) 1302.46(b)(1)(iv) 1302.50(b)(1)(3) 1302.52(a)-(e) 1302.53(a)(2)(i) 1302.60	2.—— NCCAA Birth To Five Head Start staff helps families to access mental health resources in the community on an individual basis.	Referrals Follow-ups	Disability/ Mental Health Coordinator r, Disability/ Mental Health Technician FCP Coordinato r	Family Advocates and (SBM), Disability/ Mental Health Staff	September— August Ongoing, as needed	We are able to verify referrals made to parents	Program Database- Reports	Staff Development, Community resources- outreach	Staff Development School Readiness- & Family Engagement Advisory Meeting, Social, Emotional, Awareness Team (S.E.A.T) (parent)

~~(b) Mental health consultants. A program must ensure mental health consultants assist:~~

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- (1) ~~The program to implement strategies to identify and support children with mental health and social and emotional concerns;~~
- (2) ~~Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning;~~
- (3) ~~Other staff, including home visitors, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation;~~
- (4) ~~Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; and,~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45(b)(1)(4) 1302.31(b)(1)(i)-(iv) 1302.61(a)	1. The Social Emotional Developmental Screening Tool reviews child’s social competence and strategies are used to assist with expressing feelings, respecting others, and cooperation, through screening in the areas of self-regulation, compliance, social communication, adaptive functioning, autonomy, affect and interaction with people.	Initial screening	Teaching Staff, SBM	Education Technician, DMHS Coordinator	Within 45 days of initial entry	Initial Screening Process	uploaded into data base and shared with LEA, ECI, Mental Health Consultant as needed	Supervisor Classroom observation conducted	uploaded into Program Database and shared with LEA, ECI, Mental Health Consultant as needed

- (5) ~~In helping both parents and staff to understand mental health and access mental health interventions, if needed.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45(b)(5) 1302.46(b)(1)(iv)	1. NCCAA Birth To Five Head Start Program provides opportunities for parents to attend mental wellness trainings/activities which may be conducted by a Mental Health	Training opportunities for parents	DMHS Coordinator, DMHS Technician	T/TA, DMHS Coordinator, DMHS Technician	As opportunities arise	Sign In/Out Logs, Training agenda	Information used to plan upcoming training topics	Use information to plan for upcoming trainings	Parent meetings, newsletters, meetings, parent conference, child staffing

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1302.50(b)(4) 1302.53(a)(2)(i)	professional.								
1302.45(b)(5) 1302.45(a)(4) 1302.46(b)(1)(iv) 1302.50(b)(1)-(3) 1302.60 1302.53(a)(2)(i)	2. NCCAA Birth-To-Five Head Start staff collaborates with Mental Health professionals to discuss mental health related issues and services available to the children and families and consultation with staff. Services available include, but are not limited to the following: <ul style="list-style-type: none"> • Positive Guidance Plan; • Play Therapy; • Family Therapy; • Local Education Agency Part B; or • Early Childhood Intervention Part C Agencies 	Mental Health Referral Process	DMHS Coordinator, DMHS Technician	DMHS Coordinator, DMHS Technician	As warranted for Mental Health Referral Process	Follow the Mental Health Referral Process	Used to individualize on lesson plan, ABC Behavior Plan	Classroom observation	Parent conference, child staffing, teacher conference, ECI or LEA

~~(6) In the implementation of the policies to limit suspension and prohibit expulsion as described in §1302.17.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.45(b)(6) 1302.17	1. The agency has a policy that severely limits and prohibits expulsion.	Enrollment / Attendance of children	Disability and Mental Health Coordinator	Teaching Staff, (SBM) , Family Advocates, and Technician	As needed based on referral	We are able to determine the completion of the referral process and the resources required to meet the individual needs of the child and/or teacher	Program Database and manual tracking	Ongoing training, professional development, parent involvement, utilizing community resources, utilization of consultant	Child staffings, coordinator meetings, professional development, and child outcomes and school Readiness advisory, community resources, and consultant, DMHS Support Group (staff), Social, Emotional, Awareness Team

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		goals, and objectives)							
1302.46- (a)(b)(1)(ii) 1302.50- (b)(3) 1302.60	1. NCCAA Birth To Five Head Start Program facilitates nutritional trainings for families. Nutrition education is provided through Conferences and various trainings/meetings held throughout the year.	Parent Meeting Sign Ins	FCP and Nutrition Coordinator	Site Base Manager Family Advocates	On-Going	Parent Meeting Notes	Parent meetings, sign in-sheets, Program Database	Continue to provide training opportunities for families.	Staff Meetings Training School Readiness & Family Engagement Advisory Health Advisory
1302.46- (a)(b)(1)(ii) 1302.34- (a)(b)(6) 1302.50- (b)(3) 1302.60	2. NCCAA Birth To Five Head Start staff shares each child's height/weight information with parent/primary caregivers throughout the year, depending on their age as it relates to the Early Periodic Screening Diagnoses and Treatment (EPSDT) schedule. Parents will be informed of their child's nutrition and health status from the age of two to five years old.	Children's Growth Assessment	Nutrition Coordinator, Health Coordinator	Family Advocates Site Base Manager Teaching Staff	Ongoing	Physical Data Base System H/Wt Activities	Data Base System Manual Tracking	Re-take Ht/Wt Send educational Material on Calorie intake	IMIL Training for Families Home visits Parent Conferences Advisory Committee

~~(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance use problems, including perinatal depression;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.46 (b)(1)(iii) 1302.60 1302.81(a)	1. NCCAA Birth-to-Five Head Start Program provides training/ information for pregnant women and families on the following: <ul style="list-style-type: none"> Prenatal education on fetal development; Risks from smoking and alcohol; <ul style="list-style-type: none"> Labor & delivery; Postpartum recovery (including maternal depression) <ul style="list-style-type: none"> Breastfeeding benefits 	EWP Home Visits Record	FCP Coordinator	Expectant Women Program Staff	Monthly Ongoing	We verify services provided and topics discussed with expectant moms.	Program Database Reports	Staff Development, Community resources outreach	Staff Development, Coordinator's Meetings

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(iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child’s mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child’s social and emotional development; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.46 (b)(1)(iv) 1302.34(b)(6) 1302.50(b)(1)	1.— NCCAA Birth to Five Head Start Program staff consults with parents/caregivers when mental health, health or developmental problems are suspected or identified.	Enrollments Screenings Home Visits Parent Conferences Staffings Referrals, parental concerns,	Content area Coordinators and Technicians	Teaching Staff Site Base Managers technicians, Health Staff Family advocates	Ongoing	Parents are aware of child’s issues	Child’s records Program Data Base Manual Tracking	Staff Development Policy and Procedures Discuss issues with parents	Staffings Home Visits Parent Conferences
1302.46 (a)(b)(1)(iv) 1302.34 (b)(2) 1302.45(a) 1302.50(b)(1)(2) 1302.60	2.— NCCAA Birth to Five Head Start staff share information and models appropriate responses with parents about appropriate interactions with children and how to support the development of trust, self-esteem, and identity by expressing respect and affection toward the child.	Training opportunities for parents, S.E.A.T. (Social Emotional Awareness Team), parent meetings, Parent engagement conferences Grandparents And Other	DMHS and FCP Coordinator, DMHS Technician	T/TA, DMHS Coordinator, DMHS Technician Family Advocates FCP Technician	Ongoing	Information used to plan upcoming training topics	Sign In/Out Logs, Training agendas Program Database	Community Outreach	S.E.A.T. (Social Emotional Awareness Team) Parent meetings, newsletters, meetings, parent conference, child-staffing, newsletters, agency Face Book

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		Relatives-Raising-Children-Conference,-Open-Door-Policy							
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(v) ~~Learn about appropriate vehicle and pedestrian safety for keeping children safe.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.46(b)(1)(i)(v) 1302.50(b)(1) 1302.53(a)	1. — NCCAA Birth to Five Head Start Program provides training/ information for families on vehicle and pedestrian safety.	Sign in's of Parent Meetings and Parent Orientation Newslette r, Health Fairs,	FCP Coordinator	Family Advocates, Site Base Manager, FCP Dept.	Ongoing	We are able to verify parents participation and information shared with families	Program Databased System Manual Tracking	Identify resources needed	Staff Meetings, Health Services Advisory Committee

(2) ~~A program must provide ongoing support to assist parents' navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:~~

- ~~(i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;~~
- ~~(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,~~
- ~~(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.~~

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course	How are the results shared?
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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1302.46(b)(2)(i) 1302.52 (b) 1302.60	1. NCCAA Birth to Five Head Start Program staff will determine if families have health insurance and a regular medical home. If a family does not have insurance and/or a medical home, staff will work with the family to access health care. Medicaid and CHIP applications are available, and staff assists the family with completing these forms as needed.	Referrals & Services Received, Follow-ups	Health staff, Health Coordinator, FCP Coordinator	Family Advocates	Ongoing,	We are able to verify referrals made	Program Database Reports	Staff Development, Community resources outreach	Staff Development

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.46 (b)(1)(2)(i)(ii) 1302.50 (b)(3) 1302.53(a) 1302.60	1. NCCAA Birth To Five Head Start schedules trainings for staff and parents regarding medical, dental, nutrition, and mental health education.	Sign in's of Parent Meetings, Health Fair	T/TA Specialist, FCP Coordinator	Family Advocates, FCP Coordinator, FCP Tech T/TA Specialist,	Ongoing	We are able to verify information shared with families and staff	Manual Tracking Program Database	Identify resources needed	Staff Development

~~1302.47 Safety practices. Review All Safety Practices~~

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~~(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at http://www.acf.hhs.gov/sites/default/files/ecc/caring_for_our_children_basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part.~~

~~(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:~~

~~(1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:~~

~~(i) Meet licensing requirements in accordance with §§1302.21(d)(1) and 1302.23(d);~~

~~(ii) Clean and free from pests;~~

~~(iii) Free from pollutants, hazards and toxins that are accessible to children and could endanger children's safety;~~

~~(iv) Designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances and all other safety hazards;~~

~~(v) Well lit, including emergency lighting;~~

~~(vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully equipped and up to date first aid kits and appropriate fire safety supplies;~~

~~(vii) Free from firearms or other weapons that are accessible to children;~~

~~(viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities; and,~~

~~(ix) Kept safe through an ongoing system of preventative maintenance.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(a)	1. NCCAA Birth-to-Five Head Start has a system for health and safety practices to ensure child safety. The agency has procedure manuals and the staff are trained regularly to ensure compliance. Program staff use checklist to ensure	Training agendas, sign ins, manuals, checklist	Maintenance Supervisor, SBM/ L-C Facilities Coordinator, Content Coordinators	Program staff based on written policies and procedures	Ongoing	Implementation and compliance with policies and procedures	Manual tracking Program Database	Staff development, work orders are submitted as needed, program improvement plans are initiated if necessary	Site Base Manager meetings, Coordinator meetings, Staff trainings, Communication with Admin, Policy Council, Board

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	compliance. Safety protocols are in place regarding pesticide services, electrical equipment and outlets, windows and glass, and lighting. NCCAA Birth-to-Five Head Start facilities are designed to provide a safe, clean environment, free of all toxins.								
1302.47(b)(1)(ii)	2. On a monthly basis, or as needed, a licensed exterminator is scheduled to apply pesticides; services are done on the weekend or after 5 p.m. when children are not present in the classrooms. A log is kept at each site when services have been rendered.	The facility is free from pests.	Site Base-Manager, Maintenance-Supervisor & SBM/ L-C Facilities-Coordinator,	SBM	Ongoing	A license-exterminator is scheduled to apply pesticides. Services are done after 5:00pm. A log is kept at each site when services have been rendered.	Program Database report	Policy and Procedures	Coordinators-meetings.
1302.47(b)(1)(iii)	3. NCCAA Birth to Five Head Start facilities are designed to provide a safe, clean environment, free of all toxins.	Health and Safety-Checklist	Classroom-Staff, SBM- Maintenance-Supervisor- SBM/ L-C Facilities-Coordinator,	OGM- Coordinators, SBM- Compliance-Officers	Ongoing	Teaching staff fill out a Health and Safety-checklist daily and submitted weekly.	Program Database report	Submit work order for repairs to Maintenance-Supervisor	SBM SBM/ L-C Facilities-Coordinator,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.14(b)(1)(iv) 1302.14(b)(1)(i)	4. In each classroom all electrical equipment and appliances are properly grounded.	Monitor Electrical equipment with the Health and Safety-Checklist	Maintenance-Supervisor, Classroom-staff & SBM	SBM	Weekly	Health & Safety-Checklist	Program Database report	Correct action as required	Communicate between Maintenance-Supervisor, SBM, SBM/ L-C Facilities-Coordinator,
1302.14(b)(1)(iv)	5. NCCAA Birth to Five Head Start staff ensure that all electrical outlets are covered	Monitor Outlets-	Classroom-staff, & SBM	OGM- Coordinators,-	Weekly	Health & Safety-Checklist	N/A	Correct action as required	Meeting w/ Maintenance

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1302.14(b)(1)(i)	with child resistant safety covers and/or spring loaded child resistant safety covers.	Health and Safety Checklist		SBM Compliance Officers					Supervisor, SBM & SBM/ L-C Facilities Coordinator,
1302.14(b)(1)(iv) 1302.14(b)(1)(i)	6.— Windows and glass panels are constructed of safety grade glass or polymer.	Safety window glass panels	Maintenance Supervisor & SBM	Maintenance Specialist	When ordering window & glass panels	Merchandise must have description and label of purchase.	N/A	Use safety grade glass	Maintenance Supervisor & SBM/ L-C Facilities Coordinator,
1302.47(b)(1)(v)	7.— Every NCCAA Birth to Five Head Start classroom is well lit and has appropriate Emergency lighting in place.	Classroom well lit Emergency lighting in classroom using a Health & Safety Checklist	Maintenance Supervisor Classroom Staff, & SBM	OGM Coordinators, SBM Compliance Officers	On going	Collect Health & Safety Checklist	Program Database report	To correct the action and or report repairs to Maintenance Supervisor	Communicate by phone & email request for repairs to Maintenance Supervisor
1302.47(b)(1)(v)	8.— Each NCCAA Birth to Five Head Start facility checks their Emergency lighting regularly to ensure they are in good working order. The emergency lights operate with back up batteries, in case of power failure.	Health & Safety checklist	Classroom Staff, & SBM	SBM	Monthly & On going	That emergency lighting is corrected	Program Database reports	Submit work orders to Maintenance Supervisor	Repairs are shared with staff, policy council, & coordinators meetings.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(1)(vi)	9. First-aid kits are located in each classroom but out of the reach of children. Staff will bring a fanny pack on all field trips; during outdoor play, first-aid fanny packs are taken outside. They are kept in an accessible area for staff, but out of the reach of children. A monthly First Aid / Fanny Pack Monitoring form is completed to ensure compliance. The First Aid Kits and	Health & Safety checklist	Classroom staff, & SBM	SBM	SBM	Health & Safety checklist	Program Database report	N/A	Shared in trainings

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	Fanny Packs are restocked based on supplies requested.								
1302.47 (b)(1)(vi)	10. A monthly First Aid / Fanny Pack Monitoring form is completed to ensure compliance. If items have been used or are missing, a Health Supplies Requisition form is submitted. The First Aid Kits and Fanny Packs are restocked based on supplies requested.	Health supplies readily available to staff	SBMs Classroom Staff Health Staff	N/A	N/A	N/A	N/A	Supply Requisition forms submitted as needed Additional training on completing form	N/A
1302.47(b)(1)(vi)	11. Fire extinguishers are installed at a designated place in the classrooms and easily accessible to the staff. They are mounted no higher than 5 feet and no lower than 3 feet on the wall to the top of the extinguisher.	Fire extinguishers are installed & easily accessible to staff in all facilities	Maintenance Supervisor, Classroom staff, & SBM	SBM	Annually	Fire inspectors documentation, Maintenance Supervisor & SBM/ L-C Facilities Coordinator,	Program Database report	SBM submits a request to Maintenance Specialist	Communication between Maintenance Supervisor & SBM/ L-C Facilities Coordinator,
1302.47(b)(1)(vi)	12. All fire extinguishers within the Head Start facilities are 5 lb. units rated for A.B.C. fires. The number of extinguishers installed according to licensing and easily accessible to the staff.	Fire extinguishers are inspected for the number of extinguishers installed in the building	Maintenance Supervisor & SBM	Maintenance Supervisor	Annually	Fire inspectors documentation, Maintenance Supervisor & SBM/Facilities	Manual Tracking	Extinguishers are requested as needed	Communication between Maintenance Supervisor & SBM
1302.47(b)(1)(vi)	13. NCCAA Birth-to-Five Head Start staff ensures fire extinguishers are serviced and inspected at least annually by a certified company.	Fire extinguisher are inspected	Maintenance Supervisor & SBM	Maintenance Supervisor & SBM	Annually	Documentation of fire extinguishers are inspected & certified	Program Database report	Monitor extinguishers annually to keep them maintain and certified	SBM, Maintenance Supervisor & SBM/Facilities Coordinator
1302.47(b)(1)(vi)	14. NCCAA Birth-to-Five Head Start facilities are equipped with the proper smoke detectors hard wired to the fire alarm system with back up batteries and mounted in accordance with the manufacturer instructions. Carbon Monoxide Detectors are also installed per licensing requirements. The smoke alarms and carbon monoxide detectors are inspected monthly. All emergency exits and evacuation routes are clearly marked.	Carbon Monoxide & Smoke detectors.	Maintenance Supervisor & SBM	SBM	Annually	Documentation of inspection report	Manual Tracking	Notify Maintenance Supervisor & SBM/Facilities Coordinator	Communication through emails.

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1302.47(b)(1)(vi)	15. NCCAA Birth to Five Head Start staff inspect the smoke alarms and carbon monoxide detectors monthly.	Carbon Monoxide & Smoke alarm detector	Classroom staff & SBM	SBM	Monthly	By conducting drills and documenting on emergency practice form.	Program Database report	Requesting work orders to Maintenance Supervisor	SBM Cluster meetings
1302.47(b)(1)(vi)	16. NCCAA Birth to Five Head Start facilities have clearly marked exits and the evacuation routes are posted throughout the centers.	Marked exits & Evacuation routes	Maintenance Supervisor & SBM	SBM	Monthly	Health & Safety checklist	Program Database report	Work order request to Maintenance Supervisor	Coordinators meeting
1302.47(b)(1)(viii)	17. Toileting and diapering areas are kept separate from any food preparation and classroom activities.	Toileting and diapering areas separate from food.	Classroom staff & SBM	SBM	Quarterly	Through documentation Environmental checklist	Program Database report	Correct immediately	SBM Cluster meetings
1302.47(b)(1)(ix) 1302.47(b)(2)(v) 1302.47(b)(4)(H)	18. Garbage and trash is stored in plastic lined, tightly covered containers that do not leak liquids and that are inaccessible to children. Regular disposal pick up is scheduled and commercial disposal units are used.	A system of management Health and Safety Checklist	Classroom Staff, SBM, Maintenance Supervisor	SBM and Maintenance Supervisor	Monthly	Tracking forms Submitting and approved by Health Coordinator and Maintenance	Program Database report	SBM submits request and maintenance corrects immediately	Through completion of request / work order
1302.47(b)(1)(ix)	19. NCCAA Birth to Five Head Start program utilizes a Work Order system for any maintenance or repairs that need to be done at the sites to maintain health and safety requirements.	System in place for requesting work orders.	SBM & Coordinators	Maintenance supervisor	Upon request	By receiving document	Program Database report	SBM & Coordinators submits request and maintenance corrects immediately	Through completion of request/work order
1302.47(b)(1)(ix)	20. Security features at various sites include, but are not limited to the following: surveillance cameras, alarm systems, keypads or swipe cards at the entrances and keeping the doors locked at all times. Security Guards are used as needed.	Security Features	SBM & Coordinators	Maintenance supervisor	Upon request	By receiving document	Program Database report	SBM & Coordinators submits request and maintenance corrects immediately	Through completion of request/work order

~~(2) Equipment and materials. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:~~

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(i) ~~Be clean and safe for children’s use and are appropriately disinfected;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(2)(i)	1. All supplies used in the classrooms are certified by the U.S. Consumer Product Safety Commission. In addition, all sites have the list of recalled products posted in an area convenient to staff and parents.	Children’s Product Certification form & Recall List	SBM	SBM	On-Going	Through inventory list & through Recall List	Program Database report	SBM will print out recalls through online	SBM cluster meetings
1302.14(b)(2)(i)	2. Indoor facilities are swept, vacuumed, mopped, and sanitized daily.	Health & Safety Checklist	Classroom staff & SBM	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff’s cluster meetings
1302.47(b)(2)(i)	3. All toys and classroom materials are non-toxic and are sanitized on a daily basis.	Health & Safety Checklist	Classroom staff & SBM	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff’s cluster meetings

(ii) ~~Be accessible only to children for whom they are age appropriate;~~

(iii) ~~Be designed to ensure appropriate supervision of children at all times;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(2)(ii)	1. NCCAA Birth-to-Five Head Start facilities have child-size toilets and sinks available. All toileting and sinks are clean, appropriate and in good working order.	Health & Safety Checklist	Classroom staff & SBM	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff’s cluster meetings

(iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,

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(v) Be kept safe through an ongoing system of preventative maintenance.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(2)(i)-(v)	1. Playground equipment is installed, inspected, and maintained with the children's safety in mind so that the equipment does not pose the threat of serious falls and will not pinch, crush, or entrap the head or any part of a child's body or clothing.	Safety requirements on Playground equipment Health and Safety Checklist	SBM & Maintenance Supervisor SBM/Facilities Coordinator	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff's cluster meetings
1302.47(b)(2)(i)-(v)	2. Equipment is installed in strict accordance with the manufacturer instructions over shock-absorbing materials, such as wood/ rubber mulch, gravel, or rubber surfaces. The equipment is securely anchored to the ground. All playground equipment is properly spaced and surfaced for fall zones when installed.	Safety requirements on Playground equipment	SBM & Maintenance Supervisor SBM/Facilities Coordinator	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff's cluster meetings
1302.47(b)(2)(i)-(iv)	3. Fall zone around the equipment consists of different soft surfaces such as pre-engineered wood, rubber mulch, gravel, and rubber surfaces.	Safety requirements on Playground equipment	SBM & Maintenance Supervisor SBM/Facilities Coordinator	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff's cluster meetings

~~(3) Background checks. All staff have complete background checks in accordance with §1302.90(b).~~

~~(4) Safety training.~~

~~(i) Staff with regular child contact. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program developed health, safety and child care requirements to ensure the safety of children in their care, including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:~~

~~(A) The prevention and control of infectious diseases;~~

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(I)(c) 1302.61(a)	<p>1. NCCAA Birth-to-Five Head Start Classroom staff is trained in the proper administration of medications, and all information on the medications and its administration is documented and entered into the database on a specific form and kept in the child's record. Scheduled Medications are stored appropriately, under lock & key; and, emergency medications are kept in an unlocked box; out of reach of children. Medication is prescribed by a health care professional, and the medication must always be available. Any changes in behavior, refusals to take medicine, and reactions to medication will be documented on the Authorization for Medication Administration and reported to the child's parent/primary caregiver, Health Staff, and Site Based Management. Parents are encouraged to speak to their physician.</p>	Ensure Program trains classroom staff on medication administration per Standards	Health Coordinator SBM Coordinator SBM Family Advocate Classroom Staff Health Staff	TTA SBM	On going	Absence of Medication Errors / Incident Reports	Program Database	Additional training	Center Meetings Safety Meetings Coordinators Meetings
1302.47(b)(4) § 746.1315	<p>2. NCCAA Birth-to-Five Head Start Program provides training on CPR and First Aid for new staff.</p>	Ensure Program provides CPR/First Aid training	Health Coordinator Health Staff SBM Coordinator SBM Classroom Staff	TTA	On going	Compliance to Standard Staff trained as required	Program Database	Additional training	Center Meetings Safety Meetings Coordinators Meetings

(B) Prevention of sudden infant death syndrome and use of safe sleeping practices;

Regulatory Reference	Action Steps	What are you	Who is responsible?	Who collects (enters) the	How often will you	How do you know you are collecting	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues	How are the results shared?
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		monitoring? (Draw from regulations, goals, and objectives)		data	collect the data?	the data that you need?		and making course corrections?	
1302.47(b)(4)(i)(B) 1302.61(a)	1. All infants are placed on their backs when sleeping in the crib.	Ensure Program adheres to Safe Sleep Practices	Health Coordinator SBM Coordinator SBM Classroom Staff	TTA	On going	Absence of incidents due to not following Safe Sleep Practices	Program Database	Additional training	Center Meetings Safety Meetings Coordinators Meetings
1302.47 (b)(4)(i)(B) 746.1309	2. NCCAA Birth-to-Five Head Start Program provides training on Shaken Baby Syndrome (SBS)/Abusive Head Trauma, Sudden Infant Death Syndrome (SIDS) /Safe Sleep Practices, and Early Childhood Brain Development (ECBD).	Ensure Program provides required training per Standards Shaken Baby Syndrome/Abusive Head Trauma, Sudden Infant Death Syndrome/Safe Sleep Practices and Early Brain Development	Health Coordinator SBM Coordinator SBMs	TTA	On going	Absence of incidents due to not following Shaken Baby Syndrome/Abusive Head Trauma, Sudden Infant Death Syndrome/Safe Sleep Practices and Early Brain Development We are able to verify that all staff have received the appropriate training.	Program Database	Additional training	Center Meetings Safety Meetings Coordinators Meetings

~~(C) Administration of medication, consistent with standards for parental consent;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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1302.47(b)(4)(i)(C) 1302.47(b)(7)(iv) 1302.41(b)(1)(2) 1302.60 1302.61(a)	1.— All medications must be prescribed by a health care professional. An Authorization for Medication Administration form is maintained for each individual medication and reviewed with the parent/ primary caregiver.	objectives) Ensure Program administers medications per Standards	SBM-Coordinator Health-Coordinator	Classroom-Staff SBMs-Coordinator	Ongoing	Required documents are in place	Program Database	Additional training	At training Center Meetings Coordinators Meetings
1302.47(b)(4)(i)(C) 1302.47(b)(7)(iv) 1302.41(b)(1)(2) 1302.60 1302.61(a)	2.— NCCAA Birth to Five Head Start Staff who is trained in medication administration will administer, handle and store prescribed medication for children.	Ensure Program administers medications per Standards	SBM-Coordinator Classroom-Staff Health-Coordinator Health-Staff	TTA	On going	Required documents are in place	Program Database	Additional training	At training Center Meetings Coordinators Meetings
1302.47(b)(4)(i)(C) 1302.47(b)(7)(iv) 1302.41(b)(1)(2) 1302.60 1302.61(a)	3.— If a child has an IHCP in place for a long-term chronic condition, the medication must be available at all times at the center and/or during socializations.	Ensure Program follows Standards on recording health issues per Standards	Classroom-Staff SBMs Health Staff Health-Coordinator	Classroom Staff SBMs	Ongoing	Number of Medication Errors	Per child Per classroom Per Center	Refresher Training on Medication Administration	Center Meetings Safety Meetings Coordinators Meetings
1302.47(b)(4)(i)(C) 1302.47(b)(7)(iv) 1302.41(b)(1)(2) 1302.60 1302.61(a)	4.— Any changes in behavior, refusals to take medicine, and reactions to medication will be documented on the Authorization for Medication Administration and reported to the child's parent/primary caregiver, Health Staff, and Site Based Management. Parents are encouraged to speak to their physician regarding their child's reaction to the prescribed medicine.	Ensure Program follows Standards on recording health issues per Standards Case Notes	Classroom-Staff SBMs Health-Staff Health-Coordinator FCP-Coordinator, FCP Tech	Classroom Staff SBMs Family Advocates	Ongoing	Number of Medication Errors We are able to verify documentation on information shared with families	Per child Per classroom Per Center Program Database Reports	Refresher Training on Medication Administration Staff Development, Community resources outreach	Center Meetings Safety Meetings Coordinators Meetings Staff Development, Coordinator's Meetings
1302.47(b)(4)(i)(C)	5.— All information on the medications and its administration are documented on a specific	Ensure Program	Classroom-Staff	Classroom Staff	Ongoing	Number of Medication Errors	Per child Per classroom Per Center	Refresher Training on Medication Administration	Center Meetings Safety Meetings Coordinators Meetings

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1302.47(b)(7)(iv) 1302.41(b)(1)(2) 1302.60 1302.61(a)	form and kept in the child's record. Medications are stored appropriately, under lock & key and out of reach of children.	follows Standards on recording health issues per Standards	SBMs Health Staff Health Coordinator	SBMs					
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(D) Prevention and response to emergencies due to food and allergic reactions;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(7)(vi) 1302.42.(b)(4) 1302.44(a)(2)(i) 1302.46(b)(1)(ii) 1302.60 1302.61(a)	1. Accommodations are made for children with disabilities and/or food allergies through adaptive equipment, modified foods and food substitutions utilizing IFSP, IEP, and IHCP instructions. Accommodating special diets or dietary requirements ensures that a child's health will not be jeopardized and that individual needs are met regardless of religious reasons, food allergies, or any IHCP's for dietary needs. In the event of an emergency all staff are to follow policy and procedures for emergencies due to food and allergic reactions	IHCPs for Nutrition Allergy and Anaphylaxis	Nutrition Coordinator CACFP Clerk/ Monitor Quality Assurance Monitor Family Advocates Site Base	Family Advocates CACFP Clerk/ Monitor Quality Assurance Monitor	Ongoing	Documents in place	Program Database and Manual tracking	Training on forms	Training Phone calls Emails

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			Managers Classroom staff						
1302.47(b)(7)(vi) 1302.42.(b)(4) 1302.44(a)(2)(i) 1302.46(b)(1)(ii) 1302.60 1302.61(a)	2.— In the event of an emergency all staff are to follow policy and procedures for emergencies due to food and allergic reactions-	IHCs for Nutrition Allergy and Anaphylaxis.	Nutrition-Coordinator CACFP Clerk/ Monitor Quality-Assurance-Monitor Family-Advocates Site Base-Managers Classroom-staff	Family-Advocates CACFP-Clerk/ Monitor Quality-Assurance-Monitor	Ongoing	Documents in place	Program Database and- Manual tracking	Training on forms	Training Phone calls Emails

~~(E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(i) (E) 1302.61(a)	1. NCCAA Birth to Five Head Start playgrounds are protected by a 4—6 foot fence and have two or more exits in and/or out of the facility. Children are supervised when going out to the playground by the classroom staff.	Safety requirements on Playground equipment	SBM & Maintenance Supervisor SBM/Facilities Coordinators	SBM	Weekly	Through Documents	Program Database report	SBM will monitor facility that it is sanitized.	Results are shared in staff's cluster meetings

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1302.47(b)(4)(i)(E) 1302.61(a)	2. NCCAA Birth to Five Head Start Staff utilizes the Health and Safety Checklist to ensure that classrooms and playgrounds are safe for children.	Health and Safety checklist, pedestrian safety on lesson plans	SBM & Maintenance Supervisor SBM/Facilities Coordinators	SBM	Daily, ongoing	Completion of Documents	Manual tracking, work orders,	Professional development,	Revisit and initiate the Monthly safety inspection report for site base managers (attach all related safety hazard request forms)
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~~(F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;~~

~~(G) Emergency preparedness and response planning for emergencies;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(G)	1. NCCAA Birth-to-Five Head Start staff schedules bi -annual safety inspections for each of the sites with the following: <ul style="list-style-type: none"> • Fire Department; • Health Department; • Fire extinguisher company; • Plumbing company (Gas Inspections); and • Alarm System company 	Monitoring inspection reports	SBM, & Maintenance Supervisor	Maintenance Supervisor	Annually	Inspections are submitted to Maintenance Supervisor	Program Database report	Maintenance Supervisor makes corrections to meet compliance	SBM/Facilities Coordinator shares results in the coordinator meetings
1302.47(b)(4)(G)	2. NCCAA Birth-to-Five Head Start staff conducts a Bi-Annual Non Structural Safety Checklist to ensure the safety and well-being of the children and staff at each of the sites. Cindy Longoria ????	Bi-Annual Non Structural Safety Checklist	Facilities and Site Base Management Coordinator & SBM	SBM	Twice a Year	Documents are collected	Program Database report	SBM will place a work order to Maintenance Supervisor	SBM/Facilities Coordinator shares results in the coordinator meetings
1302.47(b)(4)(G)	3. NCCAA Birth to Five Head Start staff conducts a daily <i>Health & Safety Checklist</i> for both indoor and outdoor premises to check for hazardous materials.	Health & Safety Checklist	Health Coordinator or SBM	SBM & Maintenance Supervisor	Weekly	Documents are collected	Program Database report	SBM will place a work order to Maintenance Supervisor	SBM/Facilities Coordinator shares results in the coordinator meetings
1302.47(b)(4)(i)	4. NCCAA Birth to-Five Head Start Staff post Policies and Plan of Actions for	Emergency Preparedness	SBM	SBM/Maintenance	Annually	SBM/Maintenance Supervisor	Program Database report	SBM will make corrections	Coordinators meeting

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(G) 1302.47(b)(4)(i)(J)	emergencies that are required and practiced regularly.	plan of action		Supervisor					
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~~(H) Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(H) 1302.61(a)	1. NCCAA Birth-to-Five Head Start program keeps all chemicals and hazardous materials (including cleaning materials) in a locked cabinet, inaccessible to children. All medications are kept locked and separate from chemicals.	Safety checklist	SBM & Maintenance Supervisor	SBM	Weekly	SBM collects documentation	Program Database report	SBM will make corrections immediately	All is shared at coordinator meetings & SBM meetings
1302.47(b)(4)(H)	2. Each Birth to Five Head Start facility has the appropriate Safety Data Sheets (SDS) available.	Safety checklist	SBM & Maintenance Supervisor	SBM	Monthly	SBM collects documentation	Program Database report	SBM will make corrections immediately	All is shared at coordinator meetings & SBM meetings

~~(I) Appropriate precautions in transporting children, if applicable;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(i)(I)	1. NCCAA does not provide Transportation Services. Therefore, this is not applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

~~(J) First aid and cardiopulmonary resuscitation; and,~~

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(i)(J) 1302.47(b)(4)(i)(G) § 746.1315	1. — All center staff is trained in CPR and First Aid.	Ensure classroom staff certified in CPR and First Aid	SBM Coordinator, Health Coordinator, Health Staff	TTA HR	On going	Number of staff not current with certification	Program Database	Provide more CPR/First Aid Training classes	Center Meetings Safety Meetings Coordinators Meetings

(K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(i)(K) 1302.47(b)(5)(i)	7. NCCAA Birth-to-Five Head Start Program provides training on: Operational Procedures, Prevention, Recognition, and Reporting Child Maltreatment <ul style="list-style-type: none"> ○ Prevention, ○ Recognition, ○ Responding and ○ Reporting Child Maltreatment <p>A) Factors indicating a child is at risk of abuse or neglect, B) Warning signs indication a child may be a victim of abuse or neglect C) Procedures for reporting child abuse or neglect and</p>	Discipline & Guidance Policy Standards of Conduct, Training, On-going based on New Staff Orientation & Annual training, NCCAA Child Maltreatment Policy and	DMHS Coordinator, DMHS Technician, SBM	T/TA	Upon hire of new staff and annual training	Training agenda, sign in/out log, NSO log, Staff Development and Training Log, T/TA Plan	Information is verified through Program Database and sign in sheets are kept on file by the Training and Technical Specialist	Staff who have not received the training will either attend the New Staff Orientation or a training will be scheduled	Program Database, trainings, meetings, staff compliance binder

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	D)Community organizations that have training programs available to employees, children, and parents	Procedures							
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~~(ii) *Staff without regular child contact.* All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(1)(iv)(4)(ii) 1302.50(b)(4) 1302.34(b)(1)(5) 1302.60 1302.90(a)(b)(1)-(6) 1302.92(a) 1302.94(a)(b)	1. — NCCAA Birth-to-Five Head Start Staff and volunteers demonstrate safety practices through the daily Health and Safety Checklist, fire and severe weather drills, lesson plans, center activities, trainings and information for parent/primary caregivers.	Sign in's Parent Meetings packets	Content Area Coordinators	Family Advocates	Ongoing Ongoing as needed	We are able to verify documentation on information shared with parents	Program Databased System Manual Tracking	Identify resources needed	Staff Development

~~(5) *Safety practices.* All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:~~

~~(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;~~

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course	How are the results shared?
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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1302.47(b)(5)(i)	1. — In accordance with Section 261.101 of the Texas Family Code; any individual who suspects a child's physical or mental welfare has been or, may adversely be affected by abuse or neglect, is obligated to report it immediately, but no later than the 48 th hour the person suspects the child has been or may be abused or neglected.	Discipline & Guidance Policy, Standards of Conduct, Training, On-going based on New Staff Orientation & Annual training, NCCAA Child Maltreatment Policy and Procedures	DMHS Coordinator, DMHS Technician, SBM	T/TA	Upon hire of new staff and annual training	Training agenda, sign in/out log, NSO log, Staff Development and Training Log, T/TA Plan	Information is verified through Program Database and sign in sheets are kept on file by the Training and Technical Specialist	Staff who have not received the training will either attend the New Staff Orientation or a training will be scheduled	Program Database, trainings, meetings, staff compliance binder

(ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(5)(ii)	1. — All cribs are supplied with a firm mattress, and fitted sheet. There are no stuffed animals allowed in the classroom.	Ensure Program provides	Classroom Staff, Site Based	Classroom Staff SBMs	Ongoing	Required documentation is in place	Program Database	Additional training	Center Meetings Safety Meetings Coordinators Meetings

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	nor is soft bedding allowed in the crib.	Safe Sleep Practices	Management C&I Coordinator Health Coordinator						
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(iii) Appropriate indoor and outdoor supervision of children at all times;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(5)(i) ii) 746.1301 746.1203 746.1205	1. NCCAA Birth to Five Head Start Program provides training on supervision and safety practices. Keeping children safe is a top priority for NCCAA. Performance Standards require “no child shall be left alone or unsupervised while under their care.” Active supervision is the most effective strategy for creating a safe environment and preventing injuries in young children.	Safety	ALL Head Start Staff	Content Coordinators	Daily	Observations; incident reports,	Child Outcomes Data; Strengths, Needs, Concerns, Staffing Patterns	Staff Development; Intentional Training; Policy and Procedures	Coordinators meeting; Child Outcomes Committee, PC Board; School Readiness Advisory
1302.47(b)(5)(iii) 746.1203 746.1205	2. Adequate supervision is constantly provided and safety transition checklists are implemented daily. and extra support staff is assigned as needed.	Transition Checklist	Teaching staff, SBM, SBM/ Facilities Coordinator Curriculum and Instructions Coordinator	SBM	Daily	Teaching Staff will complete Safety Transition Checklist in Database at the point of service. submits Transition checklist to SBM daily	Program Database report Build in Database	SBM will monitor transition checklist is completed and picked up daily	SBM’s cluster meetings & SBM/Facilities coordinator meetings

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(iv) Only releasing children to an authorized adult, and;

(v) All standards of conduct described in §1302.90(c).

(6) Hygiene practices. All staff systematically and routinely implements hygiene practices that at a minimum ensure:

(i) ~~Appropriate toileting, hand washing, and diapering procedures are followed;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(6)(i) 1302.50(b)(4) 1302.34(b)(1)(5) 1302.60 1302.90(a)(b)(1)(6) 1302.92(a) 1302.94(a)(b)	1. — NCCAA Birth to Five Head Start has a diapering policy that staff utilizes as needed. The Diapering policy is posted near the diaper changing table.	Ensure Program adheres to Policy and Procedures regarding Diapering	Classroom Staff SBMs Health Coordinator	Classroom staff SBMs	ongoing	Number of incidents during diapering Per Child Per Classroom Per Center++	Program Database	Refreshing Training on Diapering Policy and Procedures	Center Meetings Safety Meetings Coordinators Meetings
1302.47(6)(i)(iii) 1302.42(c)(1) 1302.31(c)(3) 1302.47(b)(1)(viii) 1302.50(b)(1)	2. — NCCAA Birth to Five Head Start provides toilet training equipment, including disposable training pants kept at child level for all children who are toilet training. Toilets in the classrooms are child sized or are adapted to allow children independence in mastering the skill.	EHS daily activity form, Potty training Log	Classroom Staff SBM Health Coordinator	Classroom staff SBM	Ongoing	Documents are submitted to SBM	Program Database report	SBM will correct as needed	Cluster meetings

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1302.60 1302.61(a)									
1302.47(6)(i)(iii) 1302.31(e)(3) 1302.47(b)(1)(viii) 1302.50(b)(1)(2) 1302.60 1302.61(a)	3.— Parents are encouraged to share information about child's experiences and preferences at home. The Program encourages parents to keep two sets of clothes at the center for the child.	Daily communication with families for children's needs	Site base managers, teaching staff,	Site base managers, family advocates	N/A	N/A	N/A	Communicate importance of parental participation, daily interactions	Parent orientation, parent meetings, Home visits, parent conferences,
1302.47(b)(6)(i)(iii) 1302.47(b)(1)(viii) 1302.31(e)(3) 1302.50(b)(1) 1302.60 1302.61(a)	4.— All Birth to Five Head Start staff, volunteers, and children must wash their hands at the following times: <ul style="list-style-type: none"> • Before handling food; • Before and after giving medications; • Before and after diapering or assisting a child with toileting; • After handling body fluids such as blood, stool, mucous, vomit; • After handling pets or other animals; • After removing latex gloves; • Before and after bandaging a wound (non porous gloves should be worn if there is contact with blood or blood-containing body fluids) 	Ensure Program adheres to Universal Precaution Practices	Classroom Staff SBMs SBM Coordinator Health Staff Health Coordinator	N/A	N/A	N/A	Decrease in number of communicable diseases Per Child Per Classroom Per Center	Refresher Training on Universal Precautions Center Meetings Coordinators Meetings	

(ii) Safe food preparation; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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1302.47(b)(6)(ii)	1. Standards of Operating Procedures, food service sanitation policies and procedures based on Hazard Analysis and Critical Control Point guidelines (HACCP), are in place that comply with all local, state and federal sanitation laws for food service operations, as well as the Child and Adult Care Food Program regulations, Texas Department of Family Protective Services and Head Start Standards in the area of food safety and sanitation.	Licensing Regulations and Reports and Postings Health Department Reports Staff Folders	Content Area Coordinators	Site Base Managers Food Production Specialists Quality Assurance Monitor CACFP Clerk/Monitor	Ongoing	Monitoring Reports	We are able to verify compliance through reports of Governing Programs	On Site Correction Program Improvement Plan Staff Training	Staff Meetings Staff Trainings Policy Council and Board Meetings
1302.47(b)(6)(ii)	2. Sanitation and cleaning schedules are maintained to ensure cleanliness and maintenance of food preparation areas, equipment, storage areas, and delivery areas.	H1606 Health and Safety Checklist Kitchen Monitoring	Nutrition Coordinator,	Site Base Managers Food Production Specialists Quality Assurance Monitor CACFP Clerk/Monitor	Daily Ongoing	Schedules	We are able to verify compliance	On Site Correction Program Improvement Plan Staff Training	Staff Meetings Staff Trainings Policy Council and Board Meetings
1302.47(b)(6)(ii)	3. The Hazard Analysis & Critical Control Points (HACCP) – Based Standard of Operation Procedures (SOP's) Food Safety Checklist is used for on-going monitoring and evaluation of the kitchen facilities and is kept on file at Kids of the Neighborhood (Kitchen 2) and is completed once a month .	Kitchen facility	Nutrition Coordinator Food Production Specialist	Food Production Specialists	Monthly	Follow the HACCP Checklist	Manual Tracking	Additional training Onsite corrections	Nutrition Department Meetings
1302.47(b)(6)(ii)	4. All Nutrition Services staff is required to attend the Food Manager's Certification Class paid for through Head Start funds.	Compliance with Food Manger's Certification	Nutrition Coordinator	TTA HR employee folder	Ongoing	Staff compliance Food Managers' Certificates are on file and posted	Program Database	Additional training Schedule staff for certification	Nutrition Department Meetings
1302.47(b)(6)(ii)	5. Health Permits, issued by the City / County Health District, are displayed in all centers and at both central kitchen facilities.	Compliance to Health Permits	Maintenance Supervisor	n/a	n/a	n/a	n/a	n/a	n/a

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1302.47(b)(6)(ii)	6. The City/ County Health District Environmental Health Department conducts food service establishment inspections at the central kitchen facilities and classrooms to ensure compliance with local, state and federal sanitation laws and to provide on-going monitoring and evaluation of Child Nutrition Services. If six months lapse between inspections at the Central Kitchen facilities, the Food Production Specialist will call and request a visit and the call will be documented on the prior Food Establishment Inspection Report.	Compliance to Health Permits	Maintenance Supervisor	n/a	n/a	n/a	n/a	n/a	n/a
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~~(iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(6)(iii)	1. Training potties are not utilized in the Birth-to-Five Head Start Program.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1302.47(b)(6)(iii) 1302.47(b)(1) (iv) (4)(ii) 1302.34(b)(1)(5) 1302.50(b)(4) 1302.60 1302.90	2. Staff should clean blood and/or bodily fluids up with the use of non-porous gloves and a bleach and water solution. Dispose of blood-contaminated materials in a plastic bag with a secure tie.	Ensure Program follows Universal Precaution Practices	SBM-Coordinator SBMs Health-Coordinator	SBMs-Classroom-Staff	On-going	Decrease number of incidents	Program Database	Additional training	Center Meetings Safety Meetings Coordinators Meetings

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(a)(b)(1)-(6) 1302.92(a) 1302.94- (a)(b)									
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~~(7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum:~~

~~(i) Emergencies;~~

~~(ii) Fire prevention and response;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(7)(i)(ii) 1302.41(1)(2) 1302.47(b)(4)(i)(D) 1302.47(b)(8)	1. NCCAA Birth to Five Head Start Program provides training on Fire Extinguisher Safety.	New staff orientation & Pre-service training Sign in/out form	SBM, Maintenance supervisor, & SBM/Facilities Coordinator	SBM & T/TA	Annually or as needed	Training is provided and staff sign in/out they obtained training.	Program Database report & T/TA	SBM will schedule staff to obtain training on Fire Extinguisher Safety	Coordinator's meeting & SBM meetings
1302.47(b)(7)(i)(ii) 1302.41(1)(2) 1302.47(b)(4)(i)(D)(8) 1302.60 1302.61(a)	2. All classrooms settings and classrooms utilized for socializations have posted emergency numbers for fire, police, emergency, child abuse, medical services, hospital and poison control next to the telephone in the classroom. Emergency contact information for each child is readily available in the Emergency Contact binder.	Safety and injury prevention, updated and current emergency contacts	SBM, Maintenance supervisor, & SBM/Facilities Coordinator	SBM	Annually or as needed	Training is provided and staff sign in/out they obtained training.	Program Database report	SBM will schedule staff to obtain training on Fire Extinguisher Safety, emergency contacts	Coordinator's meeting & SBM meetings
1302.47(b)(7)(i)(ii)	3. NCCAA Birth to Five Head Start program practices monthly fire drills and evacuation	Documentation of Emergency	Classroom Staff, SBM,	SBM, Coordinators,	Monthly	Classroom staff will submit Emergency	Program Database report	SBM will monitor monthly for correction.	Coordinator's meeting & SBM meetings

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1302.47(b)(4)(i)-(D)-(8) 1302.41(1)(2) 1302.60 1302.61(a)	routes with the children. Severe weather drills are conducted on a quarterly basis. The Emergency Evacuation Plans are posted in each classroom.	practices		OGM, Compliance-officers		practices- documentation to SBM/Facility-Coordinator			
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(iii) ~~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;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(7)(iii) 1302.60 1302.61(a)	1.— If a child has a short term medical condition that cannot be accommodated and poses a risk to the child or others, the child may be placed on Home Bound services or may be granted excused absences by the Director.	Ensure Program follows Universal Precautions practices	Content-Area-Coordinator s; Site Based-Management, Birth-to-Five Head-Start-Director	Classroom-staff, Health-Coordinator	On-going	Review need for IHCP Review Attendance-Records	Program-Database	Additional Refresher-Training on Universal Precautions Sanitizing and-Disinfecting Practices	Center Meetings Coordinators Meetings
1302.47(b)(7)(iii) 1302.60 1302.61(a)	2.— If a child had a contagious illness and may have exposed other children or staff at the center, a Parent Advisory form is issued to parents and posted at the site.	Ensure Program communicate with parents of potential health issues	Site Based-Management, Classroom-staff Health-coordinator Health-Staff	SBMs Health-Staff	On-going	Parent Advisories-generated and-reported to Health-Staff	Program-Database	Data-reviewed for-trends Additional training on Universal Precautions	Center Meetings Safety Meetings Coordinators Meetings

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1302.47(b)(7)(iii) 1302.60 1302.61(a)	3. Children are not denied admission into the program because of health care or medication needs, unless the child poses a health risk to themselves or others.	Ensure Program enrolls all eligible children	ERSEA Coordinator Health Coordinator	ERSEA	On-going	HHCPS in place to address child's health status	Program Database	Incident Reports generated per medication error	Center Meetings Coordinators Meetings
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~~(iv) The handling, storage, administration, and record of administration of medication;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(7)(iv) 1302.47(b)(4)(C)	1. NCCAA Birth to Five Head Start Program has written procedures regarding the administration, handling and storage of medication.	Ensure Program administers medications per Standards	Health Coordinator SBM Coordinator	Classroom Staff SBM	Ongoing	Number of Medication administration errors	Program Database	Refresher Course on Medication Administration and on the Health Policy and Procedures Manual	Center Meetings Safety Meetings Coordinators Meetings
1302.47(b)(7)(iv) 1302.47(b)(4)(C) 1302.61(a)	2. Medication for children, staff and volunteers will be kept at the recommended temperature as instructed on the label, in a locked box, and inaccessible to children. Emergency medications are stored in an UNLOCK box and inaccessible to children. Medications will not be administered beyond the date of expiration on the container or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication.	Ensure Program administers medications per Standards	Health Coordinator SBM Coordinator Classroom Staff	Classroom Staff SBM	On going	Number of Medication Errors	Program Database	Refresher Course on Medication Administration and on the Health Policy and Procedures Manual	Center Meetings Safety Meetings Coordinators Meetings
1302.47(b)(7)(iv) 1302.47(b)(4)(C)	3. NCCAA Birth to Five Head Start staff receives proper training on administering, handling, and storing medication. When specialized equipment is required, a medical professional conducts the training.	Ensure Program trains staff on Medication Administration	Health Coordinator Health Staff	Ongoing	Ongoing	Number of medication errors	Program Database	Refresher Course on Medication Administration and on the Health Policy and Procedures Manual	Center Meetings Safety Meetings Coordinators Meeting

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1302.47(b)(7)(iv) 1302.47(b)(4)(C) 1302.61(a)	4.— NCCAA Birth to Five Head Start Staff who are trained in medication administration will administer, handle and store prescribed medication for children.	Ensure Program adheres to Standards regarding Medication Administration	SBM SBM-Coordinator Health-Coordinator	Ongoing	Ongoing	Number of medication errors	Program Database	Refresher Course on Medication Administration and on the Health Policy and Procedures Manual	Center Meetings Safety Meetings Coordinators Meeting
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(v) Maintaining procedures and systems to ensure children are only released to an authorized adult; and,

(vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(7)(vi) 1302.42.(b)(4) 1302.44(a)(2)(i) 1302.46(b)(1)(ii) 1302.60 1302.61(a)	3.— Children with special health care needs or chronic diseases are identified during the enrollment process and/or during the program year as a need arises. An Individualized Health Care Plan (IHCP) is given to the parent/primary caregiver to have it completed by child's doctor. If there is an ongoing need, a staffing is conducted to complete the IHCP Addendum.	Ensure the Program meets the needs of all enrolled children	ERSEA Family Advocate Classroom Staff Health Staff	Family Advocate SBM Classroom Staff	On-going	Decrease in frequency that child is absent from school due to illness	Program Database	Ensure IHCPs are current Additional training on Health IHCPs	End of Month/ End of School Year Reports
1302.47(b)(7)(vi) 1302.42.(b)(4) 1302.44(a)(2)(i)	4. Accommodations are made for children with disabilities and/or food allergies through adaptive equipment, modified foods and food substitutions utilizing IFSP, IEP, and IHCP instructions. Accommodating special diets or dietary requirements ensures that a child's health will not be jeopardized and that	IHCPs for Nutrition Allergy and Anaphylaxis	Nutrition Coordinator CACFP Clerk/ Monitor	Family Advocates CACFP Clerk/ Monitor	Ongoing	Documents in place	Program Database and Manual tracking	Training on forms	Training Phone calls Emails

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1302.46(b)(1)(ii) 1302.60 1302.61(a)	individual needs are met regardless of religious reasons, food allergies, or any IHCP's for dietary needs.		Quality Assurance Monitor Family Advocates Site Base Managers Classroom staff	Quality Assurance Monitor					
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(8) *Disaster preparedness plan.* The program has all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47(b)(4)(G)(iii) 1302.47(b)(7)(i)(ii) 1302.47(b)(8)	1. — NCCAA Birth to Five Head Start Program provides training on Emergency Preparedness.	Emergency practices maintaining safety.	Planner and Site Base Mgr. & Facility Coordinator	Planner, Site Base Mgr. & Facility Coordinator, Emergency Preparedness Committee	Annually, as needed	Data collected is based on TX DFPS min. standards, OHS performance standards, system Review and suggestion from OEM, CCPD, CCFD	N/A	training, drills and emergency preparedness manuals	Emergency Preparedness Manuals
1302.47(b)(8) 1302.47(b)(7)(i)(ii) 1302.47(b)(4)(i)(D) 1302.41(1)(2. — If emergency care is required, staff dials 911 and notifies the parent/primary caregiver and/or emergency contact. In addition, the Health Coordinator and appropriate directors are contacted.	Ensure Program compliances with Standards regarding training	HR SBM Coordinator SBMs Health Coordinator Health Staff	TTA	On going	certificates	Program Database	New Staff obtain their CPR certification prior to hire	Center Meetings Coordinators Meetings Safety Meetings

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2) 1302.60 1302.61(a)									
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(c) A program must report any safety incidents in accordance with §1302.102(d)(1)(ii).

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.47 (e) § 746.1309 (e)(3)	1. NCCAA Birth to Five Head Start Program provides training on Injury Prevention and Safety Practices in the workplace. Reports are made to Regional Office if necessary.	Accident incident reports OHS Enterprise System	Head Start Director SBM and Facility Coordinator	Head Start Director SBM and Facility Coordinator	As incidents occur	We are able to determine the details of the incident and review for similarities	Locations of incidents, staff supervision and additional active supervision details	Action Plans for quality improvement	Staff meetings, Advisory Meeting, PC meetings, Board Meeting

Subpart E—Family and Community Engagement Program Services

1302.50 Family engagement.

(a) *Purpose.* A program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children’s learning and development. Programs are encouraged to develop innovative two-generation approaches that address prevalent needs of families across their program that may leverage community partnerships or other funding sources.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.50 (a) 1302.60 1302.61(a)	1. NCCAA Birth-To-Five Head Start Program conducts Parent Orientation before each child’s date of entry. Parents	Parent Orientation Sign ins.	FCP Coordinator	Family Advocates, Site Base	Ongoing	Able to determine parent attendance	Child’s Record Program Database	Staff Development	N/A

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	are informed about the benefits of Family Engagement and all the opportunities available for them to actively participate in the Program. NCCAA Operation Policies for Parents and Staff Handbook, can be found at: www.nccaatx.org. A copy is available to each parent upon request.	Parent / Primary Caregiver Orientation Form		Manager					
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(b) *Family engagement approach.* A program must:

(1) Recognize parents as their children’s primary teachers and nurturers and implement intentional strategies to engage parents in their children’s learning and development and support parent-child relationships, including specific strategies for father engagement;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.50 (b)(1) 1302.34 (3)(4)(6)(7) 1302.60 (a)(b)(1)(4) 1302.62 (a)(b)(1)(4)	1. NCCAA Birth To Five Head Start staff encourages parents to participate and give input on their children’s individualized plans for wellness, care, intervention and treatment through any of the following: <ul style="list-style-type: none"> ■ Developmental Learning Report ■ Lesson Plans; ■ Positive Guidance Plan 	Staffing Forms, Lesson Plans, Parent Conference	Content Area Coordinators	Family Advocates	Ongoing Ongoing as needed	We are able to verify referrals made for families	Program Databased-System Manual Tracking	Identify resources needed	Staff Development

(2) Develop relationships with parents and structure services to encourage trust and respectful, ongoing two-way communication between staff and parents to create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community;

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.50 (b)(2) 1302.34 (b)(1)(5) 1302.60	1. NCCAA Birth To Five Head Start Program informs parents of ongoing activities through announcements at parent committee meetings, orientations, parent trainings, newsletters, flyers, media and social networks, and day to day interactions with staff. NCCAA Birth To Five Head Start Program staff develop relationships with parents to encourage trust and respectful, ongoing two-way communication to create welcoming program environments for the families we serve.	Case Notes	FCP Coordinator ERSEA Coordinator	Family Advocates	Ongoing Ongoing As needed	We are able to verify documentation on communication made with parents	Program Database Reports	Staff Development, Community resources outreach	Staff Development, Coordinator's Meetings
1302.50 (b)(2) 1302.34 (b)(2)(6) 1302.60	2. Families are supported by communicating information that bridges the home and school environment, and respects the family's culture and composition. Photographs of children's families along with a variety of anti-biased materials are displayed in the classroom to reinforce children's identity. Families are welcomed and encouraged to share their cultures and traditions with the class.	Environmental Checklist, Children Portfolios, In Kind Family Engagement Event Sign-ins, Lesson Plans	Site Base Managers, Content Area Coordinators, Coach, Mentors	Center staff	Ongoing	We are able to verify Parent Engagement Opportunities	Program Database Manual Tracking	Staff Development	Site Base Manager Meeting, Coordinator Meetings, School Readiness and Family Engagement Advisory
1302.50 (b)(1)(2) 1302.34 (b)(2)(6) 1302.60	3. NCCAA Birth To Five Head Start Program Staff promotes Family Engagement through the Home Connection Calendar. Activities suggest utilizing materials commonly found in the home and encourage parents to share family culture stories.	Non-Federal Share Forms, Volunteers Report	FCP Coordinator, Coach, Mentors	Center Staff FCP Technician	Ongoing	We are able to verify parents' engagement in education	Program Database Manual Tracking	Staff Development,	Policy Council, Coordinator's Meetings CSBG Report

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(3) Collaborate with families in a family partnership process that identifies needs, interests, strengths, goals, and services and resources that support family well-being, including family safety, health, and economic stability;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
<p>1302.50(b)(3) 1302.52(a)(b) 1302.60</p>	<p>1. NCCAA Birth To Five Head Start staff implements a Family Partnership Process that includes a Family Partnership Agreement. The process includes a Family Assessment Matrix) that identifies needs, interests, strengths, goals, and services and/or resources that support family well-being, including family safety, health, and</p> <p>2. NCCAA Birth-To-Five Head Start Staff collaborate with families in a family partnership process. The process includes:</p> <ul style="list-style-type: none"> b. A Family Partnership Agreement c. Family Strength and Needs Assessment d. Goal Setting Meeting A Referral and Follow Up Process 	<p>Family Strengths and Needs Assessment</p> <p>5 Goals, Family Partnership Agreement, Family Home Visits</p> <p>Family Services (Family Partnership Agreement, Family Strength and Needs Assessment, Goal Setting Meeting, Referrals and Follow Ups)</p>	<p>FCP Coordinator,</p>	<p>Family Advocates</p>	<p>Ongoing</p>	<p>We are able to verify family's participation on Family Partnership Process</p>	<p>Program Database Report Child's Record</p>	<p>Staff Development, Community resources outreach</p>	<p>School Readiness & Family Engagement Advisory Meeting, Policy Council, Staff Development, Coordinator's Meetings CSBG Report</p>

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1302.50- (b)(3) 1302.52 (b) 1302.53- (a)(1) 1302.60	1. — Staff provides families with referrals to peer support and resource groups.	Referrals, Services Received, Follow-ups	Content Area Coordinators	Family Advocates	Ongoing	We are able to verify referrals made	Program Database Reports	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting
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(4) Provide parents with opportunities to participate in the program as employees or volunteers;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.50 (b)(4) 1302.34 (b)(1)(5) 1302.60 1302.90(a)(b) (1)-(6) 1302.92 (a) 1302.94 (a)(b)	1. NCCAA Birth-To-Five Head Start staff offers parents the opportunity to attend and/or volunteer at events such Parent Conferences, Policy Council activities, Strategic Planning, Advisories, etc. Families are welcomed in the classroom during operating hours and have opportunities to volunteer, visit, and observe their child(ren).	Sign-in's Non-Federal Share Forms, Volunteers Report	Content Area Coordinators	FCP Technician Family Advocates	Ongoing	We are able to verify parents' attendance, engagement in education participation in the program	Program Database Reports Manual Tracking	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting
1302.50(b)(4) 1302.60	2. — NCCAA Birth To Five Head Start applicants who are parents and meet the qualifications are given priority for employment. If hired, parents must comply with all NCCAA Personnel Policies and Procedures.	Application Grid	Site Base Managers	Human Resources, Site Base Managers, Program Secretary	Ongoing	Able to verify the applicants that are current or former parents and those that have been offered employment	Manual Tracking	Ensure that current or former parents are aware of career opportunities	Personnel Committee, Policy Council and Board Meeting

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~~(5) Conduct family engagement services in the family’s preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe; and,~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.50(b)(5) 1302.60	1. English and Spanish are primary languages for many of the families in this community; therefore, information is available in both languages; and other languages, as requested. An interpreter will be provided as parent request.	Forms	Content Area Coordinators	Content Area Coordinators	As needed	We are able to verify that information shared with is parents on their preferred language	As needed based on home language	Continue to translate forms and information	N/A

~~(6) Implement procedures for teachers, home visitors, and family support staff to share information with each other, as appropriate and consistent with the requirements in part 1303 subpart C, of this chapter; FERPA; or IDEA, to ensure coordinated family engagement strategies with children and families in the classroom, home, and community.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.50(b)(6) 1302.53(a)(1) 1302.60	1. NCCAA Birth To Five Head Start Program takes an active role to improve services for families by sharing information among community partners in accordance with the Agency’s Confidentiality policies.	Consent for Release/Exchange of Information Form	ERSEA Coordinator	Family Advocates	As needed	We are able to verify parents’ consent to share	Child’s Record	Staff Development	N/A

1302.51 Parent activities to promote child learning and development.

~~(a) A program must promote shared responsibility with parents for children’s early learning and development, and implement family engagement strategies that are designed to foster parental confidence and skills in promoting children’s learning and development. These strategies must include:~~

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- (1) Offering activities that support parent-child relationships and child development including language, dual language, literacy, and bi-literacy development as appropriate;
 (2) Providing parents with information about the importance of their child’s regular attendance, and partner with them, as necessary, to promote consistent attendance; and,
 (3) For dual language learners, information and resources for parents about the benefits of bilingualism and biliteracy.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.51 (a)(1) 1302.34(b)(1)-(7) 1302.60 1301.3 1301.4	1. Parents are involved in the planning of program and/or classroom activities by serving on various Committees, Advisories and Policy Council Meetings. In addition, parents are able to participate in the review and approval of all Program Plans for the Birth-To-Five Head Start Program.	In-kind Sign-in's	Birth-to-Five Head Start Director Content Area Coordinators	FCP Technician Family Advocates	Ongoing	We are able to verify Family and Community Engagement	Program Database Reports Manual Tracking	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting
1302.51 (a)(1) 1302.53(a) 1302.60 1301.3 1301.4	2. Parent Committee members are encouraged to facilitate Parent Meetings at the center level. Guest speakers from the community are also invited to speak on various educational topics.	Parenting Meetings	FCP Coordinator	Site Based Management & Family Advocates	Ongoing	We are able to verify Family and Community Engagement	Program Database Reports	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.51 (a)(1)-(3)	1. The School Readiness & Family Engagement Advisory Committee,	Advisory minutes	C&I Coordinator,	C&I Coordinator,	Biannually	We are able to verify Family and	Program Database Reports	Staff Development,	Staff Development

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1302.34 (b) 1302.53(a)(2)(iv) 1302.60	consisting of parents, community partners and staff, provides families with opportunities to become directly involved in educational services and learn about resources-	Sig-in's	FCP Coordinator, Disability/ Mental- Health- Coordinator	FCP Coordinator, Disability/ Mental- Health- Coordinator		Community- Engagement- participation	Manual Tracking	Community resources outreach	School Readiness & Family Engagement Advisory Meeting
1302.51(a)(1)(3) 1302.53(a)(2)(iv) 1302.60	2. — NCCAA Birth To Five Head Start staff fosters education/literacy by encouraging parents to register for library cards and utilize the lending library in the classrooms to read to their children. Books in Spanish are available for Spanish speaking families.	Parenting Meetings Lending Library Log	FCP Coordinator C&I Coordinator	Center Staff	Ongoing	We are able to verify Family and Community Engagement	Program Database Reports Manual Tracking	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting

~~(b) A program must, at minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.51 (b) 1302.60	1. NCCAA Birth-To-Five Head Start Program offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development.	Sig-in's In-Kind	FCP Coordinator, FCP Technician	Family Advocates	Ongoing	We are able to verify Family Engagement in Education	Program Database Reports Manual Tracking	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting

1302.52 Family partnership services.

~~(a) *Family partnership process.* A program must implement a family partnership process that includes a family partnership agreement and the activities described in this section to support family well-being, including family safety, health, and economic stability, to support child learning and development, to provide, if applicable, services and supports for children with disabilities, and to~~

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foster parental confidence and skills that promote the early learning and development of their children. The process must be initiated as early in the program year as possible and continue for as long as the family participates in the program, based on parent interest and need.

~~(b) Identification of family strengths and needs. A program must implement intake and family assessment procedures to identify family strengths and needs related to the family engagement outcomes as described in the Head Start Parent Family and Community Engagement Framework, including family well-being, parent-child relationships, families as lifelong educators, families as learners, family engagement in transitions, family connections to peers and the local community, and families as advocates and leaders.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.52 (a)(b) 1302.50 (b)(3) 1302.60	1. As part of the Family Partnership Process, NCCAA Birth-To-Five Head Start staff completes a Family Strengths & Needs Assessment (Matrix). The assessment helps the Family Advocate and the families identify family strengths, needs, and make necessary referrals. The process encourages parents to establish trust and build-up rapport with staff. This process that initiates as early in the program year as possible, and continues for as long as the family participates in the program, based on parent interest and need	Family Strengths & Needs Assessment. Referrals Goal Setting Meetings	FCP Coordinator	Family Advocates	On going	We are able to verify family participation on a Family Partnership Process	Program Database Reports	Staff Development, Community resources outreach	School Readiness & Family Engagement Advisory Meeting, Coordinator's Meetings
1302.52 (b) 1302.50 (b)(3) 1302.60	3. — NCCAA Birth to Five Head Start Program provides training on Parent, Family and Community Engagement Outcomes Framework and/Fatherhood Initiative.	Parent Orientation New Staff Orientation In-Service Trainings	FCP Coordinator	SBMs Family Advocates FCP Coordinator T/TA Coordinator	Ongoing	We are able to verify trainings	Program Database Reports Manual Tracking	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting

~~(c) Individualized family partnership services. A program must offer individualized family partnership services that:~~

~~(1) Collaborate with families to identify interests, needs, and aspirations related to the family engagement outcomes described in paragraph (b) of this section;~~

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(2) Help families achieve identified individualized family engagement outcomes;

(3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families to review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary, and;

(4) Assign staff and resources based on the urgency and intensity of identified family needs and goals.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.52 (a)-(c) 1302.34 (b)(3)(7) 1302.60	1. NCCAA Birth-To-Five Head Start Family Services staff conducts a minimum of one-home visit Goal Setting Meeting per year to establish a family goal, and provide resources and referrals. and discuss the importance of attendance, etc. Every effort is made to complete the meeting(s) together if a family is shared between more than one staff members.	FA Home Visit Referrals Goal Setting	FCP Coordinator	Family Advocates	Ongoing	We are able to verify family participation on a Family Partnership Process	Program Database Reports Child's Record	Staff Development, Community resources outreach	School Readiness & Family Engagement Advisory Meeting, Policy Council, Coordinator's Meetings CSBG Report
1302.52(a)-(e)(1)-(4) 1302.60	2. NCCAA Birth To Five Head Start staff documents the Family Partnership Agreement (FPA), goal setting, family progress, all referrals and follow ups in our Program Databased system. The follow up process reviews individual progress, revise goals, evaluates and tracks whether identified needs and goals are met, and adjusts strategies on an ongoing basis.	Case Notes- Referrals Goal Setting- Family Partnership Agreement	FCP Coordinator FCP Teeh	Family Advocates	Ongoing	We are able to verify family participation on a Family Partnership Process	Program Database Reports	Staff Development, Community resources outreach	Upper management, School Readiness & Family Engagement Advisory Meeting, Policy Council, Staff Development, Coordinator's Meetings CSBG Report

(d) Existing plans and community resources. In implementing this section, a program must take into consideration any existing plans for the family made with other community agencies and availability of other community resources to address family needs, strengths, and goals, in order to avoid duplication of effort.

Regulatory	Action Steps	What are	Who is	Who collects	How often	How do you know	How is the OGM data	What is the plan for	How are the results
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Reference		you monitoring? (Draw from regulations, goals, and objectives)	responsible?	(enters) the data	will you collect the data?	you are collecting the data that you need?	aggregated and analyzed?	responding to issues and making course corrections?	shared?
1302.52 (d) 1302.53(a) 1302.60	<p>1. NCCAA Birth To Five Head Start staff coordinates services with families and community partners, to support any pre-existing plans. NCCAA has agreements with Agencies such as, but not limited to the following:</p> <ul style="list-style-type: none"> • Housing Authority, • Women, Infants, and Children (WIC), • Temporary Assistance for Needy Families (TANF), • Texas Workforce Solutions of the Coastal Bend • Early Childhood Intervention (ECI), • Local Education Agency (LEA), • Texas Judicial System, • Texas Department of Family & Protective Services (TDFPS), and • NCCAA: Community Services and Housing. 	MOU	Birth-to-Five Head Start Director	Content Area Coordinators	Ongoing	We are able to verify family and community partnerships	Manual Tracking	Staff Development, Community resources outreach	School Readiness & Family Engagement Advisory Meeting, Policy Council, Staff Development, Coordinator's Meetings

1302.53 Community partnerships and coordination with other early childhood and education programs.

(a) Community partnerships.

(1) A program must establish ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate, to facilitate access to community services that are responsive to children's and families' needs and family partnership goals, and community needs and resources as determined by the community assessment.

(2) A program must establish necessary collaborative relationships and partnerships, with community organizations that may include:

(i) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers;

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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53 (a)(1) 1302.50 (a) 1302.60	1. NCCAA Birth-To-Five Head Start staff develops and maintains Memorandum of Understanding (MOU) with community partners and health care providers to provide a variety of services to NCCAA Birth-To-Five Head Start families.	Memorandum of Understanding (MOU)	Birth-to-Five Head Start Director	Content Area Coordinators	Ongoing	We are able to verify Community Partnerships	Manual Tracking	Community resources outreach	School Readiness & Family Engagement Advisory Meeting, Policy Council, Coordinator's Meetings

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53 (a)(1)(2)(i) 1302.60 1302.61 (e)(1)(2)(i)(i) 1302.63 (a)(d) 1302.70 (e) 1302.71(e)	1. NCCAA Birth To Five Head Start Program facilitates the Health Services Advisory and the School Readiness & Family Engagement Advisory Committees throughout the year; to encourage communication between staff, community partners, and parents to provide the most up to date information for families.	School Readiness & Family Engagement Advisory Committee Minutes	Birth-to-Five Head Start Director Content Area Coordinators	Content Area Coordinators	Quarterly/ Biannually	We are able to verify parent participation	Program Database Manual Track	Staff Development, Community resources outreach	Upper management, School Readiness & Family Engagement Advisory Meeting, Policy Council, Staff Development, Coordinator's Meetings
1302.53 (a)(2)(i)	2. NCCAA Birth To Five Head Start staff may utilize the Birth to Five Head Start Community Resources Directory to assist	Community Resource Directory	Content Area Coordinator	Content Area Coordinators	Ongoing	We are able to verify Community Partnerships	Manual Tracking	Community resources outreach	School Readiness & Family Engagement

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1302.46- (a)(b)(2)(i) 1302.60	families in deciding on a doctor, dentist, or mental health professional.		s						Advisory Meeting, Policy Council, Coordinator's Meetings
1302.53- (a)(2)(i) 1302.50- (b)(3) 1302.46- (b)(1)(2) 1302.60	<p>3. NCCAA Birth To Five Head Start Program provides staffings and/or trainings for preventative medical, dental, or safety practices. The training information may be found in the following:</p> <ul style="list-style-type: none"> ■ Canto A Los Niños Newsletter; ■ Parent Committee Meetings; Family And Community Engagement (F.A.C.E.) Meetings ■ Parent Involvement-Family Engagement-Mini-Conferences ■ Parent Handbook ■ Social Media 	Parent Meetings Referrals	Birth to-Five Head Start Director FCP Coordinator FCP Tech	Family Advocates	Ongoing	We are able to verify information share with families	Program Database- Reports	Staff Development, Community-resources-outreach	Staff Development School Readiness & Family Engagement Advisory Meeting

(ii) ~~Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53- (a)(1)(2)(ii) 1302.60 1302.61- (e)(1)(i)-(v) 1302.62- (a)(b) 1302.63 (a)- (e) 1302.101	<p>1. Birth To Five Head Start Program will develop MOU's with the LEA, collaborative agreements with the Part C Agencies and contractual agreement with other agencies. Such agreement may address cost sharing, parent and staff training, Child Find Participation, transition, referrals and transportation etc. The Agreements will be updated as needed. Joint training with other agencies affords Birth To Five Head Start staff the benefits of exchanging expertise and recommendations.</p>	MOUs, Individualization	DMHS- Coordinator	DMHS- Coordinator	As per MOU	Updated IFSPs and/or IEP's on file and current MOUs	Check for MOU expiration dates and assist families with transitional services information, submit purchase order as needed for training.	Continue to strength collaborations with LEA and ECI	School Readiness and Family Engagement Advisory, ECI Transition Meeting, ARD, parent meetings, communication via email, interface, phone calls

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(b)(2)(i) 1303.75(b)									
1302.53(a)(2)(ii) 1302.63(a)(b)	2. The Birth To Five Head Start Pre-school Division will provide the number of children with disabilities receiving services under Individualized Education Programs (IEP's) to the Local Education Agencies (LEA) for the Local Education Agency (LEA) Child Count report by December 1 st annually. Head Start makes efforts to update agreements with LEA as needed.	MOU	DMHS-Coordinator	DMHS-Coordinator	As per MOU	Program Database report and manual tracking system for HS	Check for MOU expiration dates and	Continue to strength collaborations with LEA	Program Database reports, manual tracking form for HS, ARD, parent meetings, advisory meetings, communication via email, interface, phone calls

~~(iii) Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53 (a)(2)(viii)	1. NCCAA Birth-to-Five Head Start Program maintains a MOU with the Texas Department of Family & Protective Services.	Memorandum of Understanding (MOU)	Birth-to-Five Head Start Director	Content Area Coordinators	Ongoing	We are able to verify Community Partnerships	Manual Tracking	Community resources outreach	School Readiness & Family Engagement Advisory Meeting, Policy Council, Coordinator's Meetings

~~(iv) Educational and cultural institutions, such as libraries and museums, for both children and families;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53(a)(2)	1. NCCAA Birth-to-Five Head Start Program develops and maintains MOUs	Memorandum of	Birth-to-Five Head	Content Area	Ongoing	We are able to verify Community	Manual Tracking	Community resources	School Readiness & Family

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(iv) 1302.34(b)(5) 1302.50(b)(1) 1302.51 (a)(1)-(3) 1302.60 1302.61(a)	with Corpus Christi Libraries and community colleges to assist parents in accessing literacy programs, G.E.D. services, ESL (English as a Second Language), reading tips and career counseling, etc.	Understanding (MOU)	Start Director	Coordinators		Partnerships		outreach	Engagement Advisory Meeting, Policy Council, Coordinator's Meetings
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~~(v) Temporary Assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset building education, products and services to enhance family financial stability and savings;~~

~~(vi) Housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*);~~

~~(vii) Domestic violence prevention and support providers; and,~~

~~(viii) Other organizations or businesses that may provide support and resources to families.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53 (a)(2)(i)-(viii) 1302.52(b) 1302.60	1. NCCAA Birth-To-Five Head Start staff develops and maintains Memorandum of Understanding (MOU) with community partners that provide professional services, education and support for families encountering a crisis. Emergency assistance include services such as; but not limited to the following: food, housing, clothing, counseling programs, and support groups that provide information on substance abuse,	Memorandum of Understanding (MOU)	Birth-to-Five Head Start Director	Content Area Coordinators	Ongoing	We are able to verify Community Partnerships	Manual Tracking	Community resources outreach	School Readiness & Family Engagement Advisory Meeting, Policy Council, Coordinator's Meetings

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	child abuse and neglect, and domestic violence, transportation, etc.								
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(b) *Coordination with other programs and systems.* A program must take an active role in promoting coordinated systems of comprehensive early childhood services to low-income children and families in their community through communication, cooperation, and the sharing of information among agencies and their community partners, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.

(1) *Memorandum of understanding.* To support coordination between Head Start and publicly funded preschool programs, a program must enter into a memorandum of understanding with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of the program, as described in section 642(e)(5) of the Act.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53(a)(2)(b)(1) 1302.61(a)	1. — Birth To Five Head Start and the Local Education Agencies (LEA) are in agreement to share special equipment and/or materials that are called for in the child's IEP. If not available, efforts through Birth To Five Head Start are made to lease or to purchase only after all other resources have been utilized.	MOUs, Individualization	DMHS- Coordinator	DMHS- Coordinator	As per MOU	Updated IEPs on file and current MOUs	Check for MOU expiration dates and assist families with transitional services information, submit purchase order as needed.	Continue to strengthen collaborations with LEA	School Readiness and Family Engagement Advisory, ECI Transition Meeting, ARD, parent meetings, communication via email, interface, phone calls, Social, Emotional, Awareness Team (S.E.A.T) (parent) meeting

(2) *Quality Rating and Improvement Systems.* A program, with the exception of American Indian and Alaska Native programs, must participate in its state or local Quality Rating and Improvement System (QRIS) if:

(i) Its state or local QRIS accepts Head Start monitoring data to document quality indicators included in the state's tiered system;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations,	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?

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		goals, and objectives)							
1302.53(b)(2)(i)	1. NCCAA Birth to Five Head Start Program participates in the Texas School Ready/ CLI Engage Professional Development. A comprehensive professional development platform for public school pre-k, Head Start, and Texas Rising Star Certified Providers in Texas.	Collaborations	Teaching staff	C&I Coord	Yearly	Identify: Strengths; Concerns; Patterns; Child Outcomes	Child Outcomes Data; Strengths, Needs; Concerns, Staffing Patterns	Staff Development; Intentional Training, Policy and Procedures	Coordinators meeting, Child Outcomes Committee, PC Board; School Readiness Advisory

(ii) Participation would not impact a program’s ability to comply with the Head Start Program Performance Standards; and,

(iii) The program has not provided the Office of Head Start with a compelling reason not to comply with this requirement.

(3) ~~Data systems.~~ A program, with the exception of American Indian and Alaska Native programs unless they would like to and to the extent practicable, should integrate and share relevant data with state education data systems, to the extent practicable, if the program can receive similar support and benefits as other participating early childhood programs.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.53(a)(1)(2)(i) 1302.60 1302.61(e)(1)(2)(i)(i) 1302.63(a)(d) 1302.70(e) 1302.71(e)	1. NCCAA Birth To Five Head Start Program facilitates the School Readiness & Family Engagement Advisory Committee. Officials from the Local Education Agencies (LEA) and ECI are invited, and data is shared.	Readiness & Family Engagement Advisory Committee	Birth to Five Head Start Director	Content Area Coordinators	September— August	We are able to verify Community Partnerships and Collaborations and information on Data shared	Manual Tracking	Staff Development, Community resources outreach	Staff Development School Readiness & Family Engagement Advisory Meeting

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~~(4) *American Indian and Alaska Native programs.* An American Indian and Alaska Native program should determine whether or not it will participate in the systems described in paragraphs (2) and (3) of this section.~~

1302 Subpart F—Additional Services for Children with Disabilities

1302.60 Full participation in program services and activities.

~~A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.60	1. — NCCAA ensures enrolled families with children with disabilities receive and participate in all program services in a least restrictive environment.	IEP/IFSP Monitoring Checklist, Individualized Disability Services Tracking System	DMHS Technician	Teaching Staff, SBMs, FA, DMHS Department, ERSEA	ongoing	Updated IEP and IFSP, ongoing assessments and lesson plans	Program Database and manual tracking are used to plan and implement for an inclusive environment	To make needed modifications or adjustments	Enrollment meeting, home visits, parent conferences, daily interfacing, ARD meetings, ECI Transition Conference, SBM meetings

1302.61 Additional services for children.

~~(a) *Additional services for children with disabilities.* Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities. Programs must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*), and their implementing regulations.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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		regulations, goals, and objectives)							
1302.61(a) 1302.60	1. NCCAA Birth to Five Head Start Classroom Staff plans a full range of activities and services for all NCCAA Head Start children. Lesson plans include the specific activities and modifications indicated on each child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).	IEP/IFSP Monitoring Checklist, Individualized Disability Services Tracking System	DMHS Technician	Teaching Staff, SBMs, DMHS Department	ongoing	Updated IEP and IFSP, ongoing assessments and lesson plans	Program Database and manual tracking is used to plan and implement for an inclusive environment	To make needed modifications or adjustments	Enrollment meeting, home visits, parent conferences, daily interfacing, ARD meetings, ECI Transition Conference, SBM meetings
1302.61(a)	2. NCCAA Birth to Five Head Start budget allows for ensuring our program is in compliance with ADA section 504 for all persons with disabilities.	ADA Checklist	DMHS Department & Maintenance Supervisor	DMHS Department & Maintenance Supervisor, SBM/Facility Coordinator	Annually	ADA Compliant	ADA Checklist manual tracking report and ADA Checklist	Modifications are made as feasible	Staff Development, communication with administration, work orders, purchase orders

~~(b) *Services during IDEA eligibility determination.* While the local agency responsible for implementing IDEA determines a child's eligibility, a program must provide individualized services and supports, to the maximum extent possible, to meet the child's needs. Such additional supports may be available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705(9)(b) of the Rehabilitation Act. When such supports are not available through alternate means, pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.61(a)(b) 1302.60 1303.75(b)	1. NCCAA Birth To Five Head Start program will facilitate services for Audiology, Physical Therapy, Occupational Therapy, Speech or Language, Psychological, Assistive technology and other therapy as needed	Birth to Five Head Start Child Staffing Form	DMHS Coordinator	Content Coordinator & Technicians	Ongoing	Services are being arranged and provided	Program data base	Modifications are made as feasible	Coordinator meetings, staffing meeting

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	for children with disabilities, when these services are not available through Local Education Agencies (LEA) or other agencies.								
1302.61(b) 1302.63(c)(1)(2)	2. NCCAA collaborates with community partners to meet the services required by the IEP/IFSP. After all other resources are utilized; program funds will be used to provide a full range of services to children with disabilities.	IEP/IFSP Memorandum of Understanding (MOU)	DMHS- Department	DMHS- Department	Ongoing	Services are being arranged and provided	Program data base	Modifications are made as feasible	School Readiness & Family Engagement, MOU meeting

~~(c) Additional services for children with an IFSP or IEP. To ensure the individual needs of children eligible for services under IDEA are met, a program must:~~

- ~~(1) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:

 - ~~(i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;~~
 - ~~(ii) Children are working towards the goals in their IFSP or IEP;~~
 - ~~(iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;~~
 - ~~(iv) IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,~~
 - ~~(v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.~~~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.61(e)(1)(i)-(v) 1302.60	1. NCCAA teaching staff will plan and deliver the required services as per the IFSP or IEP.	IEP, IFSP, IEP/IFSP Monitoring Checklist, Individualized Disability Services Tracking System	DMHS- Department	DMHS- Technician	Ongoing	We are able to determine the teaching staff are planning and implementing the measurable goals and objectives as per IFSP or IEP	Program Database and manual tracking is used to ensure teaching staff plan and implement required IEP/IFSP objectives and measurable goals.	Utilize information to individualize planning and implementation, staff development	Reports shared with management staff,

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1302.61(e)(1)(i) (v-0) 1302.53(2)(i) 1302.63(a)(b)	2. Partnerships with other agencies will provide possibilities to share training, equipment, current IFSP or IFP and other resources, and a smooth transition from Head Start and Public or private school for children with disabilities and their parent/primary caregiver.	MOUs	DMHS-Coordinator	DMHS-Coordinator	As per MOU	Updated and keep current MOUs	Check for MOU expiration dates and assist families with transitional services information or needed resources	Continue to strengthen collaborations with LEA and community partners	School Readiness and Family Engagement Advisory, ECI Transition Meeting, ARD, parent meetings, communication via email, interface, phone calls, community meetings
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(2) Plan and implement the transition services described in subpart G of this part, including at a minimum:

(i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.61(e)(2)(i) 1302.60 1302.62(a)(b) 1302.63(a) 1302.50(b)(1)(3) 1302.70(e)	1. Children with disabilities receiving services from the ECI program are scheduled to have a ECI Transition Conference and an assessment by the school district. If a family has completed the application process and their child has a qualifying disability, they may transition into the Birth To Five Head Start Preschool Division on or after his/her third birthday if there is an enrollment slot available.	MOUs	DMHS-Coordinator	DMHS-Coordinator	As per MOU	Updated on file and current MOUs	Check for MOU expiration dates and assist families with transitional services information	Continue to strengthen collaborations with ECI and LEA	School Readiness and Family Engagement Advisory, ECI Transition Meeting, ARD, parent meetings, communication via email, interface, phone calls
1302.61(e)(2)(i) 1302.50(b)(1)(3) 1302.70 1302.71 1302.72	2. NCCAA Birth to Five Head Start Program provides training on how to prepare parents to become their child's advocate through transition periods.	Transition Meetings	FCP-Coordinator/ Tech	Family-Advocates	Ongoing	We are able to verify Family Engagement in Transitions	Manual Tracking of Children's Records Site Visits	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development Coordinator's

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1302.82(b)									Meetings
1302.61 (e)(2)(i)(ii) 1302.60 1302.62 (a)(b) 1302.50 (b)(1)(3) 1302.70 (b)(2)	3. — NCCAA Birth To Five Head Start staff conducts transition meetings with families, at least six months prior the child's 3 rd birthday. The topics of discussion are: the transition process, family's progress, child's progress, development, health status, children with disabilities and parent's roles and responsibilities.	Transition Plans Transition Checklists	FCP Coordinator/ Tech	Family Advocates	Ongoing	We are able to verify Family Engagement in Transitions	Manual Tracking of Children's Records Site Visits	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development Coordinator's Meetings

(ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.71(c) 1302.60 1302.61(c)(2)(ii) 1302.63(c)(1)(2) 1302.63(d) 1302.50 (b)(1)(3)	1. Disability Services in collaboration with the Local Education Agencies (LEA), parent/primary caregiver, and when possible staff attend annual Admission, Review, and Dismissal (ARD) meetings to transition children with disabilities from Head Start to the child's home school.	ARD packet	DMHS Coordinator, DMHS Technician	DMHS Coordinator and DMHS Technician	Ongoing	Updated IEPs and ARD meeting minutes on file and current	Assist families with transitional services information during ARD	Continue to strengthen collaborations with LEA and continue to communication with parents/guardians	School Readiness and Family Engagement Advisory, ARD meetings, parent meetings, communication via email, interface, phone calls

~~1302.62 Additional services for parents.~~

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~~(a) *Parents of all children with disabilities.*~~

~~(1) A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children’s needs and information and skills to help parents understand their child’s disability and how to best support the child’s development;~~

~~(2) A program must assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child’s health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.62(a)(1) (2) 1302.34(a) 1302.50(b)(1) 1302.60	1. NCCAA Birth-to-Five Head Start Program provides training/ information for families on the following topics during the transition process: <ul style="list-style-type: none"> • becoming their child’s advocate • parent’s rights and responsibilities; • continued involvement of parents in their child’s education 	Transition Meetings Transition Plans	FCP Coordinator,	Family Advocates	September – April Ongoing	We are able to verify Family Engagement in Transitions	Manual Tracking Site Visits	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development Coordinator’s Meetings

~~(b) *Parents of children eligible for services under IDEA.* For parents of children eligible for services under IDEA, a program must also help parents:~~

~~(1) Understand the referral, evaluation, and service timelines required under IDEA;~~

~~(2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;~~

~~(3) Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,~~

~~(4) Ensure their children’s needs are accurately identified in, and addressed through, the IFSP or IEP.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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		regulations, goals, and objectives)							
1302.62(a)(b) (1)(4) 1302.50- (b)(1)(3)	1. The Disability Coordinator and Local Education Agencies (LEA) provide parent/primary caregiver a copy of their rights under Individuals with Disabilities Education Act (IDEA).	Disability- Services- Referral- Process- LEA	DMHS- Coordinator,- DMHS- Technician	FSA, SBM,- DMHS- Coordinator,- DMHS- Technician	Issued with- referral-	LEA Referral process	Information and copy shared- with parent/primary caregiver	Follow LEA Referral- Process	Copy kept on file with- DMHS and copy- shared with LEA and- parent/primary- caregiver
1302.62(b)(4) 1302.34(b)(6) 1302.50(b)(1)(3) 1302.53(a)(1) (2) (viii) 1302.60	2. Parent/Primary Caregiver is provided the child's progress of Individualized Education Program (IEP)/Individualized Family Service Plan (IFSP) through Teaching Strategies Gold DLR during Fall, Winter and Spring.	Individualiz- ation and progress	Teaching staff	Teaching Staff, Education Technician, DMHS Technician	Fall, Winter and Spring	Teaching Strategies Gold Procedures	Individualized planning and progress tracking	Teaching Strategies Gold Training	Shared with parent/primary caregiver during Fall, Winter and Spring, outcome meetings,

~~1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA.~~

~~(a) A program must coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in §1302.33(a)(3) and through participation in the local agency Child Find efforts.~~

~~(b) A program must work to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including the referral and evaluation process, service coordination, promotion of service provision in the least restrictive appropriate community based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting, and transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from preschool to kindergarten.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.63(a)(1. NCCAA Birth to Five Head Start Program	Special	DMHS	DMHS	As per	Updated IEPs or	Check for MOU expiration	Continue to strengthen	School Readiness and

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<p>b) 1302.33(a)(1) 1302.41(a)(b)(1) 1302.60</p>	<p>collaborates with Local Education Agencies (LEA), Early Childhood Intervention (ECI) and the Education Service Center (ESC) through Child Find in locating, identifying, and evaluating children with disabilities or suspected disabilities, before child's 3rd birthday.</p>	<p>Educational Services and MOUs</p>	<p>Coordinator, DMHS-Technician</p>	<p>Coordinator, DMHS-Technician</p>	<p>MOU</p>	<p>IESPs on file and current MOUs</p>	<p>dates and assist families with transitional services information and meetings</p>	<p>collaborations with LEA, attend ECI transitional meetings and ARDs</p>	<p>Family Engagement Advisory, ARD, ECI transitional parent meetings, communication via email, interface, phone calls</p>
<p>1302.63(a)(b) 1302.53(a)(2)(ii) 1302.60 1302.50(b)(1)(3)</p>	<p>2.— NCCAA Birth To Five Head Start Disability/ Mental Health Coordinator is responsible for the coordination of services with community agencies and parents.</p>	<p>Special Educational Services and MOUs</p>	<p>DMHS-Coordinator, DMHS-Technician</p>	<p>DMHS-Coordinator, DMHS-Technician</p>	<p>As per MOU</p>	<p>Updated IEPs or IEPPs on file and current MOUs</p>	<p>Check for MOU expiration dates and assist families with transitional services information</p>	<p>Continue to strengthen collaborations with LEA, attend ECI transitional meetings and ARDs</p>	<p>School Readiness and Family Engagement Advisory, ARD, ECI transitional parent meetings, communication via email, interface, phone calls</p>
<p>1302.63(b) 1302.53(a)(2)(ii)</p>	<p>3.— Collaborating agreements are established with the Local Education Agencies and with the Part C Agencies and are updated as needed. The Local Education Agencies (LEA) and Part C Agencies are responsible for the identification, evaluation, and provision of free services to children with disabilities. Children in Head Start identified as needing disability services will receive the full range of services to which they are entitled.</p>	<p>Special Education Services and MOUs</p>	<p>DMHS-Coordinator, DMHS-Technician,</p>	<p>DMHS-Coordinator, DMHS-Technician</p>	<p>As per MOU</p>	<p>Updated IEPs or IEPPs on file and current MOUs</p>	<p>Check for MOU expiration dates and assist families with transitional services information, provide support to families by attending ARDs</p>	<p>Continue to strengthen collaborations with LEA</p>	<p>School Readiness and Family Engagement Advisory, ARD, parent meetings, communication via email, interface, phone calls</p>
<p>1302.63(b) 1302.53(a)(2)(ii) 1302.60 1302.61 (a)</p>	<p>4.— Joint placement of Head Start children in collaboration with the LEA may provide services for Early Childhood Special Education (ECSE), vision, occupational, physical, speech therapy, or counseling services. Children with disabilities and their families will benefit from joint placement.</p>	<p>Special Education Services and MOUs</p>	<p>DMHS-Coordinator, DMHS-Technician</p>	<p>DMHS-Coordinator, DMHS-Technician</p>	<p>As per MOU</p>	<p>Updated IEPs on file and current MOUs</p>	<p>Check for MOU expiration dates, provide support to staff and families by attending ARDs, and assist families with transitional services information</p>	<p>Continue to strengthen collaborations with LEA</p>	<p>School Readiness and Family Engagement Advisory, ARD, parent meetings, communication via email, interface, phone calls</p>
<p>1302.63(b) 1302.33(a)(4)</p>	<p>5.— All services provided by the collaboration agencies are described in the Individualized Education Program (IEP).</p>	<p>Special Education Services,</p>	<p>DMHS-Coordinator, DMHS-</p>	<p>DMHS-Coordinator, DMHS-</p>	<p>As per MOU</p>	<p>Updated IEPs on file and current MOUs</p>	<p>Check for MOU expiration dates and assist families with transitional services information</p>	<p>Continue to strengthen collaborations with LEA</p>	<p>School Readiness and Family Engagement Advisory, ARD, parent meetings,</p>

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<p>1302.41(a)(b)(1) 1302.45(3) 1302.60 1302.61(a) 1302.101(b)(3)</p>	<p>Birth To Five Head Start, in coordination with the Local Education Agencies (LEA) and Part C Agencies, provide special equipment, transportation, professional services, and joint placement. The Local Education Agencies (LEA) or Part C Agencies also provide technical assistance if needed. Children with disabilities will receive quality services which meet their specific needs with these services being provided by a support team of trained and licensed staff and consultants.</p>	<p>and MOUs,</p>	<p>Technician</p>	<p>Technician</p>						<p>communication via email, interface, phone calls</p>
<p>1302.63 (a)(e) 1302.61(e)(1)(i)-(v) 1302.53(a)(1)(2)(ii) 1302.60 1302.62(a)(b) 1302.101(b)(2)(i) 1303.75(b)</p>	<p>6.— Birth To Five Head Start Program will develop MOU's with the LEA, collaborative agreements with the Part C Agencies and contractual agreement with other agencies. Such agreement may address cost sharing, parent and staff training, Child Find Participation, transition, referrals and transportation etc. The Agreements will be updated as needed. Joint training with other agencies affords Birth To Five Head Start staff the benefits of exchanging expertise and recommendations.</p>	<p>Special Education Services and MOUs</p>	<p>DMHS Coordinator, DMHS Technician</p>	<p>DMHS Coordinator, DMHS Technician</p>	<p>As per MOU</p>	<p>Updated IEPs on file and current MOUs</p>	<p>Check for MOU expiration dates and assist families with transitional services information</p>	<p>Continue to strengthen collaborations with LEA</p>		<p>School Readiness and Family Engagement Advisory, ARD, parent meetings, communication via email, interface, phone calls</p>

(c) A program must participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:

(1) To provide relevant information from its screenings, assessments, and observations to the team developing a child's IFSP or IEP; and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?

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1302.63(e)(1)) 1302.53(2)(i))	1. The Disability/Mental Health Coordinator is responsible for being involved in screening, assessment, referrals and evaluation process.	Special Education Services, and MOUs,	DMHS Coordinator, DMHS Technician	DMHS Coordinator, DMHS Technician	As per MOU	Updated IEPs and IFSPs on file and current MOUs	Check for MOU expiration dates and assist families with transitional services information-	Continue to strengthen collaborations with LEA	School Readiness and Family Engagement Advisory, ARD, ECI Transition Meetings, parent meetings, communication via email, interface, phone calls
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~~(2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.63(e)(1)(2) 1302.60 1302.61 (a)	1. The LEA develops the IEP for all children with disabilities. The LEA invites the Birth To Five Head Start to the ARD Meetings.	Special Education Services, and MOUs,	DMHS Coordinator, DMHS Technician	DMHS Coordinator, DMHS Technician	As per MOU	Updated IEPs on file and current MOUs	Check for MOU expiration dates and assist families with transitional services information-	Continue to strengthen collaborations with LEA	School Readiness and Family Engagement Advisory, ARD, parent meetings, communication via email, interface, phone calls

~~(d) A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.63(d) 1302.31(b)(1)(ii)	1. The IEP and IFSP is uploaded into the Program Database.	IEP/IFSP	DMHS Department	DMHS Department	Ongoing	Updated IEPs and IFSPs are uploaded into the Program Database, and filed in	Program data base	Request updated IEP or IFSP from the LEA or ECI	Program Database and communication with program staff.

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1302.61(a) 1302.50 (b)(1)(3)						department office.			
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1302 Subpart G—Transition Services—

1302.70 Transitions 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 that:~~

~~(1) Takes into account the child’s developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,~~

~~(2) Transitions the child into Head Start or another program as soon as possible after the child’s third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child’s third birthday if necessary for an appropriate transition.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.70 (a) 1302.60 1302.61 (c)(2)(i) 1302.62 (a)(b) 1302.63 (a) 1302.50	4. NCCAA Birth-To-Five Head Start staff conducts transition meetings with EHS families, at least six months prior the child’s 3 rd . birthday. Transition to Kindergarten meetings are conducting starting on April. The topics of discussion are: the transition process, family’s progress, child’s progress, development, health status, children with disabilities and parent’s roles and responsibilities.	Transition Plans Transition Checklists	FCP Coordinator/ Tech	Family Advocates	Ongoing	We are able to verify Family Engagement in Transitions	Databased System Manual Tracking of Children’s Records Site Visits	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator’s Meetings

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(b)(1)									
1302.70 (a)(b) 1302.60 1302.61 (c)(2)(i) 1302.62 (a)(b) 1302.63 (a)	<p>1. Times designated for children to transition from Early Head Start to Head Start are based on the child’s birthday and are as follows:</p> <ul style="list-style-type: none"> • Children whose birthdays fall between September – December will transition after winter break. • Children whose birthdays fall between January – Spring break will transition after Spring break • Children whose birthdays fall after Spring break – August will transition at the end of the year. • Age and income eligible children may transition three times during the year into the Preschool Program upon their third birthday if an enrollment slot is available 	Transitions	ERSEA Coordinator FCP Coordinator ERSEA Tech	Family Advocates	Ongoing	Eligibility Verification Application Supporting Documents	Eligibility Verification Program Database	Family Advocate Training	Coordinators Meeting Family Advocate Training NSO
1302.70 (b)(2) 1302.60 1302.61 (c)(2)(i) 1302.62 (a)(b) 1302.63 (a)	<p>1. Additional enrollment time can be granted for an EHS child if an enrollment slot is not available in the Preschool Program or for extenuating circumstances.</p>	EHS Transitions	ERSEA Coordinator ERSEA Tech Director	Family Advocates	Ongoing	Parent Work Schedules/School Schedules	Manual Tracking	Receiving approval from Director	Coordinators Meeting Family Advocate Meeting

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1302.70 (b)(1)(2)(c)- (e) 1302.60 1302.61 (c)(2)(i) 1302.62 (a)(b) 1302.63 (a)	2. If a family is considered over-income for the Preschool Division or the child has a qualifying disability, the ERSEA Coordinator will forward the documentation for approval immediately after receiving the Transition packet.	EHS Transitions	ERSEA Coordinator ERSEA Tech Disability/M ental Health Coordinator Disability/M ental Health Tech Director	Family Advocates	Ongoing (6 months prior to child's 3 rd . birthday Transition)	Parents Income ARD/IEP	Parents Income ARD/IEP Program Database Review & Approval Form	Review & Approval signed by Director for Over Income Review & Approval signed by Disability/Mental Health Coordinator for disability	Family Advocate Training
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Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.70 (b)(2)(c) 1302.60 1302.61 (c)(2)(i) 1302.62 (a)(b) 1302.63 (a)	3. A child whose family is considered over-income may remain in the Infant/Toddler Division until the next transition period	EHS Transition	ERSEA Coordinator ERSEA Tech Disability/M ental Health Coordinator Disability/M ental Health Tech Director	Family Advocates ERSEA Tech ERSEA Coordinator	Ongoing (6 months prior to child's 3 rd . birthday Transition)	Eligibility Verification Application Supporting Documents	Over Income Eligibility Duration Parent Notification Form Waitlist	Re-enrollment: If child is over income at the time of transition a new application of income eligible status and higher need will be selected from the waitlist	Coordinators Meeting Family Advocate Training
1302.70 (b)(2) 1302.60 1302.61 (c)(2)(i)	4. Additional enrollment time can be granted for an EHS child if an enrollment slot is not available in the Preschool Program or for extenuating circumstances.	EHS Transitions	ERSEA Coordinator ERSEA Tech Director	Family Advocates	Ongoing (6 months prior to child's 3 rd . birthday)	Parent Work Schedules/School Schedules	Manual Tracking	Receiving approval from Director	Coordinators Meeting Family Advocate Meeting

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1302.62 (a)(b) 1302.63 (a)									
1302.70 (b)(1)(2)(c)- (e) 1302.60 1302.61 (c)(2)(i) 1302.62 (a)(b) 1302.63 (a)	5. If a family is considered over-income for the Preschool Division or the child has a qualifying disability, the ERSEA Coordinator will forward the documentation for approval immediately after receiving the Transition packet.	EHS Transitions	ERSEA Coordinator ERSEA Tech Disability/M ental Health Coordinator Disability/M ental Health Tech Director	Family Advocates	Ongoing (6 months prior to child's 3 rd . birthday Transition)	Parents Income ARD/IEP	Parents Income ARD/IEP Program Database Review & Approval Form	Review & Approval signed by Director for Over Income Review & Approval signed by Disability/Mental Health Coordinator for disability	Family Advocate Training

~~(c) *Family collaborations.* A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.70(b)(2)(c) 1302.60 1302.61(c)(2)(i) (ii) 1302.62(a)(b)) 1302.50.(b)(1)	5. NCCAA Birth-to-Five Head Start Program provides training on how to prepare parents to become their child's advocate through transition periods. During Transition meetings, the topics of discussion family's progress, child's progress, development, health status, children with disabilities and parent's roles and responsibilities.	Transition Meetings Transition Plans	FCP Coordinator	Family Advocates	Ongoing	We are able to verify Family Engagement in Transitions	Program Data Base Children's Records Manual Tracking	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator's Meetings

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~~(d) Early Head Start and Head Start collaboration. Early Head Start and Head Start programs must work together to maximize enrollment transitions from Early Head Start to Head Start, consistent with the eligibility provisions in subpart A, and promote successful transitions through collaboration and communication.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.70 (d) 1302.60 1302.61 (e)(2)(i) 1302.62 (a)(b) 1302.63 (a)	1.—— NCCAA Birth To Five Head Start staff meets as needed to discuss children transitioning from Early Head Start to Head Start. The meetings review the progress and abilities of children to ensure continuity of services.	Transition Meetings Sign in forms Transition Plans Transition Checklist	Disability/ Mental Health Coordinator FCP Coordinator ERSEA Coordinator	Family Advocates	Ongoing	We are able to identify Family Engagement in Transitions	Program Database Manual Tracking Child's Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator's Meetings
1302.70 (d) 1302.71 (a) 1302.60 1302.61 (e)(2)(i) 1302.62 (a)(b) 1302.63 (a)	2.—— NCCAA Birth To Five Head Start Program provides staff with training regarding the transition process from one program to another.	Training sign ins	T/TA Specialist FCP Coordinator or FCP Technician	T/TA Specialist	As needed with trainings	Verification of completed training and staff attendees	Paper copies and Program Database	Staff Training and follow up	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development Coordinator's Meetings

~~(e) Transition services for children with an IFSP. A program must provide additional transition services for children with an IFSP, at a minimum, as described in subpart F of this part.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.70(a)(e)	1.—— The Disability/ Mental Health Coordinator collaborates with Early Childhood	MOUs	DMHS Coordinator	DMHS Coordinator	As per MOU	Updated IFSPs on file and current MOUs	Check for MOU expiration dates and assist families with	Continue to strength collaborations with	School Readiness and Family Engagement

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1302.61(c)(2)(i)(ii) 1302.71(e)	Intervention (ECI) Program to ensure the continuity of services for children with disabilities during the transition process						transitional services information	ECI and LEA	Advisory, ECI Transition Meeting, ARD, parent meetings, communication via email, interface, phone calls
1302.70(a)(e) 1302.61(2)(i)(ii) 1302.70(b)(1)(2) 1302.50(b)(1)(3)	2. Prior to their third birthday, children with disabilities receiving services from the Early Childhood Intervention (ECI) program are scheduled to have a “Transition Face-to Face” COnference and an assessment by the school district. The Disability / Mental Health Coordinator or Disability / Mental Health Technician attend the home visits on a weekly basis or as needed in collaboration with Early Childhood Intervention (ECI) and the Local Education Agencies (LEA). If a family has completed the application process and their child has a qualifying disability, they may transition into the Birth-To-Five Head Start Preschool Division after his/her third birthday if there is an “open slot” available.	EHS Transition Meetings	Parent/ Primary Caregiver, ECI, LEA FCP Coordinator	Family Advocates	Ongoing 6 months prior to child’s 3 rd . birthday	We are able to identify Family Engagement in Transitions	Program Database Child’s Record Sign’s	Manual Tracking Site Visits	Staff Development Identify resources needed

~~1302.71 Transitions from Head Start to kindergarten.~~

~~(a) Implementing transition strategies and practices. A program that serves children who will enter kindergarten in the following year must implement transition strategies to support a successful transition to kindergarten.~~

~~(b) Family collaborations for transitions.~~

~~(1) A program must collaborate with parents of enrolled children to implement strategies and activities that will help parents advocate for and promote successful transitions to kindergarten for their children, including their continued involvement in the education and development of their child.~~

~~(2) At a minimum, such strategies and activities must:~~

~~(i) Help parents understand their child’s progress during Head Start;~~

~~(ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child;~~

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(iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and,

(iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.71 (a)(b)(1)(2)(i)-(iv) 1302.60 1302.61 (c)(2)(ii) 1302.62 (a)(b) 1302.63 (a) <u>1302.50 (b)(1)</u>	1. NCCAA Birth-To-Five Head Start staff conducts transition meetings to help parents advocate for and promote successful transitions to kindergarten. The topics of discussion are child's progress, development, health status, parent's roles and responsibilities, etc.	Transition Meetings	FCP Coordinator.	Family Advocates	May-June	We are able to identify Family Engagement in Transitions	Program Data Base Manual Tracking	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator's Meetings
1302.71 (a)(b)(1)(2)(i)-(iv) 1302.60 1302.61 (e)(2)(ii) 1302.62 (a)(b) 1302.63 (a) <u>1302.50 (b)(1)</u>	2.— NCCAA Birth To Five Head Start staff encourages parents to visit a local elementary school with their children. This is an opportunity for parents to advocate for their child's next setting by asking questions regarding curriculum, discipline, dress code and how a parent can become active as a volunteer in the school/classroom, or available opportunities for parent involvement.	Transition Meetings	FCP Coordinator.	Family Advocates	May-June	We are able to identify Family Engagement in Transitions	Program Data Base Manual Tracking	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator's Meetings

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~~(c) *Community collaborations for transitions.*~~

~~(1) A program must collaborate with local education agencies to support family engagement under section 642(b)(13) of the Act and state departments of education, as appropriate, and kindergarten teachers to implement strategies and activities that promote successful transitions to kindergarten for children, their families, and the elementary school.~~

~~(2) At a minimum, such strategies and activities must include:~~

~~(i) Coordination with schools or other appropriate agencies to ensure children’s relevant records are transferred to the school or next placement in which a child will enroll, consistent with privacy requirements in subpart C of part 1303 of this chapter;~~

~~(ii) Communication between appropriate staff and their counterparts in the schools to facilitate continuity of learning and development, consistent with privacy requirements in subpart C of part 1303 of this chapter; and,~~

~~(iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff.~~

~~(3) A program that does not operate during the summer must collaborate with school districts to determine the availability of summer school programming for children who will be entering kindergarten and work with parents and school districts to enroll children in such programs, as appropriate.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.71- (e)(1) 1302.60 1302.61- (e)(2)(ii) 1302.62- (a)(b) 1302.63 (a) 1302.50- (b)(1)	1. To facilitate continuity of programming and support successful transitions; NCCAA Birth To Five Head Start conducts Transition Meetings, the School Readiness & Family Engagement Advisory Committee, Conferences, etc. Principals, teachers and parents are invited to attend. The topics of discussion include the importance of transition activities for children and families, family’s progress, child’s progress, development, health status, children with disabilities and parent’s roles and	Sign in’s	FCP Coordinator, Disability/ Mental Health Coordinator, C & I Coordinator	Content Area Coordinators	Ongoing	We are able to identify Family Engagement in Transitions	Program Data Base Manual Tracking	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator’s Meetings

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	responsibilities.							
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~~(d) *Learning environment activities.* A program must implement strategies and activities in the learning environment that promote successful transitions to kindergarten for enrolled children, and at a minimum, include approaches that familiarize children with the transition to kindergarten and foster confidence about such transition.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.71(d)(e)	1. Starting on April thru the remaining of the school year, NCCAA Staff practices Cafeteria Style Service to help children familiarize with the transition to kindergarten and foster confidence about such transition.	Compliance to Family-Style and Cafeteria-Style Meals	Classroom Staff SBMs	Quality Assurance-Monitor CACFP-Clerk/Monitor	Ongoing Quarterly	Manual Tracking	N/A	Additional training On-hand / 1:1 onsite training	During training

~~(e) *Transition services for children with an IEP.* A program must provide additional transition services for children with an IEP, at a minimum, as described in subpart F of this part.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.71-(e)(3)(e) 1302.60 1302.61-(e)(2)(ii) 1302.62-(a)(b)	1. The Disability/Mental Health Coordinator collaborates with the Local Education Agencies (LEA) to ensure the continuity of services for children with disabilities during the transition process into Kindergarten.	MOUs	DMHS-Coordinator	DMHS-Coordinator	As per MOU	Updated IEPs on file and current MOUs	Check for MOU expiration dates and assist families with transitional services information.	Continue to strength collaborations with LEA	School Readiness and Family Engagement Advisory, ARD, parent meetings, communication via email, interface, phone calls

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1302.63 (a) 1302.70(a)(e)									
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1302.72 Transitions between programs.

(a) For families and children who move out of the community in which they are currently served, including homeless families and foster children, a program must undertake efforts to support effective transitions to other Early Head Start or Head Start programs. If Early Head Start or Head Start is not available, the program should assist the family to identify another early childhood program that meets their needs.

(b) A program that serves children whose families have decided to transition them to other early education programs, including public pre-kindergarten, in the year prior to kindergarten entry must undertake strategies and activities described in §1302.71(b) and (c)(1) and (2), as practicable and appropriate.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.72 (a)(b) 1302.70 (b)(1)(2) 1302.60 1302.61 (e)(2)(i) 1302.62 (a)(b) 1302.63 (a) 1302.50 (b)(1)	1. NCCAA Birth To Five Head Start staff helps families identify options for their child's next educational setting: • If a family moves out of NCCAA are of service • if a Preschool enrollment slot is not available • if they are determined over income for the Preschool Division, or • If they have chosen another educational setting for their child, such as the local ISD or other childcare program.	Transition Plans Case Notes	FCP Coordinator	Family Advocates,	Ongoing	We are able to verify Family Engagement in Transitions	Databased System Manual Tracking of Children's Records Site Visits	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator's Meetings

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1302.72- (a)(b) 1302.60 1302.61- (e)(2)(i) 1302.62- (a)(b) 1302.63 (a) 1302.50- (b)(1)	<p>2. To support successful transitions, NCCAA Birth To Five Head Start staff encourages parents of children who are transitioning from Early Head Start into Head Start or preschool, to visit a preschool classroom of their choice and:</p> <ul style="list-style-type: none"> • Participate in transition activities to become familiar with the next educational setting; • Meet with the staff; • Communicate information regarding their child and, any services they may need. 	Transition Plans	FCCP Coordinator	Family Advocates,	Ongoing	We are able to verify Family Engagement in Transitions	Databased System Manual Tracking of Children's Records Site Visits	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Coordinator's Meetings
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(c) A migrant or seasonal Head Start program must undertake efforts to support effective transitions to other migrant or seasonal Head Start or, if appropriate, Early Head Start or Head Start programs for families and children moving out of the community in which they are currently served.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.7 (c)	1. NCCAA does not operate a migrant or seasonal Head Start program. Therefore, this is not applicable	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

1302 Subpart H—Services to Enrolled Pregnant Women

1302.80 Enrolled pregnant women.

(a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care—provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care—and, as appropriate, health insurance coverage.

Regulatory Reference	Action Steps	What are you monitoring?	Who is responsible?	Who collects (enters) the data	How often will you collect the	How do you know you are collecting the data that you	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course	How are the results shared?
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		(Draw from regulations, goals, and objectives)			data?	need?		corrections?	
1302.80 (a) 1302.60 1302.52 (b)	1. Each expectant woman will complete a Risk Assessment at enrollment to assist in determining the need of the family.	Risk Assessment	FCP Coordinator EWP Staff	FCP Coordinator EWP Staff	Ongoing	We are able to identify family needs	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Staff Development
1302.80 (a) 1302.60 1302.52 (b)	2. Each expectant woman will complete a Nutrition Screening at enrollment to identify potential needs for nutrition counseling or food assistance.	Nutrition Assessment	FCP Coordinator EWP Staff	FCP Coordinator EWP Staff	Ongoing	We are able to identify family nutrition needs	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Staff Development

~~(b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.80 (b) 1302.60 1302.53(a)(1)(2)	1. NCCAA Birth-To-Five Head Start staff assists expectant women in accessing comprehensive prenatal and postpartum care, immediately after enrollment.	Referrals	FCP Coordinator	EWP Staff	Ongoing	We are able to verify expectant mothers have access to prenatal and postnatal care	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Staff Development CSBG Report

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~~(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.80 (c) 1302.52 (a)(c)(1)(4) 1302.53(a)(2) (i)-(viii) 1302.60	1. NCCAA Birth-To-Five Head Start staff initiates the referral process for the appropriate content area based on parent and/or staff concerns.	Referrals	FCP Coordinator	EWP Staff	Ongoing	We are able to verify expectant mothers have access to prenatal and postnatal care	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Staff Development CSBG Report

~~(d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.80 (d) 1302.52 (a)(b) 1302.60	1. For women enrolled in the Expectant Women's Program, NCCAA Birth-To-Five Head Start staff conducts a Home Visit within 2 weeks of the baby's birth to offer support and identify family needs.	EWP Home Visits	FCP Coordinator	EWP Staff	Ongoing	We are able to verify expectant mothers have support and to identify family needs	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Staff Development CSBG Report

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1302.81 Prenatal and postpartum information, education, and services.

(a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.81 (a) 1302.52 (a)(c)(1)(4) 1302.53(a)(2)(i)-(viii) 1302.60	1. NCCAA Birth-To-Five Head Start Curriculum for EWP addresses prenatal and postpartum information, education on fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.	EWP Home Visits	FCP Coordinator	EWP Staff	Ongoing	We are able to verify expectant mothers have support and to identify family needs	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Staff Development CSBG Report
1302.81 (a)(b) 1302.52 (a)(c)(1)(4) 1302.53(a)(2)(i)-(viii) 1302.60	2. Expectant families are informed of how inadequate nutrition, substance abuse, and smoking may lead to the delivery of children with low birth weight.	Family- EWP Home Visits Referrals Parent Meetings Case Notes	FCP Coordinator EWP Staff	FCP Coordinator EWP Staff	Ongoing	We are able to identify information shared with families	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development CSBG Report
1302.81 (a) 1302.60 1302.50	3. NCCAA Birth To Five Head Start supports a mother's decision to breastfeed. Staff will accommodate mothers' needs by providing a quiet area for breastfeeding, and	Breastfeeding Support	Center Staff	N/A	N/A	N/A	N/A	N/A	N/A

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(b)(1)	encouraging mothers to send their breast-milk to the center.								
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~~(b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.81 (a)(b) 1302.52 (a)(c)(1)(4) 1302.53(a)(2)(i)-(viii) 1302.60	1. NCCAA Birth-To-Five Head Start Curriculum for EWP addresses that include, but are not limited to: <ul style="list-style-type: none"> • Maternal depression, • Father Engagement • Sudden Infant Death Syndrome (SIDS) • Shaken Baby Syndrome (SBS) <ul style="list-style-type: none"> • Parenting skills • Nutrition • Safety in the home • Breastfeeding • Prenatal and postnatal health 	EWP Home Visits	FCP Coordinator	EWP Staff	Ongoing	We are able to verify expectant mothers have support and to identify family needs	Program Database EWP Record	Staff Development Identify resources needed	School Readiness & Family Engagement Advisory Meeting CSBG Report Staff Development

~~**1302.82 Family partnership services for enrolled pregnant women.**~~

~~(a) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in §1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
						We are able to verify	Program Database		

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<p>1302. 82 (a) 1302.52 (a)(c)(1)(4) 1302.53(a)(2)(i)-(viii) 1302.60 1302.81 (a)(b)</p>	<p>1. NCCAA Birth-To-Five Head Start Staff collaborate with families in a family partnership process. NCCAA Birth To-Five Head Start staff implements a Family-Partnership Process that includes a Family-Partnership Agreement. The process identifies needs, interests, strengths, goals, and services and resources that the expectant women may need, including, but not limited to:</p> <ul style="list-style-type: none"> • prenatal/ postpartum care • nutrition services • medical • oral health • substance abuse prevention and treatment • mental health interventions • transportation • housing, etc. 	<p>Family- Strengths & Needs- Assessment- Referrals Family Services (Family Partnership Agreement, Family Strength and Needs Assessment, Goal Setting Meeting, Referrals and Follow Ups)</p>	<p>FCP Coordinator</p>	<p>EWP Staff</p>	<p>Ongoing</p>	<p>expectant mothers have support and to identify family needs</p>	<p>EWP Record</p>	<p>Staff Development Identify resources needed</p>	<p>School Readiness & Family Engagement Advisory Meeting Staff Development CSBG Report</p>
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(b) ~~A program must engage enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
<p>1302.82 (b) 1302.60 1302.61 (c)(2)(ii) 1302.62 (a)(b) 1302.63 (a) 1302.71</p>	<p>1. NCCAA Birth-To-Five Head Start staff conducts a transition meeting with the enrolled pregnant women and other relevant family members, including fathers. The topic of discussion will be the family's progress, program options, plans for the infant's transition to program enrollment, children with disabilities and parent's roles and</p>	<p>Transition Plan</p>	<p>EWP Staff</p>	<p>FCP Coord.</p>	<p>Ongoing</p>	<p>We are able to identify information shared with families</p>	<p>Program Database EWP Record</p>	<p>Staff Development Identify resources needed</p>	<p>School Readiness & Family Engagement Advisory Meeting Policy Council Staff Development</p>

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(c)(1) 1302.50 (b)(1)	responsibilities, and any support the family might need during the transition process.								
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1302 Subpart I— Human Resources Management

1302.90 Personnel policies.

(a) ~~Establishing personnel policies and procedures.~~ A program must establish written personnel policies and procedures that are approved by the governing body and policy council or policy committee and that are available to all staff.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.90	1. NCCAA has an employee handbook that was approved by legal counsel, Policy Council, and the Governing Board.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

~~(b) Background checks and selection procedures.~~

~~(1) Before a person is hired, directly or through contract, including transportation staff and contractors, a program must conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following:~~

- ~~(i) State or tribal criminal history records, including fingerprint checks; or,~~
- ~~(ii) Federal Bureau of Investigation criminal history records, including fingerprint checks.~~

~~(2) A program has 90 days after an employee is hired to complete the background check process by obtaining:~~

- ~~(i) Whichever check listed in paragraph (b)(1) of this section was not obtained prior to the date of hire; and,~~
- ~~(ii) Child abuse and neglect state registry check, if available.~~

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~~(3) A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and must use Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1) or tribal disqualifications factors to determine whether the prospective employee can be hired or the current employee must be terminated.~~

~~(4) A program must ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process described in paragraphs (b)(1) through (3) of this section is complete.~~

~~(5) A program must conduct the complete background check for each employee, consultant, or contractor at least once every five years which must include each of the four checks listed in paragraphs (b)(1) and (2) of this section, and review and make employment decisions based on the information as described in paragraph (b)(3) of this section, unless the program can demonstrate to the responsible HHS official that it has a more stringent system in place that will ensure child safety.~~

~~(6) A program must consider current and former program parents for employment vacancies for which such parents apply and are qualified.~~

Regulatory-Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.90 (b) (1-4)	1. Prior to employment, NCCAA will conduct an interview, verify references, and complete all background checks	Program Database Report 1125	Human Resource Clerk	Human Resource Clerk	As needed with new applicants	The report reflects date completed and date due	By center By staff	Ensure that reports are run frequently enough to ensure compliance	Staff phone calls and emails
1302.90 (b) (5)	2. NCCAA will complete the background checks every five years.	Program Database Report 1125	Human Resource Clerk	Human Resource Clerk	As needed to ensure compliance	The report reflects date completed and date due	By center By staff	Ensure that reports are run frequently enough to ensure compliances	Staff phone calls and emails

(c) Standards of conduct.

(1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that:

~~(i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior;~~

~~(ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:~~

~~(A) Use corporal punishment;~~

~~(B) Use isolation to discipline a child;~~

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(C) Bind or tie a child to restrict movement or tape a child's mouth;

(D) Use or withhold food as a punishment or reward;

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.31(e)(2)) 1302.90(e)(1) (ii)(D)	3. NCCAA Birth to Five Head Start Classroom staff encourages children to taste unfamiliar foods, but never force them to eat it. All menu items are served as part of the entire meal and food is not used as a form of punishment or reward.	Discipline and Guidance Policy and Standards of Conduct	DMHS Coordinator and DMHS Technician	DMHS Coordinator and T/TA	After completion of New Staff Orientation and annually	Training Certificates, sign in/out sheet, Staff Training and Development Log, T/TA Plan and Ongoing Monitoring Plan	Training purposes	Intentional training in the area of positive discipline and guidance and standards of conduct	Training Certificates, sign in/out sheet, Staff Training and Development Log, T/TA Plan and Ongoing Monitoring Plan

~~(E) Use toilet learning/training methods that punish, demean, or humiliate a child~~

~~(F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child;~~

~~(G) Physically abuse a child;~~

~~(H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family; or,~~

~~(I) Use physical activity or outdoor time as a punishment or reward;~~

~~(iii) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition;~~

~~(iv) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws; and,~~

~~(v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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1302.31(e)(2) 1302.90(c)(1)(ii)-(v)	1. NCCAA Birth-to-Five Head Start Program ensures all staff, consultants, contractors, and volunteers abide by the Agency's Standards of Conduct.	objectives) Discipline and guidance policy, standards of conduct, child maltreatment reporting policy and procedures,	All agency staff	TTA, Disability and Mental Health Coordinators, Human Resources	New staff orientation, annual, ongoing, as needed	Staff sign in sheets to ensure staff received training,	Employee records, Program Database, training certificate and agendas, sign in sheets,	Professional development and safety training,	Policy council and board
1302.90(c)(1)(iv)	2. NCCAA Birth-to-Five Head Start staff ensures confidentiality regarding any information parents/primary caregivers choose to share, as defined in NCCAA's Personnel Policies, Personally Identifiable Information (PII) policies, Confidentiality & Advocacy Statement, and NCCAA Birth-to-Five Head Start Parent Handbook.	Children's records, Program Database, sign in sheets, safety procedure on environments,	All agency staff	All agency staff	New staff orientation, Ongoing	Staff sign in sheets to ensure staff received training,	Employee records, Program Database, training certificate and agendas, sign in sheets,	Professional development and safety training,	Policy council and board

~~(2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.90(a)-(e)(2)	1. NCCAA Birth to Five Head Start Program provides training on the following: • NCCAA's Mission statement; • Standards of Conduct; Discipline and Guidance Policy • Advocacy & Confidentiality Statement;	Agendas, sign in sheets,	Human Resources, Disability and Mental Health, all content	TTA Specialist	Ongoing, as training occurs	Able to verify those who received training,	Ongoing manual tracking and Program Database	Professional development,	Policy Council, Board, community services-block grant report,

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	<ul style="list-style-type: none"> • Work Ethic; • Sexual Harassment; • Workplace Violence; • Drug and Alcohol Policy; • HIPPA; • FMLA; • Leave of Absence. 		<ul style="list-style-type: none"> • Coordinator; • Site-based managers; 						
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(d) Communication with dual language learners and their families.

- (1) A program must ensure staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency.
- (2) If a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak such language.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.90(c)(1) 1302.50(b)(5)1302.60 1302.61(a)	1. When the majority of children speak the same language, at least one staff member will speak the child's language.	Dual Language ;	SBM's; Family Advocates	SBM's; Family Advocates	At enrollments ; ongoing; yearly	Home Language Questionnaire	Child Outcomes Data; Strengths, Needs, Concerns, Staffing Patterns	Staff Development; Intentional Training, Policy and Procedures	Coordinators meeting, Child Outcomes Committee, PC Board; School Readiness Advisory

1302.91 Staff qualifications and competency requirements.

- (a) Purpose. A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.
- (b) Early Head Start or Head Start director. A program must ensure an Early Head Start or Head Start director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.

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~~(c) *Fiscal officer.* A program must assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016 is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field.~~

~~(d) *Child and family services management staff qualification requirements.*~~

~~(1) *Family, health, and disabilities management.* A program must ensure staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016, have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.~~

~~(3) *Education management.* As prescribed in section 648A (a)(2)(B)(i) of the Act, a program must ensure staff and consultants that serve as education managers or coordinators, including those that serve as curriculum specialists, have a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education teaching experience.~~

~~(e) *Child and family services staff.*~~

~~(1) *Early Head Start center based teacher qualification requirements.* As prescribed in section 645A (h) of the Act, a program must ensure center based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.~~

~~(2) *Head Start center based teacher qualification requirements.*~~

~~(i) The Secretary must ensure no less than fifty percent of all Head Start teachers, nationwide; have a baccalaureate degree in child development, early childhood education, or equivalent coursework.~~

~~(ii) As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center based teachers have at least an associate's or bachelor's degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.~~

~~(3) *Head Start assistant teacher qualification requirements.* As prescribed in section 648A(a)(2)(B)(ii) of the Act, a program must ensure Head Start assistant teachers, at a minimum, have a CDA credential or a state awarded certificate that meets or exceeds the requirements for a CDA credential, are enrolled in a program that will lead to an associate or baccalaureate degree or, are enrolled in a CDA credential program to be completed within two years of the time of hire.~~

~~(4) *Family child care provider qualification requirements.* (i) A program must ensure family child care providers have previous early child care experience and, at a minimum, are enrolled in a Family Child Care CDA program or state equivalent, or an associate or baccalaureate degree program in child development or early childhood education prior to beginning service provision, and for the credential acquire it within eighteen months of beginning to provide services.~~

~~(ii) By August 1, 2018, a child development specialist, as required for family child care in §1302.23(e), must have, at a minimum, a baccalaureate degree in child development, early childhood education, or a related field.~~

~~(5) *Center based teachers, assistant teachers, and family child care provider competencies.* A program must ensure center based teachers, assistant teachers, and family child care providers demonstrate competency to provide effective and nurturing teacher child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of~~

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assessment and promote children’s progress across the standards described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.

~~(6) Home visitors. A program must ensure home visitors providing home based education services:~~

- ~~(i) Have a minimum of a home based CDA credential or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree; and,~~
- ~~(ii) Demonstrate competency to plan and implement home based **learning experiences** that ensure effective implementation of the home visiting curriculum and promote children’s progress across the standards described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families.~~

~~(7) Family services staff qualification requirements. A program must ensure staff that work directly with families on the family partnership process hired after November 7, 2016, have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field.~~

~~(8) Health professional qualification requirements.~~

- ~~(i) A program must ensure health procedures are performed only by a licensed or certified health professional.~~
- ~~(ii) A program must ensure all mental health consultants are licensed or certified mental health professionals. A program must use mental health consultants with knowledge of and experience in serving young children and their families, if available in the community.~~
- ~~(iii) A program must use staff or consultants to support nutrition services who are registered dietitians or nutritionists with appropriate qualifications.~~

~~(f) Coaches. A program must ensure coaches providing the services described in 1302.92(c) have a minimum of a baccalaureate degree in early childhood education or a related field.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.91(e)(3)) Head Start Act 648A(a)(2)(B)(ii)	1. NCCAA Birth-to-Five Head Start staff meets the required credentials or will be enrolled in the CDA Class offered by the program.	Official transcripts, agency Program Database	T/TA Specialist	Human Resources and T/TA Specialist	Upon hire	We are able to verify the required credentials	N/A	N/A	Interview Committee, Personnel Committee Policy Council Board
1302.91-(e)(6)	2. NCCAA Birth to Five Head Start Program does not operate a Home based program. Therefore this is not applicable.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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1302.91 648A Head- Start Act	1. — Refer to the T/TA Plan for Staff Development	N/A							
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1302.92 Training and professional development. —

(a) A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented.

(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include:

- (1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act.
- (2) Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws;
- (3) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;
- (4) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and,
- (5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.92 (a)	All staff, policy council and governing body are trained in all required topics. Refer to the T/TA plan for additional details	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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(c) ~~A program must implement a research-based, coordinated coaching strategy for education staff that:~~

~~(1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;~~

~~(2) At a minimum, provides opportunities for intensive coaching to those education staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and model effective teacher practices directly related to program performance goals;~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.95(c)(1)	1. NCCAA Birth-to-Five Head Start Program provides training on Practice Based Coaching, which is a professional development strategy that uses a cyclical process that supports teacher's use of effective teaching practices that lead to positive outcomes for children.	Quality child teacher interactions that boost children's learning	Practice Base coaches and Coach Coordinator	Practice Base coaches and Coach Coordinator	Ongoing, as needed	Improvement noted on child outcomes data through screenings and assessments,	Program Database, teaching needs assessment form,	Revisiting the practice base coaching implementation plan and policy and procedures	Staff development, child outcomes committee, coordinator meeting, policy council and board

~~(3) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals;~~

~~(4) Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:~~

~~(i) Align with the program's school readiness goals, curricula, and other approaches to professional development;~~

~~(ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;~~

~~(iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,~~

~~(iv) Include clearly articulated goals informed by the program's goals, as described in §1302.102, and a process for achieving those goals; and,~~

~~(5) Establishes policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.~~

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~~(d) If a program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not include the requirements in paragraph (c) of this section, the program must partner with external early childhood education professional development experts. A program must assess whether the adaptation adequately supports staff professional development, consistent with the process laid out in subpart J of this part.~~

1302.93 Staff health and wellness.

~~(a) 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.~~

~~(b) A program must make mental health and wellness information available to staff regarding health issues that may affect their job performance, and must provide regularly scheduled opportunities to learn about mental health, wellness, and health education.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.93(b)	1. NCCAA Birth to Five Head Start Program ensures that mental health and wellness information is available to staff regarding health issues that may affect their job performance, and provides regularly scheduled opportunities to learn about mental health, wellness, and health education.	Staff Mental Health and Wellness training opportunities	DMHS Coordinator	T/TA, DMHS Coordinator	As training opportunities arise, Birth to Five Head Start Program Staff Monthly Meetings	Training Agenda, Sign in/out logs, DMHS Monthly Relaxation Exercise Schedule	To provide mental health, wellness, and health information to staff	Provide training in the areas of mental health and wellness, health issues	Annual Mental Wellness event, quarterly mental wellness staff training opportunities, Staff Compliance Records, Newsletters, meetings, DMHS Support Group (staff)

1302.94 Volunteers.

~~(a) A program must ensure regular volunteers have been screened for appropriate communicable diseases in accordance with state, tribal or local laws. In the absence of state, tribal or local law, the Health Services Advisory Committee must be consulted regarding the need for such screenings.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
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		regulations, goals, and objectives)							
1302.94 (a) 1302.50 (b)(4) 1302.34 (b)(1)(5) 1302.60 1302.90 (a)(b)(1)-(6) 1302.92 (a)	1. For the safety of the children, NCCAA Birth-To-Head Start requires frequent and regular volunteers, who help at the Center for more than two times in a 30-day period and ARE NOT COUNTED in the staff/child ratio; to obtain and review the following: <ul style="list-style-type: none"> • Clear background check • TB screening • Affidavit • Overview of Minimum Standards • NCCAA’s Operational Policies • Child Abuse, Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome (SBS) and Early Brain Development (EBD) • The procedures to follow in handling emergencies • The use and location of fire extinguishers and first aid equipment 	Ensure that volunteers <i>not</i> counted on staff/child ratio must have been screened and comply with state laws.	SBM FCP Coordinator	SBM	When volunteers request to assist in the classroom they are trained to work with young children	Obtain Volunteer’s Training documentation to be place on file.	Volunteer’s personal compliance record must be current and comply	Ensure compliance record is current with all documents required	SBM & FCP Coordinator
1302.94 (a) 1302.50 (b)(4) 1302.34 (b)(1)(5) 1302.60 1302.90 (a)(b)(1)-(6) 1302.92 (a)	2. NCCAA Birth-To-Head Start requires frequent and regular volunteers, who help at the Center for more than two times in a 30-day period and ARE COUNTED in the staff/child ratio, to meet, obtain and review the following: <ul style="list-style-type: none"> • Clear background check • TB screening • Affidavit • Food Handler’s training • Overview of Minimum Standards • NCCAA’s Operational Policies • Child Abuse, Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome (SBS) and Early Brain Development (EBD) • The procedures to follow in handling 	Ensure that volunteers <i>counted</i> on staff/child ratio must have been screened and comply with state laws	SBM FCP Coordinator	SBM	When volunteers request to assist in the classroom they are trained to work with young children.	SBM will collect Volunteer’s documentation of trainings to be able to volunteer in the classroom.	Program Database report	To update volunteer’s personal compliance record and keep in compliance	SBM & FCP Coordinator will share information on parent volunteers.

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	<p style="text-align: center;">emergencies;</p> <ul style="list-style-type: none"> • The use and location of fire extinguishers and first aid equipment <ul style="list-style-type: none"> • High School Diploma • 8 hours of pre-service • 18 years old or older • Volunteer Training during will be provided during New Staff Orientation or as needed. 								
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(b) A program must ensure children are never left alone with volunteers.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.94 (b) 1302.50 (b)(4) 1302.34 (b)(1)(5) 1302.60 1302.90 (a)(b)(1)-(6) 1302.92 (a)	1. NCCAA Birth-To-Head Start staff ensures children are never left alone with volunteers.	Monitor classroom staff on safety supervision of children and requirements for volunteer in classrooms.	Classroom staff & SBM	SBM & F CP coordinator	Monthly	Monitor volunteer's training compliance record.	Program Database report.	Additional training is provided for classroom staff & SBM.	Coordinators Meeting SBM/Facilities Coordinator Meeting with SBM cluster

1302 Subpart J—Program Management and Quality Improvement

1302.100 Purpose.

A program must provide management and a process of ongoing monitoring and continuous improvement for achieving program goals that ensures child safety and the delivery of effective, high-quality program services.

1302.101 Management system.

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(a) ~~Implementation~~. A program must implement a management system that:

- (1) ~~Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part;~~
- (2) ~~Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;~~
- (3) ~~Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part; and,~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.101(a)(3) 1302.101(b)(3) 1302.50(b)(4) 1302.94(a)(b)	1. — Special Needs Assistants, mentors, or volunteers may be placed in the classroom to assist with increased demands of a child with a significant disability.	Support for child/staff	Disability/ Mental Health Coordinator, Disability/ Mental Health Technician	SNA, DMHS Technician	Ongoing	Program Database	Planning for individualization	Provide additional support as needed and plan for potential training needs	Program Database, child staffings, daily interactions with parent, meetings

(4) ~~Maintains an automated accounting and record keeping system adequate for effective oversight.~~

(b) ~~Coordinated approaches~~. At the beginning of each program year, and on an ongoing basis throughout the year, a program must design and implement program wide coordinated approaches that ensure:

- (1) ~~The training and professional development system, as described in §1302.92, effectively supports the delivery and continuous improvement of high-quality services;~~
- (2) ~~The full and effective participation of children who are dual language learners and their families, by~~

(i) ~~Utilizing information from the program’s community assessment about the languages spoken throughout the program service area to anticipate child and family needs;~~

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(ii) Identifying community resources and establishing ongoing collaborative relationships and partnerships with community organizations consistent with the requirements in §1302.53(a); and,

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.101(b) (2) (ii) 1302.53 (a) 1302.60 1302.94 (a)(b)	1. NCCAA Birth-To-Five Head Start staff collaborates with community partners to increase participation of volunteers for staff and parent training and development.	Memorandum of understandings,	All agency staff	Ongoing Monitoring Coordinator	Annually, ongoing	Able to verify current MOU	Manual tracking	Communication on need to update	Policy council, board, and community services block grant report

(iii) Systematically and comprehensively addressing child and family needs by facilitating meaningful access to program services, including, at a minimum, curriculum, instruction, staffing, supervision, and family partnerships with bilingual staff, oral language assistance and interpretation, or translation of essential program materials, as appropriate.

(3) The full and effective participation of all children with disabilities, including but not limited to children eligible for services under IDEA, by providing services with appropriate facilities, program materials, curriculum, instruction, staffing, supervision, and partnerships, at a minimum, consistent with section 504 of the Rehabilitation Act and the Americans with Disabilities Act; and,

1302.101(b) (3) 1302.12(m) 1302.92(b)(4)(5)	1. NCCAA Birth To Five program provides nondiscrimination training for staff involved in recruitment and enrollment regarding disabilities regulations, ADA, and 45 CFR Part 84. Through appropriate training, staff involved in recruitment will be knowledgeable of the provisions of 45-CFR Part 84.	Training	Disability-Mental-Health-Coordinator/Technician;	Disability/Mental Health-Coordinator-and-Technician, T/TA	On-going-based on New-Staff-Orientation &-Annual-training	Sign-in logs, Program-Database-Report, Staff-Compliance-Binder	Information is verified-through Program-Database-and sign-in sheets are kept on-file by the Training-and-Technical-Specialist	Staff who have not-received the training-will either attend the-New-Staff-Orientation-or-a training-will be-scheduled-	Coordinator Meetings,
1302.101(b) (3) 1302.60 1302.61(a)	2. If children with disabilities need specialized care, arrangements are made to accommodate the child according to his/her disability. The classroom staff	Individualization, inclusiveness	Classroom-Staff, Site-Based-Manager,	Classroom-Staff, Site-Based-Manager, Disability-	On-going	LEA or ECI provide-IEP or IFSP	Individualization on lesson-plans, ongoing assessment	Manual tracking by-DMHS department	Inter-program-communication, Parent-conference, quarterly-ongoing assessment, Program-Database-

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	implements the goals, objectives, strategies and activities as shown in the child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Specialized services for the parent such as an ASL Interpreter or language interpreter are provided upon request.		Disability- Mental- Health- Coordinator/ Technician, SNA	Mental- Health- Coordinator/ Technician, SNA					reports
1302.101- (b)(3) 1302.12- (m)(1)(i)- (iii) 1302.92- (b)(4)(5) 1302.60 1302.61(a)	3. — NCCAA Birth To Five Head Start Staff is sensitive in regards to children with disabilities, and receives specialized training for working with children with specialized needs.	Training	DMHS- Coordinator, DMHS- Technician	Birth to- Five Head- Start staff, T/TA, DMHS-	Ongoing	Sign in logs, training- agendas	Used to plan additional- training as needed	Continue to provide- training	Staff Compliance- Records, meetings, newsletter, DMHS- Support Group (staff),

~~(4) The management of program data to effectively support the availability, usability, integrity, and security of data. A program must establish procedures on data management, and have them approved by the governing body and policy council, in areas such as quality of data and effective use and sharing of data, while protecting the privacy of child records in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.101(b) (4)	1. — Every site has a copy of the Disability Manual and Program Plan, which clearly outlines the procedures for referring a child with a suspected disability for services.	Referral process	DMHS- Coordinator, DMHS- Technician, Education- Technician, Classroom- staff, SBM-	DMHS- Coordinator, DMHS- Technician, Education- Technician	As needed	Program Database- Referral	Program Database report	Child Staffing	Referral submitted to- LEA or ECI

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1302.102 Achieving program goals.

(a) ~~Establishing program goals.~~ A program, in collaboration with the governing body and policy council, must establish goals and measurable objectives that include:

- ~~(1) Strategic long-term goals for ensuring programs are and remain responsive to community needs as identified in their community assessment as described in subpart A of this part;~~
- ~~(2) Goals for the provision of educational, health, nutritional, and family and community engagement program services as described in the program performance standards to further promote the school readiness of enrolled children;~~
- ~~(3) School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head Start children will attend, per the requirements of subpart B of part 1304 of this part; and,~~
- ~~(4) Effective health and safety practices to ensure children are safe at all times, per the requirements in §§1302.47, 1302.90(b) and (c), 1302.92(c)(1), and 1302.94 and 1303 subpart F, of this chapter.~~

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.102(a)	1. The goals are reviewed and updated annually to assure that the needs are addressed and involved in the integration of services with help from all of the NCCAA Coordinators, staff, community partners, and parents/primary caregivers.	Goals/objectives	Planner, content area coordinators	Planner, content area coordinators	Ongoing	The agency is able to progress made, make course corrections as needed and plan for the future; Data collected is based on Texas TX DFPS min. standards, OHS performance standards, CSBG organizational standards, TX Admin. Code, ROMA framework.	Agency Program Databases	Creating action plans for training and implementation	Staff training, Advisory Meetings, PC Meetings, Board Meetings, Community Partners meeting

~~(b) Monitoring program performance.~~

- ~~(1) Ongoing compliance oversight and correction.~~ In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must:

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- ~~(i) Collect and use data to inform this process;~~
- ~~(ii) Correct quality and compliance issues immediately, or as quickly as possible;~~
- ~~(iii) Work with the governing body and the policy council to address issues during the ongoing oversight and correction process and during federal oversight; and,~~
- ~~(iv) Implement procedures that prevent recurrence of previous quality and compliance issues, including previously identified deficiencies, safety incidents, and audit findings.~~

~~(2) *Ongoing assessment of program goals.* A program must effectively oversee progress towards program goals on an ongoing basis and annually must:~~

- ~~(i) Conduct a self-assessment that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program's progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness;~~
- ~~(ii) Communicate and collaborate with the governing body and policy council, program staff, and parents of enrolled children when conducting the annual self-assessment; and,~~
- ~~(iii) Submit findings of the self-assessment, including information listed in paragraph (b)(2)(i) of this section to the responsible HHS official.~~

~~(c) *Using data for continuous improvement.*~~

~~(1) A program must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section.~~

~~(2) This process must:~~

- ~~(i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;~~
- ~~(ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except in programs operating fewer than 90 days, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services; and,~~
- ~~(iii) For programs operating fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services;~~
- ~~(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,~~

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(v) Use program improvement plans as needed to either, strengthen or adjust content and strategies for professional development, change program scope and services, refine school-readiness and other program goals, and adapt strategies to better address the needs of sub-groups.

~~(d) Reporting.~~

(1) A program must submit:

(i) Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually;

(ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum:

(A) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;

(B) Incidents that require classrooms or centers to be closed for any reason;

(C) Legal proceedings by any party that are directly related to program operations; and,

(D) All conditions required to be reported under §1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.

(2) Annually, a program must publish and disseminate a report that complies with section 644(a)(2) of the Act and includes a summary of a program’s most recent community assessment, as described in §1302.11(b), consistent with privacy protections in subpart C of part 1303 of this chapter.

(3) If a program has had a deficiency identified, it must submit, to the responsible HHS official, a quality improvement plan as required in section 641A(e)(2) of the Act.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.102 (b-d)	1. NCCAA Birth-to-Five Head Start Program has a separate Ongoing Monitoring Plan to ensure that data is monitored and reported to ensure continued improvement.	Services provided by the program	Content Area Coordinators	Content Area Coordinators, Compliance Officers Site Based Managers	Ongoing	The agency is able to verify compliance with standards, make course corrections as needed and plan for the future	Agency Program Databases	Creating action plans for training and implementation	Staff training, Advisory Meetings, PC Meetings, Board Meetings, Community Partners meeting

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1302.103 Implementation of program performance standards.

(a) A current program as of November 7, 2016, must implement a program-wide approach for the effective and timely implementation of the changes to the program performance standards, including the purchase of materials and allocation of staff time, as appropriate.

(b) A program's approach to implement the changes included in parts 1301 through 1304 of this chapter must ensure adequate preparation for effective and timely service delivery to children and their families including, at a minimum, review of community assessment data to determine the most appropriate strategy for implementing required program changes, including assessing any changes in the number of children who can be served, as necessary, the purchase of and training on any curriculum, assessment, or other materials, as needed, assessment of program-wide professional development needs, assessment of staffing patterns, the development of coordinated approaches described in §1302.101(b), and the development of appropriate protections for data sharing; and children enrolled in the program in November 7, 2016 are not displaced during a program year and that children leaving Early Head Start or Head Start at the end of the program year following the publication of this rule as a result of any slot reductions received services described in §§1302.70 and 1302.72 to facilitate successful transitions to other programs.

Regulatory Reference	Action Steps	What are you monitoring? (Draw from regulations, goals, and objectives)	Who is responsible?	Who collects (enters) the data	How often will you collect the data?	How do you know you are collecting the data that you need?	How is the OGM data aggregated and analyzed?	What is the plan for responding to issues and making course corrections?	How are the results shared?
1302.103	2— NCCAA Birth to Five Head Start Program works diligently to comply with all Performance Standards.	Services provided by the program	Content Area Coordinators	Content Area Coordinator, Site Based Managers	Ongoing	The agency is able to verify compliance with standards, make course corrections as needed and plan for the future	Agency Program Databases	Creating action plans for training and implementation	Staff training, Advisory Meetings, PC Meetings, Board Meetings, Community Partners meeting