



UCHRA

VAN BUREN COUNTY

HEAD START

ADMINISTRATIVE PLAN

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ADMINISTRATIVE PLAN

The primary administrative objectives of the Upper Cumberland Human Resource Agency's Head Start Program are as follows:

- 1 To provide comprehensive child development services to 37 children (3-5 years) and their families, including 10% with disabilities, 35% of children and families 130% of poverty guidelines after first meeting the needs of lower income children and;
- 2 To provide for a comprehensive management system, which will include Program Planning & Management, Personal Management, Procurement & Property Management and Participant Eligibility.

In accordance with information received from the Region IV, Department of Health & Human Services (DHHS) Administration for Children and Families (ACF), Office of Head Start, the UCHRA Van Buren County Head Start Program will serve 37 children and their families during each program year. It will be necessary to have a staff of twelve (12) employees. Nine (9) employees will be paid by the Head Start budget.

They are as follows:

One (1) Director/Transportation/Education Specialist, and one (1) Health and Disabilities Service Specialist, One (1) Family and Community Partnership Specialist, One (1) Family Service Worker/Transition Specialist, Four (4) Co- Teachers, and one (1) custodian. In addition, one (1) Cook to be paid by Van Buren County Board of Education.

One center will be maintained with two classrooms to house all related employees and one office to conduct Head Start business will be retained at the grantee level.

Head Start will operate three buses for the use of transporting Head Start children to and from Head Start, on field trips, and related health services.

I. *Management System for Planning & Evaluation*

A. **Head Start Regulations, Policies & Procedures:**

The Head Start Director is responsible for maintaining copies of Federal Head Start administrative regulations, instructions, policy issuances, etc., & for periodic review of these to assure that local policies, procedures, and practices are in compliance. (S)he is responsible for communicating this information to Head Start staff, Policy Council, Grantee Administration & the governing board.

When new policy instructions/regulations are received from the Regional Office, (s)he reviews them in view of local policies and practices, and if action is required, (s)he calls it to the attention of

the Council and others who would be involved in making any necessary changes.

Routinely, a review of these policies and regulations is made at least annually, as a part of the self-assessment process and program planning process for the following year.

Any needed changes are formulated by the Head Start Director, and other appropriate persons depending on the nature of the changes, and submitted to the Council for approval. Governing Board and Grantee Administration are kept aware of major changes effecting the day to day operations of Head Start they then become part of the operating plan and their implementation is reflected in training, monitoring and program assessment documentation.

B. Policy Council & Component Advisory Committees:

Policy Council:

In order to assure direct parent involvement in making decisions concerning the nature and operation of the entire Head Start Program, a Policy Council will be comprised of at least fifty-one percent parents, to include parent representatives elected from current parents on the Parent committee.

Parents of children currently enrolled in the program will approve all parent representatives to the Policy Council. Voting membership on the Policy Council will not exceed three (3) years. No staff member or members of the families of Grantee staff will serve on the Policy Council.

Appropriate information will be provided to enable the Policy Council to make informed decisions. Information provided to the Policy Council will include the following:

- 1 Head Start Performance Standards, Appendix A, other guidelines & important communications from the Administration on Children, Youth & Families (ACYF), Office of Head Start, i.e., instructions, transmittal notices and any laws that could have impact on how the local program operates.
- 2 Proposals, work plans, component plans for implementing Performance Standards, budget reports, and fiscal information.
- 3 Self-assessment report with recommendations and strategic plan.
- 4 Council by-laws, agendas, & minutes.
- 5 Monthly financial reports.

- 6 Program statistical reports regarding progress made toward achievement of work plan objectives.
- 7 Information regarding parliamentary procedures.
- 8 Outcome statistical data report and analysis.

Other parent communication and training activities will include the following:

- 1 Orientation & training sessions
- 2 Multi-Service Advisory Committee
- 3 Parent Committee
- 4 Oral &/or written reports at Policy Council meetings

Multi-Service Advisory Committee:

Component advisory group will be established, composed of all interested parents, appropriate component staff and selected agencies and organizations as follows:

- Health & Disability Services
- Education
- Social Services & Parent Involvement
- Special Project Initiatives

This committee will meet a minimum of twice per year and will provide the opportunity for effective communication, advice and recommendations, training, support, parent/community involvement, planning and evaluation.

Their focus on particular service delivery areas will supplement the program-wide responsibilities and activities of the Policy Council.

C. Head Start Calendar-Planning & Operation:

The Head Start funding/budget year is July 1 through June 30. The Head Start operational year, for planning and evaluation purposes runs from September through the following May.

The annual Head Start Calendar is established in the summer, effective July1, for the following 12 months. This determines the schedule and dates for:

- ◆ Training Opportunities
- ◆ Opening and closing of Head Start Center
- ◆ Staffing patterns & individual staff contracts
- ◆ Head Start paid leave days & center schedules

- ◆ Determining staff vacancies, schedule for job announcements, interviews, and staff selection & employment.
- ◆ Policy Council meetings
- ◆ Special Events

D. Proposal Preparation & Refunding Application:

Head Start program development, planning and budgeting activities required for refunding are conducted with a schedule that assures submission of the refunding application to the Regional Office 90 days prior to the program year beginning. Proposed preparation activities incorporate the self-assessment findings, Community Assessment, Parent Satisfaction Survey, Budget Analysis, T/TA Plan & recommendations from the prior operational year, which are conducted with the participation and approval of the Policy Council elected in the operational year prior to the proposed refunding year.

Formal steps of proposal preparation include:

- Staff reviews of current service delivery plans and procedures, Program Information Report, budget analysis, emerging actual needs, Performance Indicators Analysis, self-assessment findings, outcomes analysis and recommendations, Performance Standards and other OHS policies and guidelines.
- Staff preparation of proposed changes for service delivery plans.
- Meeting with service delivery Specialist to review and discuss budget needs for their service areas.
- Meeting with grantee administrative and fiscal staff to review and discuss proposed program changes and budget needs.
- Meetings with Policy Council to discuss proposed service delivery plans and budget.
- Policy Council approval.
- Meeting with Grantee Administrative Board to review proposal and budget.
- Policy Council Approval.
- Grantee Board approval.
- Preparation of final proposal and submission to Regional Office.

E. Community Needs Assessment:

An annual Community Assessment (CA) update is completed and used as a part of the program development and refunding application process. Data collection and analysis sources include information from the Census, local organizations and agencies that

serve low-income families, and current recruitment data. A (CA) report, documenting this information, is prepared and submitted as a part of the refunding package.

F. An annual Self-Assessment is conducted in the spring, near the end of the operational year, by parents, staff & community representatives.

The structural organization of the self-assessment process provides for subcommittees of parents and staff (as well as Community Representatives) in the following areas to assess the effectiveness and compliance with program requirements:

- + Program Design and Management
- + Child Development
- + Health (medical, dental, mental, nutrition)
- + Safe Environments
- + Family and Community Services
- + Disability Services
- + Transportation Services
- + Fiscal Management

II. *Personnel Management System:*

A. Position Classification System, Salary Schedule & Job Descriptions:

The Board of Directors and the Policy Council have approved the Upper Cumberland Human Resource Agency Personnel Policies & Procedures, supplemented by specific Head Start policies. Copies of the Personnel Manual are available to all employees and signed statements of their received confirmation are retained in individual personnel files. Copies of Personnel Policies are also maintained at the UCHRA Head Start location and available at all times to all employees.

The Head Start Director is responsible for designing Head Start positions and recommending salaries consistent with the agency's personnel system and Head Start policies and budgets. Current job descriptions are maintained in the Head Start personnel records, and are dated and signed by each staff member.

B. Recruitment & Selection of Personnel:

The Grantee has developed and adopted Head Start Hiring and Firing Policies and Procedures, which comply with Head Start Performance Standard requirements (1304 Appen. A): Grantee must ensure that only candidates with the qualifications specified in 1306.21 are hired. Staff and consultants must have the knowledge, skills, and experience they need to perform their

assigned functions. The governing board and the Policy Council approval are required in reference to these policies and procedures.

Grantee contracts include provisions requiring compliance with Civil Rights, Equal Employment, ADA, and legislative and administrative regulations.

C. **Policy Council Personnel Committee:**

The Policy Council chairperson will appoint a Personnel Committee at the beginning of each operational year. This committee will function as described in the hiring and firing process.

Records will be maintained of the membership of the committee, as well as its meetings and activities.

D. **Head Start Hiring & Firing Policies & Procedures:**

The following Head Start policies & procedures related to hiring and firing of Head Start Staff are supplemental to the personnel procedures of the Upper Cumberland Human Resource Agency:

- 1 The following steps shall occur in the Hiring process:
 - a. UCHRA Human Resource Director will advertise/announce the job opening, defining salary range, job qualifications/duties consistent with the adopted personnel policies. A minimum of seven (7) days will be allowed to receive applications.
 - b. Applications will be screened by the Policy Council, Personnel Committee and the Grantee Staff to eliminate from consideration those who do not, on the basis of the application, meet job qualifications.
 - c. Recommendations for employment, from the “*best qualified*” will be made by the Head Start Director to the Policy Council. The Policy Council will be free to interview the applicants, seek additional information, or simply review the applications for further discussion.
 - d. The Personnel Committee will report their findings and recommendations to the Policy Council indicating the following:
 - ♣ Approved applicants whom they would find acceptable.
 - ♣ Disapproved applicants, if any, stating the reasons they find them unacceptable.
 - ♣ The Personnel Committee, if it wishes, may submit a ranking of the acceptable applicants, in order of their preference,

stating the reasons they find them unacceptable.

- ♣ The Personnel Committee, if it wishes, may submit a ranking of the acceptable applicants, in order of their preference, with a written report stating the reasons for their ranking.
- e. The Head Start Director, on receipt of the Policy Council and Personnel Committee reports, and after considering their recommendations, etc., may select any of the approved applicants. (S)he is not free, however, to select a disapproved applicant, unless and until, after further negotiation, (s)he receives from the Personnel Committee approval of that applicant.
- f. If the Grantee and the Personnel Committee are unable, after a reasonable amount of time, to agree on an acceptable candidate, the Impasse Resolution procedures may be utilized.
- g. The Head Start Director, after making selection from approved applicants, schedules a “*Post Offer*” physical. When possible, this is scheduled prior to or on the first day of employment. The satisfactory completion of a physical examination, criminal background check, drug screening, and other employment requirements will be a condition for Head Start employment.
- h. Acceptable Applicants will be approved by Governing Body and Agency administration Staff.

- 2 The following steps shall occur in the Firing Process:
Probationary Employees-Termination of employment for probationary employees will be governed by UCHRA Personnel Policies & Procedures (i.e., employees will be notified of such termination at least two weeks prior to the end of their probationary employment period.

Probationary employees, by definition, do not have access to Agency or Head Start appeal procedures.

Regular Employees-When the Head Start Director (or Executive Director) determines that a regular Head Start Staff member should be terminated, (s)he will do one of the

following depending on the nature of the offense or on the circumstances requiring this action:

- a. Notify the Policy Council (Personnel Committee) of a called meeting of the proposed personnel action. The Director presents to the Personnel Committee the proposed personnel action, explaining the circumstances and rationale, and ask for their approval. If the approval is given, the employee may then be terminated. If the action is disapproved, and if further negotiation does not result in agreement, the Impasse Resolution procedures may be utilized.
- b. If the Head Start Director &/or the Executive Director determines that the nature of the employee's offense is serious enough to warrant immediate removal of the employee from the job, the employee may be suspended with pay, until such time as the action is approved or disapproved by the Personnel Committee.

When the action is approved, the suspension may be converted to a termination.

If the action is disapproved, and if further negotiation does not result in agreement, the Impasse Resolution procedures may be utilized. Governing body will be kept informed as to the actions for dismissal of an employee

Employee Grievance & Appeals Procedures:

Head Start regular employees may appeal administrative actions, including termination of employment, and request reconsideration of the decision according to the following procedures:

Step 1: A Head Start employee who feels that an administrative action unfairly and adversely affects him/her may appeal that action to his/her immediate supervisor or to the Head Start Director and request reconsideration of the decision. This may be done informally simply by making an appointment with the Supervisor or the Director, presenting the complaint/grievance, discussing the action and its adverse effect, and the perceived unfairness of the action and requesting that the decision be rescinded/modified.

Step 2: If the formal resolution in Step 1 fails to resolve the problem to the satisfaction of both parties, the employee or group of employees may carry the grievance to Step 2 by filing a written complaint with UCHRA. This is simply a written statement, signed by the employee, or group of employees, detailing the complaint and setting out the corrective action desired. This written complaint will be referred to the Executive Director, who will conduct a brief investigation and will then meet with the employee, or group of employees, and attempt to reach a satisfactory settlement.

Step 3: If the complaint is not resolved in Step 2, the employee, or group of employees may request a hearing. The complaint(s) will receive written notice from UCHRA, following the final conference with the Executive Director in Step 2, stating how to file a request for a hearing, noting that such a request must be filed within fifteen (15) days from the final conference in Step 2, and describing the decision UCHRA proposes to adopt as its final decision in the matter if a hearing is not requested.

E. *Impasse Resolution:*

The grievance procedure is modified, as necessary, by the Head Start Impasse Resolution Procedure, adopted by the Policy Council and Grantee board.

There shall be established, by the Policy Council, an Impasse Resolution Committee. This committee will be composed of an equal number of members from both the Policy Council and Grantee Board, with at least an equal number or more (if necessary to make the total an uneven number, providing for a majority vote) of objective, disinterested third parties on whom the Board and the Council members can agree. The Committee will be structured as follows:

UCHRA Board-One (1) member
Policy Council-One (1) member
Third parties- (1) member

The Board and Council representatives will be elected by their respective bodies and will then meet and select the third party member(s).

Both Board and Council may make recommendations as to third party member(s). All members thus selected will serve in this capacity for one year, or until the Committee is reorganized. Should vacancies in membership occur during the year, replacements shall be selected in the same manner as the member being replaced was selected originally.

Both the Grantee Board and Head Start Policy Council will agree, and such agreement be clearly reflected in their respective minutes of official action taken, that should an issue ever reach the Impasse Resolution Committee, any legal determination of that issue by that group will be considered binding by both board and Council and will not be further considered by them.

Issues can be presented to the Impasse Resolution Committee and properly considered by them only after either the Policy Council or the Board has initiated a written request to the Committee members, and after the President/Chairperson of both groups have verified to the Committee that the prescribed prior procedures and efforts to reach an agreement have failed and that an impasse has in fact been reached.

Once all Committee members have been properly notified that an impasse has been reached, said Committee must meet and consider the issues and render a decision within 30 days. Written notice of the Committee's decision will be forwarded to the Board and Council President/Chairperson and the Grantee Executive Director and Head Start Director.

Grievance Policy

UCHRA Van Buren County Head Start actively seeks input from families of children enrolled in our program during the year in an effort to improve program quality. In order to address the needs and concerns of our families and the community, complaints from individuals, the program will deal with groups or organizations in the following manner:

- * Complaints should be placed in writing (if possible). Any staff member receiving a complaint will immediately gather and write down all available facts and information pertaining to the complaint.

- * The Head Start Director will determine how the issue should be addressed and will review all complaints. All complaints will be reviewed within (5) working days from receipt or written complaint.
- * The Director will take appropriate action to resolve the complaint. If no policy exists to address the situation, the Director will meet with the Policy Council chairperson to determine how the issue should be approached.
- * The Director within ten (10) working days will respond to all formal complaints in writing from receipt of written complaint.

If you have any questions concerning our grievance process, you may ask any staff member or contact our center's Director personally.

GRIEVANCE PROCEDURE

A. Definition of Grievance:

A grievance is defined as a written statement to the Executive Director by an employee which describes a specific unresolved action or situation or currently existing condition, which the employee believes to be in violation of these Personnel Policies, other Agency policies and/or procedures or laws and regulations governing Agency operation and management. The grievance must specifically state the action or remedy desired or requested by the grievant.

B. Resolution Through Informal Discussion and Counseling:

An employee is first expected to consult formally or informally, orally or in writing, with his or her supervisor, county coordinator, department head, and/or the Executive Director, regarding any action, condition, occurrence, or attitude, either expressed or implied, which the employee believes may provide grounds for a grievance. This consultation should take place immediately when the employee first becomes aware of the incident or situation. If the problem can be resolved at this time, no formal action or grievance is required.

It is a specific requirement that the matter must first be brought to the attention of the Agency prior to filing a Grievance. This requirement ensures that the Agency has an opportunity to correct the situation prior to the employee's filing a formal grievance.

C. Filing A Grievance:

If the employee has reported or discussed the matter with his or her supervisor, county coordinator, department head, or the Executive Director, and a satisfactory agreement for resolution cannot be reached on an informal basis, the employee may file a written grievance to the Executive Director. A grievance must be in writing, addressed to the Executive Director, and must concern a previously reported situation unresolved at the time of the grievance. It must contain a specific request for action or remedy. A new employee who is working within the probationary employment period is not entitled to file a grievance concerning any

personnel action. A grievance must be filed within one month after the employee first becomes aware of the incident or situation. A grievance will be considered untimely and may be rejected if filed later than the times described above. The Executive Director may, at his/her option, accept a late or untimely grievance in an unusual situation, or if timeliness is clearly beyond control of the employee filing the grievance.

D. Executive Director's Action:

The Executive Director will have ten working days to answer the grievance. Within that time, he or she will investigate the situation, make a determination, and prepare a written response to the employee. The ten-day response period may be extended by mutual agreement between the Executive Director and the grievant.

E. Appeal to the Personnel and Grievance Committee:

If the action or response of the Executive Director does not satisfy the grievant, he or she may make a final appeal in writing to the Chairman of the Personnel and Grievance Committee for a hearing. The decision of the Personnel and Grievance Committee will be final. All documents concerning the grievance may be placed in the employee's personnel file, at the option of the Executive Director.

At any stage in the agency's grievance process, the employee may voluntarily withdraw the Grievance, by written Request.

OPEN-DOOR POLICY

Our Agency is committed to maintaining a productive open-door policy. Normally, an employee will be expected to use the grievance procedure to resolve a problem. However, an employee may meet first with the County Coordinator, Program Director, Executive Director or Personnel Manager to discuss a problem or complaint of a personal nature.

In order for our open door policy to be an effective means of communication, it must have the support of all levels of management. There will be no retaliation against an employee for using the open door procedure.

F. UCHRA Personnel Policies Manual:

Except where special Head Start policies & procedures prescribe otherwise, UCHRA Personnel Policies & Procedures govern the Head Start Staff. The UCHRA Personnel Manual specifically defines policies & procedures relating to the following:

- ♣ Wage Survey
- ♣ Performance Evaluations
- ♣ Salaries & Wages
 - Guidelines for establishing salaries
 - Wage standards

→ Salary increases

Standard work policies & procedures:

- ♣ Work Schedules
- ♣ Compensatory Time
- ♣ Vacation leave, sick leave, & holidays
- ♣ Employee Benefits
- ♣ Travel Reimbursement
- ♣ Outside Employment
- ♣ Non-discrimination
- ♣ Nepotism
- ♣ Personnel Files
- ♣ Conflicts of Interest
- ♣ Grievances

III. *Financial Management System:*

The Grantee maintains its own in-house staff for fiscal bookkeeping and accounting. Control of these funds, ensures in that no funds from the Head Start grant may be expended without approval of the Head Start Director, Division Director &/or the Executive/Deputy Director.

Currently, these include:

1. Basic Head Start Grant (PA22) (Includes Disability Services)
2. USDA Head Start Grant
3. Head Start Training Grant (PA20) CDA and Training & Technical Assistance.

A. The procedures for establishing & MAINTAINING Head Start financial accounts are as follows:

1. The grant award is received by UCHRA from DHHS.
2. The Head Start Director sends a copy of the financial assistant award to UCHRA Central Accounting with a copy of the approved budget, copies of accounts be set up accordingly.
3. Funds are requested and received electronically through the Payment Management System (PMS). All funds are received and expended by Central Accounting, as per procedures described herein. The Head Start office maintains a record of revenue transactions and reviews expenditures and cash on hand at least monthly to assure that adequate, but not excessive cash is on hand.
4. Grantee management and other related grant expenditures are made consistent with purchasing procedures described later in this plan.

5. Monthly computer print-outs provide regular reports of monthly expenditures, encumbered funds, and unexpended balances.
6. These monthly print-outs allow the Head Start Director to monitor expenditures, Federal in-kind, contract commitments and call attention to any over/under expenditures for quick corrective action.
7. Quarterly reconciliation is made with internal Head Start financial records as described below, and HHS/ACYF financial reports are prepared and submitted as follows: Mid year, end of year & final.

B. Internal Head Start Financial Management Procedures:

UCHRA Purchasing Procedures:

1. Purchases of \$399 or less are made by Head Start Director or assigned staff upon receipt of a purchase order.
2. All receipts are reviewed with Divisional Director with a justification and or explanation of Purchase for approval.
3. All receipts of purchase are coded to reflect line item expenditures.
4. Receipts are forwarded to central Accounting Dept. for Payment.
5. On a monthly basis, the Head Start office reviews that status of requisitions and requests – for – payments in order to provide any necessary follow-ups

(See Revised Purchasing Manual)

6. When goods are received, Head Start Staff signs delivery receipts. A copy is retained in the Head Start Office for documentation and the original is forwarded to the Central Office.
7. Central Accounting issues warrants
8. The warrant copy is attached to a duplicate copy of the requisition/request-for-payment letter and supporting documentation; the amounts are posted to the appropriate account, and package is filed in Central Accounting.

9. At least quarterly, the print-out and the internal accounting records are reconciled and any incorrect charges are corrected.

The internal financial system allows the Head Start Director, at any given time, by reviewing warrant/posting record and file, and the appropriations to know the total grant expenditures and un-obligated funds. This is necessary for the effective, efficient management of program resources directed toward specific program and contract goals and objectives.

C. Financial Reporting:

The Head Start Director receives monthly Head Start financial reports from UCHRA Central Accounting.

The Head Start Central Accounting Representative is responsible for preparing and submitting semi-annual, quarterly, and monthly reports to ACF Region IV, the Head Start Director and monthly reports to the Head Start Policy Council. These include a report of expenditures for all Head Start grants (Financial Status Report), as well as a cash flow report (Federal Cash Transaction Report).

In addition to financial reporting of Head Start funds, the Head Start Health Service Specialist prepares monthly a USDA report and request for reimbursement. A record of these funds is included in the semi-annual HEW/ACYF Financial Reports.

In addition, periodically, monthly financial records are compared with monthly program reports to assure that program funds and program performance are reasonably correlated, and to spot and work on trouble areas.

D. Audit:

An annual audit is conducted each year after the close-out of the program year (PYE). The (PYE) is June 30.

The Head Start audit is part of the grantee/UCHRA-unified audit, and is conducted in compliance with HHS/ACYF audit policies.

The Grantee is responsible for appropriate responses to the HHS Audit Agency 30-day Transmittal Letter. If additional information requested is from contractors, the Grantee specifically requests that information, and works with HHS

and the contracting agencies to satisfactorily resolve any audit questions raised, and to achieve any program /budget modifications necessary.

Contracting agencies are specifically responsible for any ultimate audit exceptions in their programs. They are furnished all HHS/ACYF issuances, instructions and guidelines by the Grantee, and they specifically contract to comply with them.

E. Insurance:

Head Start regulations require “reasonable amounts” of the Following insurance coverage:

- accident insurance-medical coverage (children, volunteers, parents)
- general liability insurance
- vehicle insurance
- property insurance on computer, office & audio visual equipment where reasonable & feasible

Annually, the Head Start Director will review insurance coverage to assure that “reasonable” protection against loss is maintained.

IV

The Head Start procurement procedures are as follows:

Procurement:

The internal Head Start procurement procedures are as Follows:

1. For items \$400 and above, the Head Start Director completes a requisition form, specifying the item(s) needed, identifying information (catalog number, size, color, etc.), approximate cost per unit (when there is a special price quote or when there is an out-of-town vendor), three vendors and their bids, the date needed, delivery information, the account to be charged & the signature of the Head Start Director.
2. The request is sent to the Purchasing Department.
3. The Purchasing Department issues a purchase order following UCHRA policies & procedures.
4. When the item is received, if inventory is required, a UCHRA tag will be attached and the inventory record will be revised.

B. Non-Expendable Property Inventory:

The Grantee Office will maintain an annually updated property inventory of all property purchased with grant funds, consistent with Federal regulations for public agencies. Copies of purchase orders for these items will be retained for supporting documentation. All grant purchased equipment will be appropriately tagged before being placed in service.

The inventory records will be updated after the PYE, and these records will be made available for the annual audit. An updated report will be sent to HHS on request.

Inventory records will include the following:

- ◆ a description of the equipment item
- ◆ manufacturer's serial number (if applicable)
- ◆ acquisition date
- ◆ cost
- ◆ location
- ◆ condition
- ◆ UCHRA inventory control number
- ◆ Whether item covered by maintenance contract
- ◆ Whether item is covered by insurance

If an item is deleted from the inventory, supporting documentation will accompany the report (eg., police report, letter of explanation by agency official, etc.)

A physical inventory will be taken every year to verify and update the inventory record as needed.

IV. *MIS-Record keeping & Reporting:*

A. **The Head Start Director is responsible for establishing & maintaining a comprehensive information system which provide for:**

- ⇒ Effective service area communication & integrated service delivery
- ⇒ Client records, client tracking & service documentation
- ⇒ Supporting documentation for expenditure of grant funds
- ⇒ Financial & program reporting to Policy Council, Board & DHS/OHS
- ⇒ Documentation of Compliance with Federal, State & Local regulations, policies & procedures
- ⇒ Comprehensive personnel records, including training records
- ⇒ Maintenance of official grant records in compliance with funding & audit requirements
- ⇒ Staff performance monitoring & documentation

⇒ Cost-benefit analysis purposes & activities

This information system consists of a variety of records, files and reports in several locations:

- Grantee administrative offices
- UCHRA Central Accounting Department
- Head Start Center
- Head Start comprehensive client files
- Head Start Galileo, Computer Client Tracking & Service System
- Locally developed supplemental computer data bases (e.g., employee time & leave records, payroll reports, etc.)
- Outcomes Tracking System

Pre-service training & regular service area / center staff meetings & training sessions provide training in record keeping & reporting.

An annual calendar is prepared & distributed to staff outlining record keeping & reporting requirements, due dates, report schedule & dissemination.

The Management Information System is responsible for the overall training & coordination required for the operation and maintenance of the Head Start computer information system. Further responsibilities include data analysis, cost-benefits analysis and recommendations for improved documentation & reporting procedures.

Service Area Specialist is responsible for the operational and management records and reports of their service area /center, and the documentation responsibilities of the staff they directly supervise. They are responsible for the training and monitoring necessary to assure accurate & timely reporting.

Service Area Specialist has overall responsibilities for the records and reports of the service delivery area they supervise, and the timeliness and accuracy of the documentation maintained and reports submitted. The monitoring and supervision of these reports and documentation includes problem identification and corrective action planning.

The Director is responsible for monitoring and evaluation of the program-wide information system; for planning and implementing necessary modifications of the system; and for ensuring adequate resources (equipment, supplies & staff) and training for an effective record keeping and reporting system responsive to all funding, regulatory and operational requirements.

Monthly and quarterly review of program and fiscal reports will be conducted to monitor progress in relation to program objectives, performance standards & staff performance.

The Director is responsible for the establishment of the annual update of a plan/report which identifies, by service delivery area. Documentation records and files (location and staff responsible). Internal operational and management reports (staff responsible for preparation/generation, schedule and dissemination). required reports for submission to external agencies/organizations (staff responsible for schedule and dissemination). Required reports for submission to external agencies/organizations (staff responsible for schedule and dissemination).

Annually the Head Start program must make available in a public report from the prior fiscal year including; total amount of public and private funds received and segmented by source; explanation of budgetary expenditures and proposed budget for FY; total number of children and families served (including average monthly enrollment) and percent of eligible children served; percentage of enrolled children that received medical and dental exams; info on parental involvement activities; agencies efforts to prepare children for kindergarten.

B. Confidentiality Procedures:

The UCHRA Van Buren County Head Start Program has established and maintains an information and records system with adequate safeguards & security measures to preserve the confidentiality of personal & private information collected from or about Head Start families and children as a result of their participation in Head Start.

In order to develop and maintain a comprehensive Head Start Program which provides appropriate services to children & families, and to retain the necessary documentation for fiscal accountability of public funds, it is necessary to obtain “*personally identifiable*” information regarding children & their families. Files will include reports and information available on the children such as: health history, medical exams, family background information, screening & assessment data, teacher & parent observations, parent release forms, and services provided. Additional records for handicapped children include diagnostic reports, certification records, individualized education programs, categorical & functional diagnoses, amendments to IEP’s, staffing reports, progress & monitoring reports, and documentation of all efforts to involve parents in the planning process.

The Head Start Program, in compliance with Head Start's mandate and with the fair records principles & practices established by the Privacy Act, the Freedom of Information Act, and Federal & State handicap legislation, developed and adapted policies & procedures govern the UCHRA Van Buren County Head Start Program:

Head Start personnel are responsible for maintaining confidentiality & protecting the privacy of personally identifiable information regarding children & families.

C. Personally Identifiable Information Shall Include:

- ⊗ name of child, parents & other family members
- ⊗ residential address
- ⊗ personal characteristics or other information which would make it possible to identify the child or family with reasonable certainty

D. Basic Principles of Fair Records Practices which underlie these policies & procedures include:

- ⊗ The individual's right of notice of the agency's policies & procedures regarding confidentiality, procedural safeguards and access rights, prior to giving confidential, private information.
- ⊗ The individual's right to know what information is contained in his/her record and how it is used.
- ⊗ The individual's right to prevent information given for one purpose and being used for another purpose.
- ⊗ The individual's right to amend or correct misinformation contained in his/her records.
- ⊗ The individual's right to assurance, from the agency collecting data & keeping records, as to the validity of the information, to the services being provided and the reliability of the safeguards to prevent its misuse.
- ⊗ The individual's right to give or withhold consent for the release of that information, with full knowledge of the likely consequences of either decision.

The local policies & procedures on confidentiality of records address the following:

- * Notice/disclosure to parents of Head Start's Confidentiality Policies & Procedures
- * Obtaining confidential information
- * Limits of confidentiality
- * Parents access to Head Start records
- * Release of confidential information
- * Informal consent
- * Release of information without waiver/informal consent

- * Preserving the confidentiality of released information
- * Classifying & storing confidential information