

RESOLUTION OF THE  
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE  
of the 25th NAVAJO NATION COUNCIL - FIRST YEAR, 2023

AN ACTION  
RELATING TO THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE;  
APPROVING THE NAVAJO HEAD START ELIGIBILITY, RECRUITMENT,  
ENROLLMENT, SELECTION, & ATTENDANCE POLICY AND PROCEDURES AND  
THE NAVAJO HEAD START FAMILY ENGAGEMENT PARTNERSHIP PROCESS  
POLICY AND PROCEDURES

BE IT ENACTED:

SECTION ONE. AUTHORITY

- A. The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council empowered to "establish Navajo Nation policy, promulgate rules and regulations governing health, social services, education, human services, and general government services of the Navajo Nation and its tribal organizations, entities, and enterprises." 2 N.N.C. §§ 400(A), 401 (B) (1).
- B. The Health, Education and Human Services Committee is the oversight committee for the Department of Diné Education. 2 N.N.C. § 401(C) (1). Navajo Head Start is a program within the Department of Diné Education.

SECTION TWO. FINDINGS

- A. Then Navajo Head Start Eligibility, Recruitment, Selection, & Attendance ("ERSEA") Policy and Procedures is attached as **Exhibit 1**. The Navajo Nation Board of Education (the "Board") approved Resolution NNBENO-824-2022, attached as **Exhibit 2**, supporting the ERSEA Policy and Procedures. The Navajo Head Start Policy Council's Resolution NHSPC-11-02-2022, supporting the ERSEA Policies and Procedures, is attached to the Board's Resolution as **Exhibit A of Exhibit 2**.
- B. The Navajo Head Start Family Engagement Partnership Process Policy and Procedures ("Family Engagement Policies and Procedures") are attached as **Exhibit 3**. The Board approved Resolution NNBEO-824-2022, attached as **Exhibit 4**, supporting the Family Engagement Policy and Procedures. The

Navajo Head Start Policy Council's Resolution NHSPC-11-03-2022, supporting the Family Engagement Policies and Procedures, is attached to the Board's Resolution as Exhibit A of Exhibit 4.

- C. The Navajo Nation Department of Justice ("NNDOJ") determined that any Navajo Head Start policies and/or procedures that could affect "someone or something" outside of the Navajo Head Start Program must be reviewed by NNDOJ. It further recommended that the Navajo Head Start seek oversight approval for the Navajo Head Start Family Engagement Policy and Procedures and the Navajo Head Start ERSEA Policy and Procedures. NNDOJ's determination and recommendation is attached as Exhibit 5.

### SECTION THREE. APPROVAL

The Health, Education and Human Services Committee of the Navajo Nation Council approves the Navajo Head Start ERSEA Policy and Procedures as attached in Exhibit 1 and the Navajo Head Start Family Engagement Partnership Process Policy and Procedures as attached in Exhibit 3.

### CERTIFICATION

I, hereby, certify that the foregoing resolution was duly considered by the Health, Education and Human Services Committee at a duly called meeting in Alamo, Navajo Nation (New Mexico), at which a quorum was present and that the same was passed by a vote of 3 in Favor, 0 Opposed, and 2 Excused on this 26th day of July 2023.



Honorable Vince R. James, Chairperson  
Health, Education and Human Services Committee  
25th Navajo Nation Council

Motion by: Andy Nez  
Second by: Helena Nez Begay

Chairperson Vince R. James not voting



**NAVAJO HEAD START**  
**ELGIBILITY, RECRUITMENT,  
ENROLLMENT, SELECTION, & ATTEendance  
(ERSEA)  
POLICY AND PROCEDURES**





# **NAVAJO HEAD START**

## **ERSEA POLICY AND PROCEDURES**

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## NAVAJO HEAD START

### ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-01
<b>Regulation Number</b> 1302.10	<b>Regulation Topic</b> Eligibility, Recruitment, Selection, Enrollment, and Attendance	<b>Policy Topic</b> Purpose

**Policy:**

*Navajo Head Start (NHS) Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) staff governs how NHS will determine eligibility, enroll children, and track attendance.* The ERSEA team acknowledges the diversity of the Navajo communities in the language and value system. ERSEA Liaisons will be responsible for community assessments and the recruitment of low-income children, children with disabilities, homelessness, pregnant women, who need head start services. Standard Operating Procedures have been established to verify Eligibility, Recruitment, Selection, Enrollment, and Attendance. The NHS will ensure that our most deserved families and children are accommodated through eligibility, recruitment, and enrollment.

## Standard Operating Procedures

### Purpose

The purpose of these Standard Operating Procedures are to determine community strengths, needs, and resources.

### Scope

The document describes how the ERSEA/Family Engagement Liaisons will collaborate with the community resources and chapter governance in meeting the needs of the service population.

### Responsibility

1. Head Start Classroom Center staff
2. ERSEA/Family Engagement Liaison
3. ERSEA/Family Engagement Specialist
4. Mental Health/Disability Specialist
5. School Readiness Coach

### Procedures

1. The ERSEA/FE Liaison will develop a Community Needs Assessment demographic survey.
2. The ERSEA/FE Liaison will coordinate with Head Start Center Staff to gather Community Needs Assessment information.
3. The ERSEA/FE Liaison will compile the Community Needs Assessment and forward to ERSEA Specialist.
4. The ERSEA Specialist will compile, complete and present to Policy Council and Governing Body for approval.

### Related Resources:

1. Demographic Survey
2. Census

## NAVAJO HEAD START

### ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-02
<b>Regulation Number</b> 1302.11	<b>Regulation Topic</b> Determining community strengths, needs, and resources	<b>Policy Topic</b> Community Assessment

**Policy:**

**Community Assessment** is a collection and analysis of information with a targeted assessment and decision making about the needs, strengths, and resources for services.

The Navajo Head Start (NHS) will conduct a Community Needs Assessment (CNA) every five years to determine and collect data on community resources, strengths, and needs. The NHS will use the data to build on strengths and make decisions about long- and short-term goals, selection criteria, the type of services provided for children and families and to determine collaboration possibilities with other agencies. The CNA will be reviewed and updated annually to reflect any significant changes to the local community and its resources.

**Procedures:** Community Assessment will propose appropriate program options based on the family's needs: Early Head Start, Head Start and homebased programs. CNA will allow NHS to adapt and implement appropriate staffing patterns; suggested improvements, correctly identify recruitment and enrollment patterns and trends; justify budget levels; and identify community resources

1. Community Assessment Team consists of Head Start Teacher; ERSEA/FE Liaison; ERSEA Specialist; Mental Health/Disability Specialist; Health/Nutrition Specialist; School Readiness and Language Immersion Manager; School Readiness Coaches; Director of Administrative Services; and Director of Education.
2. Develop a Community Assessment Survey that includes demographics of Head Start eligible children and families; Number of Children with Disabilities; data regarding the education, health, nutrition, and social services; and resources within local communities.
3. Community Assessment Survey will be given to Center staff who will gather information from their local chapter governance and retrieve data information of the community.
4. Community Assessment team will use internal/external data sources to estimate unmet needs of families.
5. Completed Community Assessment is compiled by the Community Assessment Team and then forwarded to the Policy Council and Governing Body for Approval/Disapproval.
6. Community Assessment data is used to determine program philosophy, determine sufficient program options for Head Start and EHS (Early Head Start) Programs.
7. Determine the recruitment area that will be served by the Navajo Head Start.
8. CNA will be conducted annually to update the progress.
9. CNA will be comprised of a comprehensive CNA every five years.

## **Standard Operating Procedures**

### **Purpose**

The purpose of these Standard Operating Procedures are to determine age and income eligibility.

### **Scope**

The document describes how the ERSEA/Family Engagement Liaisons will assess all applications and determine eligibility using the Eligibility Selection Criteria and the U.S. Department of Health and Human Services Poverty Guidelines.

### **Responsibility**

Head Start Center Staff

ERSEA/Family Engagement Liaison

### **Procedures**

1. The ERSEA/FE Liaison will conduct an in-person interview with each family.
2. The ERSEA/FE Liaison may interview the family over the telephone, if an in-person interview is not possible or convenient for the family.
3. The ERSEA/FE Liaison or Head Start Center Staff will collect the child's application.
4. The ERSEA/FE Liaison or Head Start Center Staff will collect the child's birth certificate or an alternative document if the Birth Certificate is unavailable.
5. The ERSEA/FE Liaison or Head Start Center Staff will determine if child is identified to have an Individual Educational Plan (IEP) or Individual Family Service Plan (IFSP)
6. The ERSEA/FE Liaison or Head Start Center Staff will collect documentation to determine income eligibility.
7. The ERSEA/FE Liaison or Head Start Center Staff will determine income eligibility using the current U.S. Department of Health and Human Services Poverty Guidelines.
8. The ERSEA/FE Liaison or Head Start Center Staff will determine if Child is in Foster Care or homeless.
9. The ERSEA/FE Liaison will determine eligibility using the Eligibility Selection Criteria.
10. The ERSEA/FE Liaison or Head Start Center Staff will keep a record of eligibility documents in the Child's folder.
11. The ERSEA/FE Liaison will upload the eligibility information into the ChildPlus.

### **Forms and Tracking/Monitoring**

1. Eligibility Verification Form (ERSEA03-01)
2. Categorically Eligibility verification form (ERSEA03-02)
3. Income Calculation Worksheet (ERSEA03-03)
4. Eligibility Selection Criteria Form Early Head Start (ERSEA03-04)



# NAVAJO HEAD START

## ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-03
<b>Regulation Number</b> 1302.12	<b>Regulation Topic</b> Determining, verifying, and documenting eligibility	<b>Policy Topic</b> Eligibility – Age and Income

### Policy:

Navajo Head Start selects children and will determine, verify, and document eligibility on age and income. Navajo Head Start will assess all applications using the eligibility requirements. NHS documents are processed using the Eligibility Selection criteria and U.S. Department of Health and Human Services Poverty Guidelines.

### Procedures:

#### A. Enrollment Application Supporting Documents:

- a. The parent or family member will provide a copy of the child's birth certificate to be used to verify that a child meets the age requirements for enrollment.

#### B. Age Eligibility:

- a. Early Head Start Services (EHS)
  - i. Pregnant Women are eligible for EHS.
  - ii. Neonatal to 18 months (about 1 and a half years) of age will be in Infant Program.
  - iii. At 18 months (about 1 and a half years) to 35 months (about 3 years) of age the child will be entered into the Toddler Program.
  - iv. Child will remain eligible in the Navajo EHS program if they are participating in EHS.
  - v. If a child moves to Head Start program, staff must reverify the family's age and income eligibility.
  - vi. Children 3 years of age who are identified to have an Individual Family Service Plan (IFSP) will remain in the EHS program until there is a vacant slot available.
- b. Head Start Services (HS)
  - i. Children are eligible for Head Start services upon their third (3rd) birthday.
  - ii. Children who will turn age 5 on or before September 1st will not be age eligible for Head Start services.
  - iii. Children five (5) years of age who are identified to have an Individual Educational Plan (IEP) will remain in Head Start until there is a vacancy in the families preferred elementary school. ERSEA staff will collaborate with the MHD team and LEAs (Lead Education Agencies) to develop a transition plan to ensure there is not a disruption in IEP services.
- c. Documentation to determine Age Eligibility
  - i. To determine a child's age eligibility a Birth Certificate is used to verify that a child meets the age requirement for enrollment.
  - ii. If a birth certificate is unavailable alternative documents will be accepted but not limited: a Hospital Crib Card (Birth Announcement); Baptismal Record; Medication Prescription, Appointment Slips or Official Immunization from a Health Care Facility will be utilized temporarily until Birth Certificate is obtained.
  - iii. Certificate of Indian Blood (CIB).

#### C. Disability Services Documentation and Verification:

- a. The ERSEA Liaison will review and verify the EHS application to determine if the child has an established Individual Family Services Plan (IFSP).
- b. The ERSEA Liaison will review and verify the Head Start application to determine if the child has an established Individualized Education Plan (IEP).

#### D. Income Eligibility:

"Family Income"- is defined as income from all adults living in the household who are related to the Head Start parent or child by blood, marriage or adoption and have legal financial obligations for the family.

- a. Income is verified for new applicants, children who are re-enrolling after dropping from the Program, and Age Eligible Applicants who remained on the waiting list from the first day of school before the new Income Poverty Guidelines is disbursed by US. Department of Health and Human Services Poverty Guidelines, which aligns with the current enrolling program year. If a child is enrolled with Navajo Head Start for two years income eligibility will be redetermined beginning the third year.
- b. Documentation to determine eligibility: Recent Income Tax Form 1040, W-2, NNSPR (TANF) Documentation, Pay Stub or Pay Envelopes, Unemployment, Written Statement from employers, Foster Care Reimbursement and SSI Documentation. Staff will retain a copy for Audit Purposes. (Utilize Income Calculation Form) Navajo Head Start may conduct a 3rd party verification.
- c. Food Stamp (SNAP) is Considered Income and must be verified with the award letter.
- d. Document all efforts made to verify family income explaining how income was calculated.
- e. In the event staff must contact a third party to obtain written information necessary to prove income or no income, staff will ensure permission to exchange information has been signed stating the family gives consent for the information to be shared with Navajo Head Start.
- f. Children in foster care are determined to be eligible for services. Children who are in Foster Care or are homeless will not be required to submit supporting documents for enrollment. The Liaison will work with families to obtain documents.

**E. Records of Eligibility Documents in the Child's Folder:**

- a. Navajo Head Start Staff will keep all eligibility determination records and application for each child as part of the record maintained in child 's folder.
- b. ERSEA Liaison is responsible for keeping a record of eligibility documents and/or parent statements made during interview, family declarations, that are deemed necessary to verify eligibility in the child's file and will upload into ChildPlus.
  - i. A copy of the statements and documents required.
  - ii. All signed and dated statements by the parents certifying that the documents and information that the person provided concerning eligibility are accurate to the best of the parent's knowledge.
- c. Navajo Head Start keeps eligibility determination records:
  - i. For all those currently enrolled and if they are enrolled
  - ii. For one year after they have either stopped receiving services (or)
  - iii. Are no longer enrolled.

**F. Uploading Eligibility Information into ChildPlus:**

- a. The following documents will be uploaded into ChildPlus by the ERSEA Liaison under the attachment tab. The documents will need to be filled out with all applicable signatures and dates before uploading the documents.
  - i. The Enrollment Agreement and Consent Form
  - ii. Enrollment Determination Letter
  - iii. Eligibility Section Criteria
  - iv. Certificate of Indian Blood (CIB)
  - v. Eligibility Verification Form
  - vi. Birth Certificate
  - vii. Income Verification Documents

**Forms and Tracking/Monitoring**

Eligibility Verification Form (ERSEA03-01)

Categorically Eligibility verification form (ERSEA03-02)

Income Calculation Worksheet (ERSEA03-03)

Eligibility Selection Criteria form Early Head Start (ERSEA03-04)

Eligibility Selection Criteria form Head Start (ERSEA 03-05)

## **Standard Operating Procedures**

### **Purpose**

The purpose of these Standard Operating Procedures are to plan and recruit for children and children with disabilities.

### **Scope**

The document describes how the ERSEA/Family Engagement Liaisons will implement recruitment strategies for children 0-5 years old.

### **Responsibility**

1. Head Start Classroom Teacher
2. ERSEA/Family Engagement Liaison
3. Mental Health & Disability Liaison
4. School Readiness Coach

### **Procedures**

1. The ERSEA/FE Liaison will organize a recruitment team who will identify and assist in prioritizing the communities who have not met the Funded Enrollment.
2. The ERSEA/FE Liaison will maintain and submit the Recruitment Publicity Log, monthly.
3. The ERSEA/FE Liaison will coordinate and develop recruitment materials.
4. The ERSEA/FE Liaison may use social media and other media platforms to recruit.
5. The ERSEA/FE Liaison will follow ChildPlus report #2006, #2005, #2025 and #2031 to develop recruitment plans.
6. The ERSEA/FE Liaison will develop a monthly recruitment schedule consisting of recruitment materials.
7. The ERSEA/FE Liaison will enter PIR information into the ChildPlus to ensure documentation.

### **Forms and Tracking/Monitoring**

1. Recruitment Publicity Log (ERSEA04-01)
2. Child Enrollment Application (ERSEA04-02)
3. Recruitment Plans (ERSEA04-03)

# NAVAJO HEAD START

## ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-04
<b>Regulation Number</b> 1302.13	<b>Regulation Topic</b> Eligibility, Recruitment, Selection, Enrollment, and Attendance	<b>Policy Topic</b> Recruitment of children

### Policy:

Navajo Head Start will review and develop the Recruitment Action Plan each year to systematically identify families on the Navajo Nation whose children may be eligible for Head Start services, inform them of services, and encourage them to apply for enrollment into the program.

### Procedures:

- A. The Recruitment Team will lead the effort to plan and organize. The Recruitment Team will consist of a Head Start Liaisons, School Readiness Coaches, and Head Start Classroom Staff.
  - a. The recruitment team will review the attendance data to identify and prioritize the sites that need to recruit additional families to meet their funded enrollment and maintain an ongoing wait list.
  - b. The recruitment team will review the dashboard on ChildPlus to provide additional information to identify and assist in prioritizing the communities that need to recruit more children to meet their funded enrollment.
  - c. The recruitment team will go to the reports tab on ChildPlus under the enrollment section and review the following reports to develop plans for recruitment efforts: CP Report #2006, CP Report # 2005, CP Report #2025, CP Report #2031.
  - d. The recruitment team will go to the reports tab on ChildPlus under the PIR section and review the reports to ensure that all pertinent information is maintained.
  - e. The recruitment team will submit the meeting documents, along with a report to be submitted to the ERSEA Specialist for her review and ongoing communication.
- B. The recruitment team, ERSEA Liaisons and teaching staff will utilize the Recruitment Publicity Log to document all events in collecting enrollment applications or disseminating the application.
  - a. The recruitment publicity log information will be used to conduct follow-up with families who received enrollment applications to see what the status for submitting the information or if they have any questions on the enrollment applications.
  - b. The teaching staff will submit on a monthly basis two new enrollment applications, along with the publicity log and supporting documents to their ERSEA Liaisons to maintain their funded enrollment and to keep a wait list.
- C. Submit the Recruitment Publicity Log monthly from the ERSEA Liaison and input the information into ChildPlus to keep an ongoing record.
- D. The recruitment team, ERSEA Liaisons and teaching staff will Prepare the Recruitment Materials readily available daily to give to families at the classroom, district office, central office or at designated recruitment events.
  - a. The following recruitment items will be assembled:
    - i. At the classroom level, the teaching staff will have the enrollment application, the recruitment publicity log, and provide a pen to collect the information from the families or guardian.
    - ii. At the district level, the ERSEA Liaisons will gather the table, chairs, banner, all forms, pens, clipboards, canopy, writing materials, fliers, and public outreach items, if any.
    - iii. At the recruitment drives/events, the recruitment team will bring with them, the table, chairs, banner, all forms, pens, clipboards, canopy, writing materials, fliers, and public outreach items, if any.
- E. Navajo Head Start will using social media as part of their Recruitment Efforts in communicating the ongoing need of maintaining our overall funded enrollment and wait list.
  - a. The recruitment team and ERSEA Specialist in collaboration will be the designated individuals to request and send out the recruitment information to be announced periodically.

- b. The recruitment team and ERSEA Specialist will use the following social medias: Facebook, Twitter, YouTube, and Snapchat to promote the NHS recruitment information.
- F. The ERSEA Recruitment Team in collaboration with the ERSEA Specialist will develop a monthly recruitment plan to be implemented on a daily, weekly, and monthly basis to maintain our overall funded enrollment and waitlist.
- a. The recruitment team will plan recruitment events at various locations based upon the prioritized listing for sites that have very low enrollment.
  - b. The recruitment plan will be scheduled out on a monthly basis in various locations with certain team members who will be there to set up for the recruitment drive, i.e. Flea Markets, Post Office, Laundromats, Local Shopping Centers, WIC office, Youth Development Office, Local Community Chapter Houses, Work Force, Health Fairs, Child Find, Hospitals, Navajo Nation Fairs; Zoo Boo; Summer GIB/YOCOMA Event; JMI's, other Resource Events; Head Start Day on the third (3rd) Thursday of August; Parent Trainings; Law Day, Summer Food Programs and Police Days.
- G. The Recruitment Team will lead the effort to plan and organize.
- a. The recruitment team will review the attendance data to identify and prioritize the sites that need to recruit additional families to meet their funded enrollment and maintain an ongoing wait list.
  - b. The recruitment team will review the dashboard on ChildPlus to provide additional information to identify and assist in prioritizing the communities that need to recruit more children to meet their funded enrollment.
  - c. The recruitment team will go to the reports tab on ChildPlus under the enrollment section and review the following reports to develop plans for recruitment efforts: CP Report #2006, CP Report# 2005, CP Report #2025, CP Report #2031.
  - d. The recruitment team will go to the reports tab on ChildPlus under the PIR section and review the reports to ensure that all pertinent information is maintained.
- H. Recruitment Publicity Log:
- a. Submit the Recruitment Publicity Log:
  - b. Prepare the Recruitment Materials
  - c. Advertising through social media the Recruitment Efforts
  - d. The ERSEA Recruitment Team will develop a monthly recruitment plan

***NOTE: Refer to Disability Policy and Procedures for recruiting children with special needs.***

## ERSEA04-01

**Name of Staff:** \_\_\_\_\_ **Region:** \_\_\_\_\_

**Please list all recruitment activities and items placed in local businesses.**

[illegible]


**Navajo Head Start**  
**Applicant & Family Member Information**

 Program Applying For: Head Start Early Head Start

 District: 1 2 3 4 5

<b>Applicant</b>	
First _____	Middle _____ Last _____ Suffix _____ Nickname _____ Birthday _____ Gender _____ Census # _____ Alt ID _____
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Other Language <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	Other Language Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Primary Health Coverage _____	Other Coverage _____ Insurance # _____ Medicaid Eligibility _____ Medicaid # _____ Doctor/Medical Home _____
Dental Coverage _____	Dental Coverage # _____ Dentist/Dental Home _____

<b>Primary Adult</b>	
First _____	Middle _____ Last _____ Suffix _____ Nickname _____ Birthday _____ Gender _____ Census # _____ Alt ID _____
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Other Language <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	Other Language Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Highest Grade Completed _____	Employment Status _____ Child's Relationship _____ Custody _____ Check all that apply: _____
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled
<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	

<b>Secondary or Other Adult</b>	
First _____	Middle _____ Last _____ Suffix _____ Nickname _____ Birthday _____ Gender _____ Census # _____ Alt ID _____
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Other Language <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	Other Language Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Highest Grade Completed _____	Employment Status _____ Child's Relationship _____ Custody _____ Check all that apply: _____
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled
<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	

<b>Additional Child (Non-Applicant) *</b>	
First _____	Middle _____ Last _____ Suffix _____ Nickname _____ Birthday _____ Gender _____ Census # _____
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Other Language <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	Other Language Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient

<b>Additional Child (Non-Applicant) *</b>	
First _____	Middle _____ Last _____ Suffix _____ Nickname _____ Birthday _____ Gender _____ Census # _____
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient
Other Language <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient	Other Language Proficiency <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Proficient

\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

*This Section for Agency Use Only:***Additional Child (Non-Applicant)**

Applicant Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Additional Child (Non-Applicant)																															
First	Middle	Last	Suffix	Nickname	Birthday	Gender																									
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This Section for Agency Use Only:

Applicant Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

## Family Information, Income &amp; Contacts

## Family Information

Family Living Address									
Started Living at Date	Living Address	Address Line 2	ZIP	City	State	County			
Family Mailing Address									
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Phone Number(s)		Type (check one)		Note (extension or best time to call)		Opt in for Text Messages			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parental Status (check one)	Primary Language at Home	Relationship to Participant(s)	Acquired/learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Family Income

Income Verified by				Verification Date		TANF Status		SSI	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note			
	\$		\$						
	\$		\$						
	\$		\$						
Income Notes									

## Emergency Contacts

Contact 1	Name	Relationship	Emergency Contact		Release To	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State		
	Phone Number 1	Phone Number 2	Phone Number 3			
Contact 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name	Relationship	Emergency Contact		Release To	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State		
Contact 3	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name	Relationship	Emergency Contact		Release To	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State		
	Phone Number 1	Phone Number 2	Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

This Section for Agency Use Only:

## Applicant Eligibility &amp; Enrollment Information

Applicant Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Eligibility			
Program Term	Agency	Initial Status	Status Date
		<input type="checkbox"/> New <input type="checkbox"/> Accepted <input type="checkbox"/> Waitlisted	
Releases Signed	Date Signed	Child will transition to	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Location Preference Priority	Site	Classroom	Funding
1st			
2nd			
3rd			
Enrollment Notes			
Application Date	Application Status	Application Number	Participation Year
	<input type="checkbox"/> Complete & Verified <input type="checkbox"/> Incomplete, info not returned		
	<input type="checkbox"/> Incomplete <input type="checkbox"/> Other - specify in notes		
Eligibility Date	Number in Family	Eligibility Income	
CACFP Date	CACFP Income	Per (for example, year, month, other)	CACFP Status
			<input type="checkbox"/> Free (full reimbursement) <input type="checkbox"/> Paid (minimum reimbursement) <input type="checkbox"/> Reduced price (reduced reimbursement)
<b>Agency Specific</b>			
<b>Notes:</b>			
<p>On a separate piece of paper please draw a map from the nearest Head Start Center to your Home. In addition, please complete the Transportation Request Survey Form to complete your application.</p>			

**Certification:** I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action.  
I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completing Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

## **Standard Operating Procedures**

### **Purpose**

The purpose of these Standard Operating Procedures are to select children using the Eligibility Selection Criteria.

### **Scope**

The document describes how the ERSEA/Family Engagement Liaisons will select children using on a point verification system according to the U.S. Department of Health and Human Services Poverty Guidelines.

### **Responsibility**

1. Head Start Classroom Center Staff
2. ERSEA/Family Engagement Liaison

### **Procedures**

1. The ERSEA/FE Liaison will give points based on eligibility selection criteria form.
2. The ERSEA/FE Liaison will determine final selection based on criteria.

### **Forms and Tracking/Monitoring**

1. Eligibility Selection Criteria Head Start (ERSEA05-01)
2. Eligibility Selection Criteria Early Head Start (ERSEA05-02)

## **NAVAJO HEAD START**

### **ERSEA POLICY AND PROCEDURES**

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-05
<b>Regulation Number</b> 1302.14	<b>Regulation Topic</b> Eligibility, Recruitment, Selection, Enrollment, and Attendance	<b>Policy Topic</b> Selection Process

**Policy:**

Navajo Head Start will establish and annually review the program selection criteria. These criteria will consider the age of the child, and the extent to which the family meets the criteria established. A minimum of ten percent of enrollment opportunities each year will be made available to children with disabilities. Over Income applicants will be selected for enrollment only when no Income Eligible (100% of the Federal Poverty Level/FPL or below) or Expanded Income Eligible (101% to 130% of the FPL) applicants are on the waiting list.

**Procedures:**

ERSEA/FE Specialist will select children based on a point verification system according to the National Income Poverty Guidelines from the ECKLC as deemed by the Department of Health and Human Services annually. Navajo Head Start/Early Head Start Income Guidelines with points. Each family will be place in an income status of:

- a. 0-100% Below Poverty | 40 Points
- b. 101- 130% Above Poverty | 20 Points
- c. 130% Over Income Poverty | 0 Points

**The selection process is completed by the ERSEA/FE Specialist and ERSEA/FE Liaisons.**

***Forms and Tracking/Monitoring***

Eligibility Selection Criteria Head Start (ERSEA05-01)

Eligibility Selection Criteria Early Head Start (ERSEA05-02)

**NAVAJO HEAD START | ELIGIBILITY SELECTION CRITERIA- EARLY HEAD START**

Applicant's Name		School Year	2022-2023
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<b>Age</b>		
Prenatal	50	
Birth to 1 Year by September 1st	40	
1 to 2 Years by September 1st	30	
Over 2 Years but less than 3 by September 1st	20	
<b>Income</b>		
Below 100%*	75	
100% - 130%	10	
Over 130%	5	
<b>Additional Income Considerations</b>		
Receiving NNPSR (TANF), SSI or SNAPs *	75	
<b>Disability</b>		
Diagnosed Disability - IEP/IFSP†	70	
Diagnosed Disability - Service provided by professional†	50	
<b>Risk Factors (50 pt maximum of any combination of 2 factors)</b>		
Homelessness*	75	
Any 2 Factors below checked	50	
Participant suffers from chronic health problems	50	
Participant does not have any type of Medical or Health Insurance	25	
Housing - No Electricity and/or No Indoor Plumbing*	25	
There has been a death in the household within the past 6 months	25	
<b>Parental Status</b>		
Foster Parent*	75	
One Parent + Teen Parent	50	
Two Parent + Teen Parent	40	
One Parent	30	
Non-Parent/Guardian	20	
Two Parent	10	
<b>Other Factors (50 pt maximum of any combination of 3 factors)</b>		
Any 3 Factors below checked	50	
Participant is referred by professional†	30	
Participant has prenatal mother/guardian	20	
Participant has a parent/guardian in Active Military Duty or Military Deployment	20	
Participant received Medicaid/AHCCCS/CHIP	20	
Participant's parent/guardian is a military veteran	15	
Participant has a sibling already in Head Start	15	
Participant has only Private Insurance and/or does not qualify for Medicaid	10	
Parent is attending school/vocational training	10	
Parent is Unemployed or Part-Time Employed	10	

Signature of Staff completing form / Date	Signature of Monitoring Staff / Date	TOTAL POINTS
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\* HSPPS 1302.12(c) Eligibility Requirements

† 3<sup>rd</sup> Party Verification Required

‡ Attach Supporting Document(s)

Navajo Head Start | PO Box 3479, Window Rock, AZ 86515 | ph (928) 871-6902 | fax (928) 871-7866

**Notes**

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**NAVAJO HEAD START | ELIGIBILITY SELECTION CRITERIA: HEAD START**

<b>Applicant's Name</b>		<b>School Year</b>	<b>2022-2023</b>
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<b>Age</b>			
4 years old by September 1st	50		
3 years old by September 1st	30		
<b>Income</b>			
Below 100%*	75		
100% - 130%	10		
Over 130%	5		
<b>Additional Income Considerations</b>			
Receiving NNPSR (TANF), SSI, SNAPs*	75		
<b>Disability</b>			
Diagnosed Disability - IEP/IFSP†	70		
Diagnosed Disability - Service provided by professional†	50		
<b>Risk Factors (50 pt maximum of any combination of 2 factors)</b>			
Homelessness*	75		
Any 2 Factors below checked	50		
Participant suffers from chronic health problems	50		
Participant does not have any type of Medical or Health Insurance	25		
Housing - No Electricity and/or No Indoor Plumbing*	25		
There has been a death in the household within the past 6 months	25		
<b>Parental Status</b>			
Foster Parent*	75		
One Parent + Teen Parent	50		
Two Parent + Teen Parent	40		
One Parent	30		
Non-Parent/Guardian	20		
Two Parent	10		
<b>Other Factors (50 pt maximum of any combination of 3 factors)</b>			
Any 3 Factors below checked	50		
Participant is referred by professional†	30		
Participant is transitioning from EHS	20		
Participant has prenatal mother/guardian	20		
Participant has a parent/guardian in Active Military Duty or Military Deployment	20		
Participant received Medicaid/AHCCCS/CHIP	20		
Participant's parent/guardian is a military veteran	15		
Participant has a sibling already in Head Start	15		
Participant has only Private Insurance and/or does not qualify for Medicaid	10		
Parent is attending school/vocational training	10		
Parent is Unemployed or Part-Time Employed	10		

**Returning Participant – 100 Pts**

Signature of Staff completing form / Date	Signature of Monitoring Staff / Date	TOTAL POINTS
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\* HSPFS 1302.12(c) Eligibility Requirements

† 3<sup>rd</sup> Party Verification Required

‡ Attach Supporting Document(s)

Navajo Head Start | PO Box 3479, Window Rock, AZ 86515 | ph (928) 871-6902 | fax (928) 871-7866

## Notes

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## **Standard Operating Procedures**

### **Purpose**

The purpose of these Standard Operating Procedures are to enroll eligible children.

### **Scope**

The document describes how the ERSEA/Family Engagement Liaisons will enroll the selected children.

### **Responsibility**

1. Head Start Center Staff
2. ERSEA/Family Engagement Liaison

### **Procedures**

1. The ERSEA/FE Liaison or Head Start Center Staff will complete the enrollment process.
2. The ERSEA/FE Liaison or Head Start Center Staff will explain the Enrollment agreement with the parent.
3. The ERSEA/FE Liaison or Head Start Center Staff will explain the Parental Consent Form to the parent.
4. The ERSEA/FE Liaison or Head Start Center Staff will update emergency contact forms.
5. The ERSEA/FE Liaison or Head Start Center Staff will collect immunization record from the parent.
6. The ERSEA/FE Liaison or Head Start Center Staff will input all information into the ChildPlus immediately upon completion of orientation.
7. The ERSEA/FE Liaison or Head Start Center Staff will monitor Funded Enrollment and refer to policy #ERSEA - 04, if needed.
8. The ERSEA/FE will declare a vacancy with a written justification and fill the vacant slot within 30 school days.
9. The ERSEA/FE Liaison will review and recommend all request for student withdrawals.
10. The ERSEA/FE Liaison or Head Start Center Staff will complete the withdrawal process and make changes to ChildPlus. immediately.

### ***Forms and Tracking/Monitoring***

1. Enrollment Consent Form (ERSEA06-01)
2. Transfer/Withdrawal/ Form (ERSEA06-02)

# NAVAJO HEAD START

## ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-06
<b>Regulation Number</b> 1302.15	<b>Regulation Topic</b> Enrollment	<b>Policy Topic</b> Enrollment: Vacancy and Transfers

### Policy:

Navajo Head start will maintain its funded enrollment level. When it has been determined that an enrollment opportunity for a child exists, no more than 30 calendar days will elapse before the opening is filled. Children are enrolled into Navajo Head Start (Head Start/Early Head Start) from classroom waiting lists which rank children according to points assigned from the established selection criteria. To be considered enrolled, families and children will complete the Eligibility and Intake process and attend class.

### Procedures:

#### A. Enrollment Count

- a. If an NHS center is having difficulty maintaining their funded enrollment and upon data analysis of ongoing enrollment statistics the Student Data Specialist and the ERSEA Specialist can propose to the Director of Educational Services to move slots from the center having difficulty to other NHS centers where there is a need, keeping in mind the maximum capacity set by the Office of Environmental Health.

#### B. Vacancy

- a. If the family is non-responsive and child is not attending school for a period of 15 consecutive days without reasonable justification, a vacancy will be declared.
- b. The vacant slot will be filled immediately (no more than 30 school days) utilizing the Wait List.

#### C. Withdraws

- a. Any family requesting a withdrawal from Head Start shall be encouraged to remain enrolled, but if the parent/guardian is adamant, the following steps will be taken:
  - i. The NHS Center staff will then complete the WITHDRAWAL/TRANSITION/TRANSFER OF RECORDS NOTICE form and confirming with parents' signature or indicating time and date of phone interview. The NHS Center staff will then immediately report to the ERSEA Liaison to make changes.
  - ii. If the family is non-responsive, and the ERSEA Liaison made the necessary phone call or home visit, then the ERSEA Liaison will document efforts made to confirm the withdrawal on the WITHDRAWAL/TRANSITION/TRANSFER OF RECORDS NOTICE form and declare a vacancy. The ERSEA/FE Liaison will fill the vacant slot as soon as possible. The ERSEA Liaison will submit a copy of the NHS WITHDRAWAL/TRANSITION/TRANSFER OF RECORDS NOTICE to ERSEA Specialist at the end of the month.
  - iii. Withdrawals are critical actions. Whenever there are special situations regarding withdrawal from NHS or EHS, the ERSEA Liaison will consult with ERSEA Specialist for decision making.
- b. When a child withdraws from the program for any reason and/or is on the waiting list; he or she is not eligible for promotion.
  - i. A Promotion Certificate will be awarded to the student who has completed the school year and will be five years old by September 1st, making the student eligible for kindergarten.
  - ii. A Participation Certificate will be awarded to the student who has completed the school year and is eligible for a second year of NHS.

#### D. Transfers:

- a. A Navajo Head Start WITHDRAWAL/TRANSITION/TRANSFER OF RECORDS NOTICE will be completed when the parent requests for a transfer to another NHS site.
- b. If a slot is unavailable at the receiving site, the child will be placed on the receiving sites waiting list until a slot is available.

### Forms and Tracking/Monitoring

Enrollment Consent Form (ERSEA 06-01)

Transfer/Withdrawal Form (ERSEA 06-02)



## Enrollment Agreement and Parental Consent Form for Services

ERSEA06-01

Child's Name: \_\_\_\_\_

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

Child Plus ID: \_\_\_\_\_

Navajo Head Start (NHS) is pleased to have you and your child as part of our Head Start/Early Head Start family. NHS is a federally funded program. Policies and procedures have been developed to ensure compliance with federal regulations and quality services. The agreement is between you, and NHS and/or Early Head Start.

**Read carefully and initial beside each statement for which you "give" consent and that you fully understand the statement. Please ask if you need clarification for any statement. Indicate "NO" beside the statements for which you "DO NOT" give consent for.**

### ENROLLMENT:

\_\_\_\_\_ I hereby certify that I am legally responsible for the child named above and thereby consent to his/her enrollment in the Navajo Head Start for Head Start and/or Early Head Start services.

\_\_\_\_\_ I understand NHS maintains my child's records. I have access to review only my child's records at any time upon request. Due to the confidentiality of my child's records, NHS will not release any records unless I provide a written consent. However, in extenuating circumstances my child's record may be released, to proper authorities.

\_\_\_\_\_ I understand that NHS will not charge a fee as a part of the condition of enrollment and under no circumstances shall NHS solicit or in any other way condition my child's enrollment or participation in the program upon the payment of a fee. I understand that my participation and/or contribution of services and goods to the NHS activities are voluntary.

\_\_\_\_\_ I understand that withdrawing my child from NHS means:

\_\_\_\_\_ I am leaving the program completely.

\_\_\_\_\_ I understand, pursuant the Head Start Performance Standards 1302.47 Safety Practices (b)(5). All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (iv) Only releasing children to an authorized adult. NHS will not release an enrolled child as follows:

\_\_\_\_\_ Anyone under the age of (18) eighteen years old.

\_\_\_\_\_ Any person not listed as an emergency contact or on NHS Child Authorization for Release Form.

\_\_\_\_\_ Any person suspected to be under the influence of any substance(s).

### EDUCATION:

\_\_\_\_\_ I authorize my child to participate in nature walks and walking field trips within a quarter mile of the center. I understand that for any longer field trips or special activities, I will be notified in advance and provide written consent prior to my child's participation.

\_\_\_\_\_ I understand that my child is enrolled in the Center-based program option for Head Start or Early Head Start. I will be participating in home visits and parent teacher conferences. I will make effort to participate in these opportunities to discuss and plan for my child's growth and development.

\_\_\_\_\_ I understand NHS will follow local school district closures or delays during educational services and does not provide day (babysitting) services.

**ATTENDANCE:**

Each's child's attendance is important and crucial to NHS as you plan for your child's school readiness. Each child's attendance impacts their development, social and emotional well-being. Research has found that providing children from birth to five with consistent, language rich experiences- such as talking, reading, and singing- can have important benefits on their brain development and future school success (ECKLC Tip Sheets for families, caregivers, and early learning educators).

\_\_\_\_\_ I understand NHS complies with federal regulations and must maintain 85% average daily attendance. I agree to do my part to ensure my child's regular attendance in the NHS while receiving Head Start/Early Head Start services.

\_\_\_\_\_ I agree to notify NHS staff, as early as possible, when my child is ill or unable to attend school for any reason.

\_\_\_\_\_ I agree to provide written documentation for absenteeism.

\_\_\_\_\_ I understand if I do not notify any NHS staff of my child's absence, NHS will begin their attendance policy as follows:

\_\_\_\_\_ Three (3) consecutive absences will prompt a contact and home visit by the classroom staff or ERSEA/Family Engagement liaison. Based on the outcome of the contact/visit, classroom staff or the ERSEA/Family Engagement liaison will determine the next step. An attendance plan can be developed in partnership with parent(s)/guardian(s) for the benefit the child.

\_\_\_\_\_ Parent(s)/Guardian(s) who reach five (5) consecutive absences and continuous absence with documented attempts my child may be dis-enrolled. My child's slot will be declared as vacant.

**TRANSPORTATION:**

\_\_\_\_\_ I authorize the NHS to transport my child to and from the NHS center for classroom participation. I can also, at any time opt to transport my child to and from the center.

\_\_\_\_\_ I agree and understand NHS classrooms will implement designated bus stops.

\_\_\_\_\_ I understand Bus Driver **will not** release my child to anyone other than the authorized person(s) listed on my child's Emergency Contact or Child Authorized Release Form.

\_\_\_\_\_ I agree and understand it is **my** responsibility to ensure an authorized person is available to receive or pick up my child after school if I am not available. In the event no one is available and is not picked up by 3:00 p.m., the NHS staff may take necessary steps to contact proper authorities.

\_\_\_\_\_ I understand during inclement weather or bad road conditions: Navajo Head Start bus transportation will be limited to driving only up to the paved or BIA/County maintained roads to pick up children.

\_\_\_\_\_ I also understand that at no time will any NHS employee transport children to and from school in their personal vehicle.

**PHOTOGRAPHS/VIDEOS:**

\_\_\_\_\_ I give authorization to NHS to take pictures and videos of my child and to have the absolute rights and permission to use photographic portraits and pictures for any lawful purposes (such as recruitment, public relations, school pictures, identification, grant application, and etc.) that illustrate the diverse and comprehensive nature related to the Navajo Head Start program, unless otherwise notified in writing.

**HEALTH SERVICES:**

NHS collaborates with health care providers in assuring health services such as screenings, physical exams, dental care, and nutritional needs are met. This collaborative effort helps families ensure children are up to date with scheduled well child checkups.

\_\_\_\_\_ I have provided my child's official immunization record at the beginning of the school year. I will continue to provide any updates throughout the school year.

\_\_\_\_\_ I agree to provide my child's physical examination, Hemoglobin, Hematocrit, Blood Pressure, and Lead Test within 90 days or unless I provide a documented appointment.

\_\_\_\_\_ I understand my child will need dental care and/or dental treatment to be completed.

\_\_\_\_\_ I understand any new or recurring medical, dental, or developmental concern are identified, NHS will quickly make appropriate referrals.

\_\_\_\_\_ I understand NHS conducts daily health checks, screenings and observations, any concerns observed will be recorded and a referral may be done.

\_\_\_\_\_ I understand staff will inform me immediately of any accidents or injury my child sustains while in the Head Start/Early Head Center.

\_\_\_\_\_ I understand it is my responsibility to complete the 'parent portion' of the developmental and social emotional screening in a timely manner.

\_\_\_\_\_ I authorize NHS and collaborating Health Care providers to complete the following health screenings, if not completed: Parent should be responsible for highlighted areas.

<u>Screening</u>	<u>Initials</u>
Vision Screening	_____
Hearing Screening	_____
Developmental Screening	_____
Speech and Language Screening	_____
Social/Emotional Screening	_____
Physical Examination	_____
Blood Pressure	_____
Immunization	_____
Hemoglobin/Hematocrit	_____
Growth Assessment	_____
Dental Screening	_____

**Strengthening Families and Supporting Children's Social and Emotional Well Being:**

NHS is committed to partnering with parents and strengthening parent-child relationships. Staff and parents work together to learn and to provide the 'protective factors' that support children's initiative, self-control, and attachment. Parents can be assured NHS staff will do all they can to protect children from the risk of neglect.

abuse, and the effects of trauma or substance abuse. Nurturing environments at home and at school allow children the safety and security they need for healthy development and learning.

In order to provide this social/emotional support to staff, parents, and the children, NHS contracts with specially trained mental health consultants who focus on the social emotional development of children in the following ways:

- **Promotion:** Provide training to parents and staff, developing and providing social/emotional curriculum resources for teachers to use with children (Conscious Discipline and Promoting Alternative Thinking Strategies).
- **Prevention:** Classroom Observation, talk with teachers and parents to help them find positive ways to support children's abilities to interact with others effectively, developing positive guidance plans with parents and teachers when needed.
- **Early Identification of concerns:** Assisting with social/emotional screening and follow up.
- **Referrals:** In collaboration with and consent from parents, referrals will be made for further assessments or mental health services for children and families.

\_\_\_\_\_ I understand the role of the *mental health liaison* in Head Start and the valuable resource they are for me, my child, and the staff who serve my child and family. I consent for my child to participate in and benefit from ongoing mental health consultation services provided under contract between NHS and professional, licensed mental health consultants. This includes classroom observation, individual consultation to the teacher and/or with me regarding my child, and development of individualized positive guidance plans. I acknowledge that parent education opportunities and one-on-one consultation are available for me on a regular basis. I will partner with my child's teacher and the mental health consultant to develop a positive guidance plan if screening and/or ongoing assessment of social/emotional development indicates a need.

\_\_\_\_\_ Discipline-NHS promotes the use of positive approaches to discipline. **Adults interacting with children in Head Start/Early Head Start DO NOT use corporal punishment as a discipline technique.** This includes, but is not limited to spanking, slapping, pulling of hair, and/or total isolation. Staff is not allowed to use food as a means of punishment or reward.

\_\_\_\_\_ I understand that each state has a system to receive and respond to reports of possible child abuse and neglect. Professionals, such as Head Start/Early Head Start staff as mandated reporters of child abuse and neglect, and concerned citizens, such as Head Start/Early Head Start parents must call statewide hotlines, local child protective services or law enforcement agencies to share their concerns. I acknowledge each of our important responsibility to keep our children safe.

\_\_\_\_\_ Therefore, I understand and acknowledge that NHS Staff will report any known suspected child abuse and neglect for the well-being of the child.

#### Conclusion:

I, \_\_\_\_\_ (parent name) refuse the following services (please indicate exactly which ones):

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NHS has explained the purpose of the Enrollment and Parental Consent Form and I understand each statement. Any questions I had were answered accordingly or were directed to a NHS staff to help me understand.

Parent signature \_\_\_\_\_

Date: \_\_\_\_\_

Staff signature \_\_\_\_\_

Date: \_\_\_\_\_

# WITHDRAWAL/TRANSITION/TRANSFER OF RECORDS NOTICE

ERSEA05-02

Participant  
Name: \_\_\_\_\_

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

Classroom: \_\_\_\_\_

## RE-ENROLLMENT Date:

Comments (MUST Provide Comments):

## WITHDRAWAL/DROP Date:

Check All that Apply:

☐ Less than Three Months

☐ Received Follow-Up

☐ More than Three Months

☐ Received HOME VISIT

☐ Ages out of Program

Reason for Withdrawal: (MUST Provide Comments)

## TRANSITION Date:

Check All that Apply:

☐ Early Head Start TO Head Start

☐ HS to another School:

☐ Transition Plan Developed? YES / NO (Circle one)

☐ MUST: Transition Plan copy must accompany with files in educational program and this form must be submitted with monthly reports.

## TRANSFER OF RECORDS Date:

ALL Must Be Checked:

☐ Parent understands if there is NO VACANCY; Child will be placed back on the waiting list until a vacancy occurs.

☐ Parent gives authorization for transfer of Records

    ) Initial Date: (Staff or Parent) \_\_\_\_\_

    ) Classroom Location FROM: \_\_\_\_\_

    ) Classroom Location TO: \_\_\_\_\_

## HEAD START CLASSROOM USE

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ In Person Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

☐ Phone Call Date and Time: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

☐ Email (ATTACHED) Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

NOTES:

ERSEA06-02

## REGION/CENTRAL USE

Head Staff Name/Title: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Reviewed

☐ Approved (Applied in Chld Plus)

☐ Follow UP

☐ Disapproved

☐ Original Filed in Chld File

☐ ERSEA/FE Specialist (MUST)

Date Received: \_\_\_\_\_

☐ Teacher's Supervisor (MUST)

Date Received: \_\_\_\_\_

NOTES:

## **Standard Operating Procedures**

### **Purpose**

The purpose of these Standard Operating Procedures are to monitor daily attendance.

### **Scope**

The document describes how the ERSEA/Family Engagement Liaisons and School Readiness Coaches will monitor and document Average Daily Attendance.

### **Responsibility**

1. Head Start Center Staff
2. ERSEA/Family Engagement Liaison
3. School Readiness Coach

### **Procedures**

1. Center Teacher is responsible for tracking and documenting the causes of absenteeism if the Average Daily Attendance falls below 85%.
2. The Head Start Center Teacher or ERSEA/FE Liaison will submit a written justification for center attendance below 85%, monthly.
3. The Paraprofessional is responsible for ensuring that the Daily Sign In/Out forms is completed accurately and completed.
4. The Paraprofessional is responsible for tracking the classroom attendance and ADA on the monthly attendance sheet.
5. The Teacher and Paraprofessional is responsible for following up on absent children before 9:00 AM with a phone call to parents.
6. The reasons for the absences are documented in ChildPlus and Parent Contact Log.
7. The ERSEA/FE Liaison or School Readiness Coach will monitor daily attendance using the ChildPlus.
8. The ERSEA/FE Liaison will follow up with a written notification to parent(s).
9. The Teacher will call a parent teacher conference.
10. The ERSEA/FE Liaison will create an attendance plan if student has been absent three consecutive days and document into ChildPlus.
11. The ERSEA/FE Liaison, Head Start Center Teacher and parent(s) will sign the attendance plan.
12. The ERSEA/FE Liaison will submit report #2305 monthly, the School Readiness Coach will review #2305.
13. The ERSEA/FE Liaison and School Readiness Coach will monitor report #2303 once entry is made.
14. The ERSEA/FE will submit report #2005 monthly
15. The ERSEA/FE Liaison will submit written recommended options to resolve attendance issues, monthly.
16. The ERSEA/FE Liaison will consult with ERSEA Specialist and School Readiness Coach to recommend options or declare a vacancy.

### **Related Resources**

1. ChildPlus Report #2305
2. ChildPlus Report #2005
3. ChildPlus Report #2303
4. Parent Contact Form (ERSEA07-02)
5. Attendance (ERSEA07-01)



# NAVAJO HEAD START

## ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-07
<b>Regulation Number</b> Subpart A 1302.16	<b>Regulation Topic</b> Attendance	<b>Policy Topic</b> Attendance

### Policy:

All families are encouraged to maintain consistent attendance in the Navajo Head Start program. Consistent attendance is defined as present or participating for 85% of expected hours, or more. Navajo Head Start staff will help families in identifying barriers to consistent attendance. NHS Staff initiate supports as appropriate. If participation or attendance ceases, staff will make efforts to engage families to resume attendance. A slot is vacant when attendance does not resume and may be considered an enrollment opportunity.

### Procedures:

- A. Navajo Head Start Teacher is responsible for entering or ensuring that daily classroom attendance is entered by the end of each day by the Paraprofessional.
- B. At the end of each month, the ERSEA Liaison will review Monthly Attendance CP Report #2305 and ensure the accuracy of the attendance report. The ERSEA Liaison will confer with the Center Teacher for any discrepancies and make the corrections. The Center Teacher can use the CACFP (Child and Adult Care Food Program) Sign In/Out sheet, NHS' Transportation sign in/out sheet, or Daily Health Check sheets to clarify discrepancies. Before the 2nd of each month, the ERSEA Liaison will submit Child Plus Report #2005 Management Report-End of Month Enrollment to ERSEA Specialist for reporting into the Head Start Enterprise System (HEHS). The HEHS's due date is the 7th of each month.
- C. When a student is unexpectedly absent and the parent has not contacted the NHS/EHS center within one hour of class start time, the NHS/EHS staff will attempt to contact the parent/guardian. The NHS/EHS staff will document the contact or attempt to contact in the student folder on "PARENT CONTACT/FOLLOW UP SERVICE FORM" and documented in ChildPlus.
- D. Navajo Head Start Center Base and Early Head Start centers must maintain an 85% Average Daily Attendance (ADA). When the monthly average daily attendance falls below 85 percent, the teacher shall justify with a letter to the School Readiness Coach indicating why the attendance is low. ERSEA Liaison will submit to ERSEA/FE Specialist for compilation. The School Readiness Manager/Coaches and ERSEA Specialist will analyze the causes and address the low ADA. Head Start and Early Head Start child (ren) are given a certificate of award to celebrate their accomplishment of 85% or above. NHS Centers reaching 85% or better on attendance will be awarded an Attendance Certificate to be displayed at their NHS Center. The ERSEA/FE Liaison or ERSEA/FE Specialist will prepare the certificate for each center meeting the 85% mark. The ADA will be computed using the funded enrollment:

$$\% \text{ of ADA} = \frac{\text{Sum of children present in class or receiving Head Start services each day during the month}}{\text{Funded Enrollment}} \times \text{Number of class days in the month}$$

### E. Absenteeism:

- a. Step 1. If a student continues to have three (3) unexplained absences, an Attendance Plan for Chronic Absenteeism can be developed by the NHS classroom staff with assistance from the ERSEA Liaison and School Readiness Coach.
- b. Step 2. If absences continue even after the appropriate support procedures have been established with the family and every effort is made; the Liaison will notify ERSEA Specialists. The ERSEA Specialist and School Readiness Coach will review all necessary efforts made to declare a vacancy or continue working with family. This same procedure will apply for EHS children and Home Base.

- c. Step 3. If the monthly average daily attendance rate falls below 85% the teacher must analyze the causes of absenteeism. The analysis must include a study of the pattern of absences for each child, including the reasons and number of absences that occur on consecutive days. Justification will be reported on a monthly basis in a memo format and on the Center Status Report.

F. Attendance plans:

- a. If a child has three or more consecutive absences, the ERSEA/FE Liaison will complete an attendance plan that is designed to help the family to establish regular attendance or, if necessary, to plan for alternative services. The attendance plan will be developed by the parent, ERSEA Liaison, School Readiness Coach and Center Teacher. It must:
  - i. Include a specific plan and date for establishing regular attendance such as "homework" containing age-appropriate books and activities.
  - ii. Identify the reasons for the absences.

G. Attendance Codes:

a. Center Base

- i. (A)-Absent; used when a student is not present at school and for unexplained or undocumented absences.
- ii. (E)-Excused; used for illness, weather/road conditions, transportation problems, and documented excused absences.
- iii. (P)-Present; used when a student is present at school for any amount of time.
- iv. (Teacher Workday) - For Professional Development Days; Staff Training; Center Workday; All Staff Meeting
- v. (Closed) - During Fall, Winter, Spring Breaks
- vi. (Cancelled) - For Weather or Facility Closures with submission of Internal Alert Form. (Holiday)-Holidays

b. Home Base

- i. (A)- Absent; used when a student is not present at school and for unexplained or undocumented absences.
- ii. (P) -Present; used when a student is present at school for any amount of time.
- iii. (S) - Socialization; event planned two (2) a month, this is where children interact together.
- iv. (Not Class) -Not Scheduled.

- H. Navajo Head Start will provide support to homeless children by allowing as much time needed for the family to provide eligibility documents and immunization record. NHS staff that is receiving the child's application will conduct an interview to document the family's situation. NHS will provide guidance to families to help them access the child's birth certificate, Certificate of Indian Blood, Official Immunization Record, NHS shall provide transportation for homeless children to and from school, if transportation is available.

*Forms and Tracking/Monitoring*

Attendance (Child Plus) (ERSEA 07-01)

Parent Contact Form (ERSEA 07-02)

# NAVAJO HEAD START Attendance Plan

ERSEA07-01

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

## Student(s) Excused/Unexcused Absence:

Date of Absence	Reason for Absenteeism

## Student(s) Excused/Unexcused Absence Impacts:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Socialization Skills | <input type="checkbox"/> IEP/IFSP                       | <input type="checkbox"/> Language Development  |
| <input type="checkbox"/> Physical Development | <input type="checkbox"/> Social & Emotional Development | <input type="checkbox"/> Cognitive Development |
| <input type="checkbox"/> Health Screenings    | <input type="checkbox"/> Development Screenings         | <input type="checkbox"/> Other                 |

## Plan – Resolving Excused/Unexcused Absence:

### A. Parent/Guardian Will:

- ☐ Ensure child goes to bed early
- ☐ Have their child ready at a specific time of pickup and location
- ☐ Schedule personal activities around the child's daily classroom schedule
- ☐ Make prior arrangements with the teaching staff for their child(ren) to attend school
- ☐ Other \_\_\_\_\_

### B. The Head Start Staff Will:

- ☐ Communicate with the parents in advance of any changed in classroom operations
- ☐ Reward and praise children for their participation
- ☐ Recognize parents during parent meetings on improvements and achievements through
- ☐ Encourage parents to participate during classroom operations
- ☐ Other \_\_\_\_\_

## Individuals Present:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

## Acknowledgement:

We accept the responsibilities and support our attendance for (child name) \_\_\_\_\_ for his/her lifelong learning and building positive habits necessary for school and work. We also understand, "Absenteeism, decreases children's opportunity to engage in learning, impacting their development in all domains of the Child Development and Learning Framework" (ECKLC. Health Services to Promote Attendance):

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

ERSEA/FE Review: \_\_\_\_\_ School Readiness Review: \_\_\_\_\_

## **Standard Operating Procedures**

### **Purpose**

The purpose of these Standard Operating Procedures are to limit the use of Suspension but prohibits Expulsion of enrolled students.

### **Scope**

The document describes how the ERSEA/Family Engagement Liaisons will create a positive experience and best practices to focus on prevention and intervention of student disruptions during class time.

### **Responsibility**

1. Head Start Center Staff
2. ERSEA/Family Engagement Liaison

### **Procedures**

1. The Head Start Center Staff will encourage positive classroom behavior.
2. The Head Start Center Staff will practice timely positive reinforcement.
3. The Head Start Center Staff will be sensitive to individual needs.
4. The Head Start Center Staff will send a positive note home.
5. The Head Start Center Staff will have clear and concise guidance.
6. The ERSEA/Family Engagement Liaison will research and provide support additional resources.
7. The ERSEA/Family Engagement Liaison will complete developmental assessments within the first forty-five (45) days of enrollment.

# NAVAJO HEAD START

## ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-08
<b>Regulation Number</b> Subpart A 1302.17	<b>Regulation Topic</b> Suspension and Expulsion	<b>Policy Topic</b> Suspension and Expulsion

### Policy:

Navajo Head Start limits the use of Suspension but prohibits Expulsion of enrolled students. Navajo Head Start creates positive experiences and best practices to focus on prevention and intervention of student disruptions during class time. Navajo Head Start last resort is not to disenroll children but to develop and build strong relationships with children and families.

### Procedures:

It is key for staff to detect and address any disruptions from children to protect them from physical injury, teasing, / bullying to ensure the child and staff are safe. The classroom staff will use positive behavior supports, strategies and best practices for student who disrupt class time.

#### A. Encourage positive Behavior

##### a. Verbal praise

- i. Be specific and intentional about what is pleasing. Using a combination of the following positive reinforcement styles to keep the class engaged and interested:

- (a) Nonverbal cues (thumbs up, clapping)
- (b) Verbal praise ("thank you for participating," "excellent question")
- (c) Activity rewards (five minutes of free time for those who stay on task)
- (d) Getting to the child's level to communicate

- b. Practice Timely Positive Reinforcement. Follow up with the student as soon as you can, to maximize the impact of the positive reinforcement.

- c. Be sensitive to individual needs. Be sensitive about when and how the reinforcement is delivered.

- d. Send a positive note home.

- e. Having clear and concise guidance

- i. Repeat directions/instructions
- ii. Provide examples of activities
- iii. Explain the purpose of the activity
- iv. Ensure the child receives positive reinforcement of activities.

- f. Navajo Head Start supports additional resources such as curriculum for teachers to use to promote positive reinforcement activities and supporting social and emotional wellbeing.

- g. Navajo Head Start supports additional resources such as other local Early Childhood Development Centers or Local Educational Agencies (LEA).

#### B. Navajo Head Start will complete developmental assessments within the first forty-five (45) days of enrollment.

#### C. Navajo Head Start prohibits Expulsion of enrolled students.

**NAVAJO HEAD START**  
**ERSEA POLICY AND PROCEDURES**

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-09
<b>Regulation Number</b> Subpart A 1302.18	<b>Regulation Topic</b> Fees	<b>Policy Topic</b> Fees to Participate in Head Start and Early Head Start

**Policy:**

Navajo Head Start does not charge eligible families a fee to participate in the program.

**Procedures:**

NHS staff will not solicit, encourage, or in any other way condition a child's enrollment or participation in the program upon the payment of a fee. This includes:

- a. Field trips
- b. Fundraising

# NAVAJO HEAD START

## ERSEA POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> ERSEA-10
<b>Regulation Number</b> Subpart H 1302.80	<b>Regulation Topic</b> Enrolled pregnant women	<b>Policy Topic</b> Services to Enrolled Pregnant Women

### Policy:

Navajo Head Start has a program for Expecting Mothers using the Family Partnership agreement.

### Procedures:

The NHS serves pregnant women by connecting families with diverse community organizations either directly or through collaborative efforts who provide health care, education, parenting resources, and application assistance for other programs.

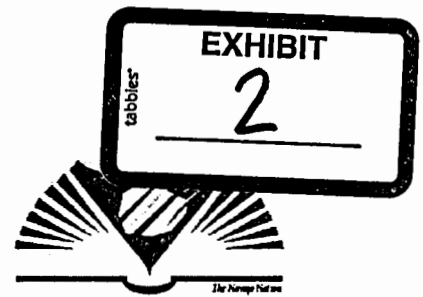
- a. The NHS will ensure any enrolled pregnant woman have an ongoing source of accessible health care, if there is no coverage the ERSEA Liaison will provide referrals to resources to meet the mother's needs
- b. The ERSEA Liaison will provide pregnant women information and referrals on prenatal and postpartum information, education and services that address nutrition, the risks of alcohol, drugs, and smoking, prenatal depression, infant care, and the benefits of breastfeeding.
  - i. The EHS Home Visitor and expected mother will complete the nutrition assessment.
  - ii. Encourage expectant mother to attend all prenatal appoints (Comprehensive Prenatal Health Care):
    - a. Health Promotion
    - b. Medical examinations
    - c. Dental examinations
  - iii. Substance abuse prevention and treatment
  - iv. Prenatal health education efforts include information about:
    - a. Fetal Development, including the risks of smoking and drinking alcohol.
    - b. What to expect during labor and delivery
    - c. Nutrition Education
    - d. Postpartum Recovery, including maternal depression
  - v. Breastfeeding Education
    - a. Provide benefits of breastfeeding
    - b. Being sensitive to cultural differences
    - c. Support mothers who choose to breastfeed by providing a quiet, comfortable, and private space.
- c. In partnership with the pregnant woman, NHS will ensure that the holistic health needs of each pregnant mother are met through joint efforts of Behavioral Health Services based on geographical location. This includes any health care, risk assessments, crisis support, health care related services, mental health services (including substance abuse prevention and treatment as appropriate), dental care, emergency shelter or transitional housing and social services.
- d. The NHS will support mothers through pregnancy and post-pregnancy, following up with mothers two-weeks after delivery to offer support and identify family needs.
- e. ERSEA Liaison will also address the needs for appropriate support for emotional well-being, nurturing and responsive caregiving during pregnancy and early childhood.
- f. The ERSEA Liaison will engage enrolled pregnant women in the family partnership service and support the family during the transition process into the enrollment of NHS.



Jonathan Nez  
President

**DEPARTMENT OF DINÉ EDUCATION  
THE NAVAJO NATION**

P.O. Box 670 · Window Rock, Arizona 86515  
PHONE (928) 871 - 7475 · FAX (928) 871 - 7474



Myron Lizer  
Vice-President

NNBENO-823-2022

**RESOLUTION OF THE  
NAVAJO NATION BOARD OF EDUCATION**

**Relating to Education; Supporting and Approving the Updated Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) Policy and Procedures**

**WHEREAS:**

1. The Navajo Nation Board of Education (hereinafter the "Board") is the education agent in the Executive Branch for the purposes of overseeing the operation of all schools serving the Navajo Nation. 10 N.N.C. § 106 (A). The Board carries out its duties and responsibilities through the Department of Diné Education (hereinafter the "Department"). 10 N.N.C. §106 (G)(3).
2. The Department is the administrative agency within the Navajo Nation with responsibility and authority for implementing and enforcing the educational laws of the Navajo Nation. 2 N.N.C. §1801(B); 10 N.N.C. §107(A). The Department is under the immediate direction of the Navajo Nation Superintendent of Schools, subject to the overall direction of the Board. 10 N.N.C. §107(B).
3. The Navajo Head Start ("NHS") Program, which is located within the Department of Diné Education as approved by the Department's Plan of Operation, Resolution No. GSCMY-19-07. The NHS also is funded by a grant from the Office of Head Start, Administration of Children and Families (ACF), under the terms of the Head Start Act, 42 U.S.C. §9801 *et seq.*, and applicable regulations. The Navajo Nation is named the grantee and is responsible for ensuring compliance with the Head Start Act and performance standards in delivering the services to Navajo children and their families. The Board is designated by the Navajo Nation as the governing body for the Navajo Head Start program. Resolution HEHSC-035-13.
4. The Board acknowledges the Navajo Head Start Policy Council Resolution NHSPC-11-02-2022 supporting and approving the "Updated Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) Policy and Procedures" (attached as "**EXHIBIT A**").

**NOW THEREFORE BE IT RESOLVED THAT:**

1. The Navajo Nation Board of Education hereby supports and approves the "Updated Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) Policy and Procedures" (attached as "**EXHIBIT A**").

**NAVAJO NATION BOARD OF EDUCATION**

*Dr. Henry Fowler, President · Dr. Pauletta White, Vice President · Dr. Victoria Yazzie, Secretary*  
*Member: Sharon A. Toadecheenle · Andrea K. Thomas*  
*Joan A. Gray · Emerson John · Spencer W. Willie · Freda Nells · Priscilla Benally*  
*Dr. Harold G. Begay, Ph.D., Superintendent of Schools*



2. The Navajo Nation Board of Education hereby directs and empowers the Assistant Superintendent of Head Start to take any actions deemed as necessary and proper to carry out the purposes of this resolution.

### CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Board of Education of the Navajo Nation at a duly called meeting at Window Rock, AZ (Navajo Nation) at which a quorum was present, motion by Priscilla Benally and seconded by Joan A. Gray and that the same was passed by a vote of vote of 6 in favor; 0 opposed; 0 abstained, this 30<sup>th</sup> day of November 2022.

  
\_\_\_\_\_  
Dr. Henry Fowler, President  
Navajo Nation Board of Education



**NAVAJO HEAD START**  
DEPARTMENT OF DINE EDUCATION

JONATHAN NEZ, *President*  
MYRON LIZER, *Vice-President*

ROY TRACY  
*(D)Assistant Superintendent of Head Start*

NHSPC-11-02-2022

**RESOLUTION OF THE  
NAVAJO HEAD START POLICY COUNCIL**

**SUPPORTS AND APPROVES THE NAVAJO HEAD START UPDATED ELIGIBILITY,  
RECRUITMENT, SELECTION, ENROLLMENT, AND ATTENDANCE (ERSEA)  
POLICY AND PROCEDURES**

**WHEREAS:**

1. Pursuant to Resolution No. HEHSCAP-08-19, the Health, Education and Human Services Committee of the Navajo Nation Council approved the Plan of Operation for the Navajo Head Start. The Navajo Head Start is situated under the Executive Branch of the Navajo Nation government within the Department of Diné Education and Navajo Nation Board of Education serves as the Governing Body for Navajo Head Start; and
2. Pursuant to 45 CFR 1301—*Program Governance* and section 642(c)(2)(B) of the *Head Start Act*, the Navajo Head Start Policy Council is a duly elected and constituted Head Start Policy Council and an authorized entity of the Navajo Nation government; and
3. Pursuant to 45 CFR 1303.10-12 – *Administrative Requirements*, Navajo Head Start must observe standards of organization, management, and administration that will ensure that all program activities are conducted in a manner consistent with the purposes of the Head Start Act; and
4. Pursuant to 45 CFR 1302.102(b)(1) – *Monitoring program performance – 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 Subpart J – Program Management and Quality Improvement; and
5. Pursuant to 45 CFR 1302.10 – *ERSEA Purpose*, This subpart (A) contains requirements and procedures for the eligibility determination, recruitment, selection, enrollment, and attendance of children; and
6. Pursuant to 45 CFR 1302.30 – *Education and Child Development Program Services – 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 program must deliver developmentally, culturally, and



# NAVAJO HEAD START

DEPARTMENT OF DINE EDUCATION



JONATHAN NEZ, *President*  
MYRON LIZER, *Vice-President*

ROY TRACY  
*(D) Assistant Superintendent of Head Start*

linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts; and

7. The Navajo Head Start program provides a learning environment of early childhood developmental experiences for children to provide a greater degree of social competence through collaborative efforts with parents, communities, and local resources; and
8. The Navajo Head Start Policy Council has the best interest of the Navajo Head Start program and will continue in providing quality services to children and families by strengthening program operations, monitoring and partnerships.

## NOW, THEREFORE BE IT RESOLVED:

The Navajo Head Start Policy Council Supports and Approves the Navajo Head Start Updated Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Policy and Procedures.

## CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Navajo Head Start Policy Council at a duly called meeting via teleconference in which a quorum was present and that it was passed by vote of 2 in favor, 0 opposed, and 1 abstained, this 21st day of November 2022.

Motion by: Janice Filfred

Second by: Hoskie Bryant

Joseph Hernandez, Vice President  
DoDE—Navajo Head Start Policy Council



**Navajo Head Start  
Family Engagement  
Partnership Process  
Policy and Procedures**



## **Our Vision**

K'é yá'át'éhígíí, na'nitin bidziilígíí, saad baahózhóónii, nihiyázhí,  
nihe'awéé' nooséłígíí yee át'ée dooleeł

## **Our Mission Statement**

Dził t'áá dí'í' gó sinilígíí biyi' góné éi ahił nidéílnish dooleeł, na'nitin,  
nahát'a dóó Diné bizaad dóó bé'a'ool' iį bee nanitin dooleeł ákó náásgóó  
yee át'ée dooleeł, yee ádééhólzingo yináhji' k'é níidooleeł.

## **Our Values**

~Accountability  
~Empowerment  
~Transparency  
~Diné Teaching  
~Leadership

~Literacy  
~Sustainability  
~Communication  
~High Quality  
~Collaboration

Dear Navajo Head Start Center Staff and Family Engagement Team,

Family Engagement services within Navajo Head Start strives to create healthy partnerships with each enrolled family. The Navajo Head Start Family Engagement Partnership Process will focus on creating a shared responsibility with each family that will benefit the social-emotional well-being of each child. Through this process the Family Engagement Team will focus on the strengths of each family and determine each family's areas of need based on the family outcomes assessment. The family partnership process has been developed based on the Head Start Parent, Family, and Community Engagement Framework, integrating the Sa'ah Naagháí Bikes Hózhóón, the Diné traditional living system and resources from the Early Childhood National Centers: Parent Family and Community Engagement. The Navajo Head Start Family Engagement Partnership Process has been developed with the intent of capturing the stories of each family and provide a culturally relevant strength-based approach within Navajo Head Start. Foundational to this approach are the four phases of the Diné traditional living system which will encourage and support families through fostering strong healthy relationships between caregivers and children. NHS understands that children become the leaders of our communities and Diné elders who will be responsible for the prosperity of Diné people.

- **Nitsáhákees. *Thinking.*** Baa nitsídzíkees. Apply the techniques of reasoning.
- **Nahat'á. *Planning.*** Nahat'á anitsíkees bee yáti' dóó íshjání óolzin. Develop and demonstrate communication skills.
- **Iiná. *Implementation.*** T'áá hó ájít'éego hozhoogo oodáál. Demonstrate self-direction based on personal values consistent with the moral standards of society.
- **Siihasin. *Reflection and assurance.*** Siihasingo oodáál. Demonstrate competency.

**This document will be utilized to guide you through the Navajo Head Start Family Partnership Process.**

Phase 1: Recruitment and Enrollment

Phase 2: Family and Child Assessments

Phase 3: Communication with Families

Phase 4: Goal Setting-With Families:

Phase 5: Follow-up and Review

Phase 6: Continue Program and Improvement

**Navajo Head Start Family Engagement Framework**  
*Sa'ah Naaghái Bik'eh Hózhóón-Diné Traditional Living System*

**Nitsáhákees**  
(Thinking)

**Baa nitsádzíkees**  
(Apply the techniques of reasoning)

**T'áá hooghandóó hózhóq doo**  
Family Well-Being

**Ni'awée' nlyázhí bíl k'é bílbaah**  
odít'éego na'nítin nooséél  
Positive Parent-Child  
Relationships

**Nahat' á**  
(Planning)

**Nahat' á anitsíkees bee yátl' dóó físhjání**  
óolzin  
(Develop and demonstrate communication  
skills)

**Amá dóó azhé'é náásgóó bina'nítin hóhóq doo**  
Families as Lifelong Educators

**Amá dóó azhé'é dóó ayázhí shwíldool'áál**  
Families as Learners

**NAVAJO HEAD START**  
**FAMILY ENGAGEMENT POLICY AND PROCEDURES**

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> FE-01
<b>Regulation Number</b> 1302.50	<b>Regulation Topic</b> Family Engagement	<b>Policy Topic</b> Recruitment and Enrollment

**Policy:**

***Navajo Head Start (NHS) Family Engagement.*** The ERSEA/Family Engagement Liaisons will offer support services internally and through established partnerships across the Navajo Nation to ensure the basic needs of all NHS children and families are met. NHS will allow the program staff to connect to families to build trust and rapport.

- First contact made with each family is the beginning of the family partnership process.
- The first staff in contact with the family will be the first to begin building rapport and introduce the support systems available within Navajo Head Start.
- Help families gain access and complete all required forms.
- Assist ERSEA specialist in ensuring that each family understands program requirements.
- Inform and answer all questions the families may have.
- Schedule a family partnership meeting with the enrolled family

Successfully enrolling a child into the Navajo Head Start Program is a huge accomplishment for both the family and the NHS program staff. Great Teamwork!



## Standard Operating Procedures

### **Purpose**

The purpose of these Standard Operating Procedures are to ensure the NHS staff meet the needs of each enrolled child and family.

### **Scope**

The document will guide you through the Navajo Head Start Family Partnership Process.

### **Responsibility**

1. Head Start Classroom Teacher
2. ERSEA/Family Engagement Liaison

### **Procedures**

1. The ERSEA/Family Engagement Liaison will first contact with each family at the beginning of the family partnership process.
2. The ERSEA/Family Engagement Liaison will begin building a rapport and introduce the support systems available within NHS.
3. The ERSEA/Family Engagement Liaison will ensure families gain access and complete all required forms.
4. The ERSEA/Family Engagement Liaison will ensure that each family understand program requirements.
5. The ERSEA/Family Engagement Liaison will inform and answer all questions the families have.
6. The ERSEA/Family Engagement will schedule a family partnership meeting with the enrolled family.

### **Related Resources**

1. Child Enrollment Application

**NAVAJO HEAD START**  
**FAMILY ENGAGEMENT POLICY AND PROCEDURES**

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> FE-02
<b>Regulation Number</b> 1302.50	<b>Regulation Topic</b> Family Engagement	<b>Policy Topic</b> Family Outcomes/Needs Assessment

**Policy:**

***Navajo Head Start (NHS) Family Engagement.*** The ERSEA/Family Engagement Liaisons acknowledges and respects parent(s), legal guardian and/or grandparents as a child's primary teacher and nurturer. The ERSEA/Family Engagement Liaisons will evaluate information gathered from the NHS *Family Partnership Assessment and Action Plan*. Family Engagement Liaisons will utilize the *Family Partnership Assessment and Action Plan* to collaborate with families to identify needs, interests, strengths, goals, services, and resources that will support the family's well-being establishing a family partnership including family safety, health, and economic stability. ERSEA/Family Engagement Liaisons will remain flexible with families based on their current circumstances such as homelessness, multi-generational households, domestic violence, lack of transportation, no running water or electricity, lack of phone and internet access, foster care family, etc. The family engagement team will be innovative in reaching all families' unique needs in person and/or virtually. Family Engagement Liaisons will have a foundational understanding of Positive Indian Parenting to utilize the researched based curriculum to strengthen family engagement services and will be able to utilize the curriculum to connect with families.

**The Family Engagement team will utilize the Navajo Head Start Family Engagement Partnership Process hand-book as a guide to determine the Family Outcomes.**

## Standard Operating Procedures

### **Purpose**

The purpose of these Standard Operating Procedures are to ensure the Family and child assessments will provide Navajo Head Start staff with the information needed to determine where the family is during the time of the assessment. The assessment will identify the best strategies of support for the family throughout the school year and help the family engagement team connect families with local resources as needed. Center staff and content liaisons will work collaboratively to ensure that assessments are completed for each family during the enrollment process and throughout the year.

### **Scope**

The document will guide you through the Family Outcomes-Needs Assessment

### **Responsibility**

1. ERSEA/Family Engagement Liaison
2. Head Start Classroom Teacher

### **Procedures**

1. The ERSEA/Family Engagement Liaison will complete the Participant Profile.
2. The ERSEA/Family Engagement Liaison will use the rating scale to determine the family's strengths and need(s) based on the month and time of the school year.
3. The ERSEA/Family Engagement Liaison will rate the Assessment Items utilizing the rating scale and total the numbers to determine the family's assessment score.
4. The ERSEA/Family Engagement Liaison will enter all scores for each family outcome and total the scores.
5. The ERSEA/Family Engagement Liaison in collaboration with Center staff determine the child's developmental and social emotional screening scores to better meet the needs of the child and family.
6. The ERSEA/Family Engagement Liaisons will utilize the information from the 1<sup>st</sup> and 2<sup>nd</sup> home visits to help determine if there are any unmet needs.
7. The ERSEA/Family Engagement Liaison will determine the Tier Level of each family based on the Family Outcomes Scores. This will determine how the family engagement team will prioritize families based on their needs. Each family's tier level will create a manageable case load for each Liaison.

### **Related Resources**

1. Child Enrollment Application



## Navajo Head Start Family Outcomes -Needs Assessment

Family Partner				
Child's Name/ ChildPlus ID:				
Date of Assessment:				
School Year:				
Enrollment Date:				
Staff Partner(s):	List all NHS staff working with the family:			

1-Strong Strength	2-Strength	3-Adequate	4-Need	5-Urgent Need
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Assessment Items	Family Outcomes Assessment Dates		
	Preliminary September 1- November 30	Mid-Year December 1 - February 28	End-Year March 1- May 31
<b>Family Well-Being</b>			
<i>Employment, Job Skills and Job Training</i>			
<i>Income Management, Financial Security and Budgeting</i>			
<i>Medical and Dental Care</i>			
<i>Safe and Efficient Housing</i>			
<i>Physical and Mental Wellness</i>			
<i>Affordable Access to Food, Meal Preparation, Healthy Living</i>			
<i>Transportation Access</i>			
<b>Total Score:</b>			
<b>Positive Parent-Child Relationships</b>			
<i>Managing my Child's Behavior</i>			
<i>Spending Quality Time with my Child</i>			
<i>Actively Involved with my Child</i>			
<i>Developing Routines for my Child</i>			
<b>Total Score:</b>			
<b>Families as Lifelong Educators</b>			
<i>Knowledge and Skills to Teach my Child</i>			
<i>Knowledge and Understanding of Child Development</i>			
<i>Reading with my Child and other Educational Activities</i>			
<i>Communicating with my Child's Teachers</i>			
<i>Supporting Learning at Home</i>			
<i>Supporting Educational Plans for my Child</i>			
<b>Total Score:</b>			
<b>Families as Learners</b>			
<i>Basic Life Skills (Cooking Budgeting, Socializing, Time Management, etc.)</i>			
<i>Educational Level-Continuing or Furthering Education</i>			
<i>Reading and Writing Skills</i>			
<i>Communication Skills (Ability to express yourself positively and effectively)</i>			

<b>Family Connections</b>			
Understanding the Transitioning Process			
Comfortable with New Teachers and Program			
Preparation toward Elementary School			
Setting Goals for my Child			
<b>Total Score</b>			
<b>Family Connections to Peers and Community</b>	<b>Preliminary</b> September 1 November 30	<b>Mid-Year</b> December 1 February 28	<b>End-Year</b> March 1 May 31
Immediate and/or Extended Family Support System			
Connection/Support with Local School			
Connected to Other Parents and Families with young children			
Connection/Support from other Community Agencies and Services			
<b>Total Score</b>			
<b>Families as Lifelong Educators</b>			
Involvement in my Child's Education			
Volunteering in my Child's Classroom and School			
Volunteering in my Community			
Comfortable Making Decisions about my Child's Health			
Confident in Speaking up for my Child and Family			
Awareness of State/Federal Issues that Impact Young Children and Families			
<b>Total Score</b>			
<b>Family Outcome</b>	<b>Score for each family outcome</b>		
Family Well-Being			
Positive Parent-Child Relationships			
Families as Lifelong Educators			
Families as Learners			
Family Engagement in Transition			
Family Connections to Peers and Community			
Families as Lifelong Educators			
<b>Total Family Outcome Score</b>			

**Navajo Head Start Family Engagement  
Parent Contact/Follow-Up Services Form (Compartment 3 ONLY)**

<i>Follow-up and Review</i>		
<b>Tier Level</b>	<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 2
<b>How often will you follow-up with the family?</b> <input type="checkbox"/> Bi-weekly Meetings <input type="checkbox"/> Monthly Meetings <input type="checkbox"/> Quarterly Meetings		
<b>Center/Home base:</b>		
<b>Method/ Purpose of Contact:</b> <input type="checkbox"/> Parent Note <input type="checkbox"/> Home Visit <input type="checkbox"/> Classroom Interview <input type="checkbox"/> Telephone Call <input type="checkbox"/> Field Contact <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up	<b>Information Shared with Parents</b>	<b>Date:</b> <b>Time:</b>  <b>Excused Absences</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Family Partner Initial:</b>  <b>Staff Partner Initial:</b>
<b>Method/ Purpose of Contact:</b> <input type="checkbox"/> Parent Note <input type="checkbox"/> Home Visit <input type="checkbox"/> Classroom Interview <input type="checkbox"/> Telephone Call <input type="checkbox"/> Field Contact <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up	<b>Information Shared with Parents</b>	<b>Date:</b> <b>Time:</b>  <b>Excused Absences</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Family Partner Initial:</b>  <b>Staff Partner Initial:</b>
<b>Method/ Purpose of Contact:</b> <input type="checkbox"/> Parent Note <input type="checkbox"/> Home Visit <input type="checkbox"/> Classroom Interview <input type="checkbox"/> Telephone Call <input type="checkbox"/> Field Contact <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up	<b>Information Shared with Parents</b>	<b>Date:</b> <b>Time:</b>  <b>Excused Absences</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Family Partner Initial:</b>  <b>Staff Partner Initial:</b>
<b>Method/ Purpose of Contact:</b> <input type="checkbox"/> Parent Note <input type="checkbox"/> Home Visit <input type="checkbox"/> Classroom Interview <input type="checkbox"/> Telephone Call <input type="checkbox"/> Field Contact <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up	<b>Information Shared with Parents</b>	<b>Date:</b> <b>Time:</b>  <b>Excused Absences</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Family Partner Initial:</b>  <b>Staff Partner Initial:</b>

(Please use center copies once all follow-up boxes are filled).

**NAVAJO HEAD START**  
**FAMILY ENGAGEMENT POLICY AND PROCEDURES**

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> FE-03
<b>Regulation Number</b> 1302.50	<b>Regulation Topic</b> Family Engagement	<b>Policy Topic</b> Communication

**Policy:**

*Navajo Head Start (NHS) Family Engagement.* Developing an effective form of communication with families is essential to creating a two-way and on-going partnership with families. Our goal is to create a safe and supportive environment for each family. This will require each NHS staff working with the family to be an emotional container and use active listening skills

**Phase 3: Communication with Families.**

- With each interaction NHS staff will be affirming and validating
- Show sensitivity and compassion
- Show a genuine interest in the information the families must share
- Ask clarifying questions if needed during appropriate times
- Be willing to tolerate strong emotions
- Depersonalize behaviors

The following surveys will establish how each center staff and content liaisons will communicate effectively with each family. Remember each family has different experiences. Therefore, creating a positive support system for each family is important. The assessment process is meant to develop a deeper understanding of each family's strengths, hopes and challenges.



## Navajo Head Start Telecommunication Survey

What is your form of communication to schedule follow-up appointments?	<input type="checkbox"/> Phone calls <input type="checkbox"/> Email <input type="checkbox"/> Home visit	<input type="checkbox"/> Text messages <input type="checkbox"/> Mail/Letters <input type="checkbox"/> Zoom conference
Contact information:	Phone number:	
	Email:	
	Would you like to get emails about parent trainings and other NHS information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailings Address (Draw map if necessary to the left):		
School Year: _____		
Preference for Distance Learning	<input type="checkbox"/> Virtual <input type="checkbox"/> Learning Packets <input type="checkbox"/> Hybrid (virtual and learning packets)	<input type="checkbox"/> Undecided <input type="checkbox"/> Other (list below)
Please list:		
Preferred for Device:		
In what capacity do you use your personal computer? Check all that apply.	<input type="checkbox"/> Do not have one <input type="checkbox"/> Work <input type="checkbox"/> Entertainment <input type="checkbox"/> School	
Please rate your skill level accessing a personal computer	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Proficient	
What type of Internet access do you have?	<input type="checkbox"/> Cell Phones <input type="checkbox"/> Tablet <input type="checkbox"/> Mobile Wi-Fi/Hotspot <input type="checkbox"/> Satellite <input type="checkbox"/> Cable/Telephone Line <input type="checkbox"/> No Internet	
Name of Internet Provider (if applicable)	Data Cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Cell Phone Provider (If Applicable)	Data Cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rate your Internet Speed	<input type="checkbox"/> No <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fast	
If possible use <a href="http://www.speedtest.net">www.speedtest.net</a> website to run and record your speed test.	DOWNLOAD SPEED (Mbps) _____	
Rate your internet reliability	<input type="checkbox"/> Very reliable <input type="checkbox"/> Fairly reliable <input type="checkbox"/> Not reliable	
Time of day Internet slows, if any.	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Please rate your skill level using a personal computer		





## Attendance



Classroom Teacher is responsible for ensuring the daily classroom attendance is entered by the Paraprofessional before the end of each day (daily). Data must be entered into ChildPlus report #2310.  
Comments must be entered along with daily entries.

At the end of each Month (last working day), the ERSEA Liaison will review Monthly Attendance ChildPlus Report #2305 to ensure accuracy of the report

School Readiness Coach will verify attendance using ChildPlus report #2303 by the end of each month

Discrepancies?  
The Teacher or Para will research and fix immediately.

The ERSEA Liaison will submit a signed ChildPlus report #2005 via email, at the end of each month.

If attendance is below 85%  
ADA teacher will submit a  
signed justification letter to  
SRC by the end of the month

ERSEA Specialist and SRC  
will analyze and address the  
low Average Daily  
Attendance through  
attendance plan and/or  
parent conference

**Celebrate!**

If above 85% A  
teacher will be  
recognized

**NAVAJO HEAD START  
Attendance Plan**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Student(s) Excused/Unexcused Absence:**

Date of Absence	Reason for Absenteeism

**Student(s) Excused/Unexcused Absence Impacts:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Socialization Skills | <input type="checkbox"/> IEP/IFSP                       | <input type="checkbox"/> Language Development  |
| <input type="checkbox"/> Physical Development | <input type="checkbox"/> Social & Emotional Development | <input type="checkbox"/> Cognitive Development |
| <input type="checkbox"/> Health Screenings    | <input type="checkbox"/> Development Screenings         | <input type="checkbox"/> Other                 |

**Plan - Resolving Excused/Unexcused Absence:**

**A. Parent/Guardian Will:**

- ☐ Ensure child goes to bed early
- ☐ Have their child ready at a specific time of pickup and location
- ☐ Schedule personal activities around the child's daily classroom schedule
- ☐ Make prior arrangements with the teaching staff for their child(ren) to attend school
- ☐ Other \_\_\_\_\_

**B. The Head Start Staff Will:**

- ☐ Communicate with the parents in advance of any changed in classroom operations
- ☐ Reward and praise children for their participation
- ☐ Recognize parents during parent meetings on improvements and achievements through
- ☐ Encourage parents to participate during classroom operations
- ☐ Other \_\_\_\_\_

**Individuals Present:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Acknowledgement:**

We accept the responsibilities and support our attendance for (child name) \_\_\_\_\_ for his/her lifelong learning and building positive habits necessary for school and work. We also understand, "Absenteeism, decreases children's opportunity to engage in learning, impacting their development in all domains of the Child Development and Learning Framework" (ECKLC. Health Services to Promote Attendance).

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

ERSEA/FE Review: \_\_\_\_\_ School Readiness Review: \_\_\_\_\_

## Standard Operating Procedures

### **Purpose**

The purpose of these Standard Operating Procedures are to ensure NHS has a program for Expecting Mothers and a partnership with the Family to provide an opportunity to plan for Early Head Start services after the birth of the baby.

### **Scope**

The document describes the Family engagement.

### **Responsibility**

1. Family Engagement Liaison
2. Early Head Start Classroom Teacher

### **Procedures**

1. The Family Engagement Liaison will involve enrolled pregnant women in the family partnership service and support the family during the transition process into the enrollment of NHS.
2. The Family Engagement Liaison will provide parent training using Positive Indian Parenting and encourage traditional child rearing.
3. The Family Engagement Liaison will develop training topics that will coincide with the Positive Parenting curriculum. The curriculum has eight sessions and reflect traditional child rearing.

# NAVAJO HEAD START

## FAMILY ENGAGEMENT POLICY AND PROCEDURES

<b>Department</b> DODE – Navajo Head Start	<b>Approval Date</b>	<b>Policy Number</b> FE-05
<b>Regulation Number</b> Subpart H 1302.80	<b>Regulation Topic</b> Enrolled pregnant women	<b>Policy Topic</b> Services to Enrolled Pregnant Women

**Policy:**

Navajo Head Start has a program for Expecting Mothers using the Family Partnership action plan.

**Procedures:**

The NHS serves pregnant women by connecting families with diverse community organizations either directly or through collaborative efforts who provide health care, education, parenting resources, and application assistance for other programs.

- a. The Family Engagement Liaison will provide parent training using Positive Indian Parenting and encourage traditional child rearing.
- b. The Family Engagement Liaison will develop training topics that will coincide with the Positive Parenting curriculum. The curriculum has eight sessions and reflect traditional child rearing practices.
  - i. The Positive Indian Parenting sessions will be provided:

- a. **Session I: Traditional Parenting**

*Expectations:*

- Parents will know that Indian culture has a strong heritage for positive parenting.
- Recognize where they have learned to parent
- Understand how some of the old ways have been lost
- Begin to make choices about what kind of parenting they want to use, and what kind of parents they want their children to become.

- b. **Session II: Lessons of the Storyteller**

*Expectations:*

- Parents will understand the role that storytelling played in traditional child-rearing.
- Parents will know how stories can be used to develop good judgment in their children.
- Parents will recognize the importance of good communication skills with children.

- c. **Session III: Lessons of the Cradleboard**

*Expectations:*

- Parents will recognize how nurturing happened traditionally.
- Parents will understand the importance of good nurturing.
- Parents will understand how traditional ways helped children develop.
- Parents will recognize how child development is tied to readiness to perform new tasks.

- d. **Session IV: Harmony in Child Rearing**

*Expectations:*

- Parents will recognize some of the different historical Indian beliefs about harmony and balance.
- Parents will know how these concepts were applied to family life.
- Parents will use new skills to help prevent parenting problems before they start.

- e. **Session V: Traditional Behavior Management**

*Expectations:*

- Parents will recognize some ways in which Indian parents have historically managed the behavior of their children.

- Parents will understand that discipline is the teaching of self-control.
  - Parents will know how to provide their child with limits and consequences that will be respectful and kind.
- f. **Session VI: Lessons of Mother Nature**
- Parents will understand how examples from nature were traditionally used to teach skills for living.
  - Parents will recognize the parents' role in helping children develop skills for living.
  - Parents will help their children prepare for the world.
- g. **Session VII: Praise in Traditional Parenting**
- Expectations:*
- Parents will recognize the ways in which praise was used in traditional Indian parenting.
  - Parents will understand the reasons behind the old ways.
  - Parents will apply the use of praise using modern skills.
- h. **Session VIII: Choices in Parenting**
- Expectations:*
- Parents will understand the unique challenges Indian children face today in growing up
  - Parents will recognize that positive Indian parenting can help children meet those challenges
  - Parents will begin to make choices about what kind of parenting they want to use, and what kind of parenting they want their children to use.
- c. In partnership with the pregnant woman, NHS will ensure that the holistic health needs of each pregnant mother are met through joint efforts of Behavioral Health Services based on geographical location. This includes any health care, risk assessments, crisis support, health care related services, mental health services including substance abuse prevention and treatment as appropriate, dental care, emergency shelter or transitional housing and social services.
- d. The Family Engagement Liaison will involve enrolled pregnant women into the family partnership service and support the family during the transition process into the enrollment of NHS.



Jonathan Nez  
President

**DEPARTMENT OF DINÉ EDUCATION  
THE NAVAJO NATION**

P.O. Box 670 • Window Rock, Arizona 86515  
PHONE (928) 871-7475 • FAX (928) 871-7474



Myron Lizer  
Vice-President



NNBENO-824-2022

**RESOLUTION OF THE  
NAVAJO NATION BOARD OF EDUCATION**

**Relating to Education; Supporting and Approving the Navajo Head Start Updated Family Engagement Policy and Procedures**

**WHEREAS:**

1. The Navajo Nation Board of Education (hereinafter the "Board") is the education agent in the Executive Branch for the purposes of overseeing the operation of all schools serving the Navajo Nation. 10 N.N.C. § 106 (A). The Board carries out its duties and responsibilities through the Department of Diné Education (hereinafter the "Department"). 10 N.N.C. §106 (G)(3).
2. The Department is the administrative agency within the Navajo Nation with responsibility and authority for implementing and enforcing the educational laws of the Navajo Nation. 2 N.N.C. §1801(B); 10 N.N.C. §107(A). The Department is under the immediate direction of the Navajo Nation Superintendent of Schools, subject to the overall direction of the Board. 10 N.N.C. §107(B).
3. The Navajo Head Start ("NHS") Program, which is located within the Department of Diné Education as approved by the Department's Plan of Operation, Resolution No. GSCMY-19-07. The NHS also is funded by a grant from the Office of Head Start, Administration of Children and Families (ACF), under the terms of the Head Start Act, 42 U.S.C. §9801 *et seq.*, and applicable regulations. The Navajo Nation is named the grantee and is responsible for ensuring compliance with the Head Start Act and performance standards in delivering the services to Navajo children and their families. The Board is designated by the Navajo Nation as the governing body for the Navajo Head Start program. Resolution HEHSC-035-13.
4. The Board acknowledges the Navajo Head Start Policy Council Resolution NHSPC-11-03-2022 supporting and approving the "Navajo Head Start Updated Family Engagement Policy and Procedures" (attached as "**EXHIBIT A**").

**NOW THEREFORE BE IT RESOLVED THAT:**

1. The Navajo Nation Board of Education hereby supports and approves the "Navajo Head Start Updated Family Engagement Policy and Procedures" (attached as "**EXHIBIT A**").

**NAVAJO NATION BOARD OF EDUCATION**

*Dr. Henry Fowler, President • Dr. Pauletta White, Vice President • Dr. Victoria Yazzie, Secretary*  
*Member: Sharon A. Toadecheenle • Andrea K. Thomas*  
*Joan A. Gray • Emerson John • Spencer W. Willie • Freda Nells • Priscilla Benally*  
*Dr. Harold G. Begay, Ph.D., Superintendent of Schools*

2. The Navajo Nation Board of Education hereby directs and empowers the Assistant Superintendent of Head Start to take any actions deemed as necessary and proper to carry out the purposes of this resolution.

### CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Board of Education of the Navajo Nation at a duly called meeting at Window Rock, AZ (Navajo Nation) at which a quorum was present, motion by Priscilla Benally and seconded by Joan A. Gray and that the same was passed by a vote of vote of 6 in favor; 0 opposed; 0 abstained, this 30<sup>th</sup> day of November 2022.

  
\_\_\_\_\_  
Dr. Henry Fowler, President  
Navajo Nation Board of Education



**NAVAJO HEAD START**  
DEPARTMENT OF DINE EDUCATION



JONATHAN NEZ, *President*  
MYRON LIZER, *Vice-President*

ROY TRACY  
(D) *Assistant Superintendent of Head Start*

NHSPC-11-03-2022

**RESOLUTION OF THE  
NAVAJO HEAD START POLICY COUNCIL**

**SUPPORTS AND APPROVES THE NAVAJO HEAD START UPDATED FAMILY  
ENGAGEMENT POLICY AND PROCEDURES**

**WHEREAS:**

1. Pursuant to Resolution No. HEHSCAP-08-19, the Health, Education and Human Services Committee of the Navajo Nation Council approved the Plan of Operation for the Navajo Head Start. The Navajo Head Start is situated under the Executive Branch of the Navajo Nation government within the Department of Diné Education and Navajo Nation Board of Education serves as the Governing Body for Navajo Head Start; and
2. Pursuant to 45 CFR 1301—*Program Governance* and section 642(c)(2)(B) of the *Head Start Act*, the Navajo Head Start Policy Council is a duly elected and constituted Head Start Policy Council and an authorized entity of the Navajo Nation government; and
3. Pursuant to 45 CFR 1303.10-12 – *Administrative Requirements*, Navajo Head Start must observe standards of organization, management, and administration that will ensure that all program activities are conducted in a manner consistent with the purposes of the Head Start Act; and
4. Pursuant to 45 CFR 1302.102(b)(1) – *Monitoring program performance – 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 Subpart J – Program Management and Quality Improvement; and
5. Pursuant to 45 CFR 1302.50(a) – *Family Engagement 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 and support parent-child relationships, including specific strategies for father engagement; and
6. Pursuant to 45 CFR 1302.30 – *Education and Child Development Program Services – 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 program must deliver developmentally, culturally, and





# NAVAJO HEAD START

DEPARTMENT OF DINE EDUCATION



JONATHAN NEZ, *President*  
MYRON LIZER, *Vice-President*

ROY TRACY  
*(D) Assistant Superintendent of Head Start*

linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts; and

7. The Navajo Head Start program provides a learning environment of early childhood developmental experiences for children to provide a greater degree of social competence through collaborative efforts with parents, communities, and local resources; and
8. The Navajo Head Start Policy Council has the best interest of the Navajo Head Start program and will continue in providing quality services to children and families by strengthening program operations, monitoring and partnerships.

## **NOW, THEREFORE BE IT RESOLVED:**

The Navajo Head Start Policy Council Supports and Approves the Navajo Head Start Updated Family Engagement Policy and Procedures.

## **CERTIFICATION**

I hereby certify that the foregoing resolution was duly considered by the Navajo Head Start Policy Council at a duly called meeting via teleconference in which a quorum was present and that it was passed by vote of 2 in favor, 0 opposed, and 1 abstained, this 21st day of November 2022.

Motion by: Janice Filfred

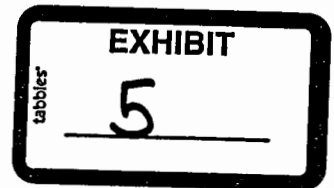
Second by: Hoskie Bryant

  
\_\_\_\_\_  
Joseph Hernandez, Vice President  
DóDE—Navajo Head Start Policy Council



# NAVAJO NATION DEPARTMENT OF JUSTICE

## REQUEST FOR SERVICES



DOJ  
10/14/22 @ 229p  
DATE / TIME  
RFS #: 22-2133  
UNIT: Hsqn

☐ RESUBMITTAL

\*\*\* FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. \*\*\*

CLIENT TO COMPLETE			
DATE OF REQUEST:	10/14/2022	ENTITY/DIVISION:	Department of Dine Education
CONTACT NAME:	Rence Marianito	DEPARTMENT:	Navajo Head Start
PHONE NUMBER:	(928) 871-6276	E-MAIL:	rence Marianito@nndode.org
COMPLETE DESCRIPTION OF LEGAL NEED AND SERVICES REQUESTED (Attach Documents): Make a determination if NN DOJ's review is required for the NHS Educational Services Proposed Updated Policies and Procedures			
DEADLINE:	10/17/2022	REASON:	NHS Policy Council meeting on 10/20/2022
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT:	10/14/2022 @ 3:55pm	REVIEWING ATTORNEY/ADVOCATE:	CJS/CP
DATE TIME OUT OF UNIT:	10/21/22 @ 3pm	PREPARED BY (initial):	
DOJ ATTORNEY / ADVOCATE COMMENTS			
Education Policies + Procedures - Purely Internal - Oversight Approval - Not Needed			
EIRSEA - NEEDS OVERSIGHT APPROVAL - DETERMINATION ELIGIBILITY + RECRUITMENT			
Family Engagement - NEEDS OVERSIGHT APPROVAL - Dealing with people outside			
PLEASE SEE ATTACHED MEMO			
REVIEWED BY: (PRINT)	CHRIST SCHNEIDER	DATE / TIME:	21 OCT 22
DOJ Secretary Called:	omaree Rencemarianito	for Document Pick Up on	10/21/22 at 3pm By: W
PICKED UP BY: (PRINT)		DATE / TIME:	



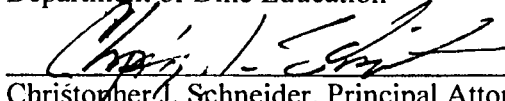
**NAVAJO NATION DEPARTMENT OF JUSTICE**  
**OFFICE OF THE ATTORNEY GENERAL**

DOREEN N. MCPAUL  
Attorney General

KIMBERLY A. DUTCHER  
Deputy Attorney General

MEMORANDUM

TO: Renee Marianito, Director of Financial Services  
Navajo Head Start  
Department of Dine Education

FROM:   
Christopher J. Schneider, Principal Attorney  
Human Services & Government Unit/NNDOJ  
Office of the Attorney General

DATE: October 21, 2022

SUBJECT: RFS #22-2133 – Determination if Navajo Nation Department of Justice's Review is Required for the NHS Educational Services Proposed Updated Policies and Procedures.

The Navajo Nation Department of Justice (DOJ) received a request for services from the Office of Navajo Head Start (Head Start) for a Determination if Navajo Nation Department of Justice's Review is Required for the NHS Educational Services Proposed Updated Policies and Procedures. This memorandum will serve as DOJ's response.

Generally, if there is a change in policies/procedures and it only effects change internally, such change does not need to be reviewed. However, if the change could effect someone or something outside of Head Start, that change needs to be reviewed.

That being said, the education policies and procedures are purely internal to Head Start and do not need review or approval.

ERSEA involves recruitment and eligibility for services. That portion of the Updated Policies and Procedures.

Family Engagement also involves interacting with individuals outside of Head Start. DOJ recommends obtaining oversight approval.

The portion dealing with recruitment of children of disabilities should be reviewed for oversight approval.

Memo to Renee Marianito, Director of Financial Services, NHS, DODE

RE: RFS #22-2133 – Determination if Navajo Nation Department of Justice's Review is Required for the NHS Educational Services Proposed Updated Policies and Procedures.

October 21, 2022

Page 2

The Mental Health Policies and Procedures seem to be internal policies on evaluating children with disabilities and interact with them. As such, if those are internal policies, they will not need to be reviewed by oversight for approval

If you have any questions, please feel free to contact me at (928) 871-6275.

CJS/lk.22.23

**HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE**  
**Regular Meeting**  
**July 26, 2023**

**Legislation No. 0151-23:** An Action Relating to the Health, Education and Human Services Committee; Approving the Navajo Head Start Eligibility, Recruitment, Enrollment, Selection, & Attendance Policy and Procedures and the Navajo Head Start Family Engagement Partnership Process Policy and Procedures

**Sponsor:** Delegate Vince R. James    **Co-Sponsor:** Delegate Dr. Andy Nez

**VOTE TALLY:**

**Main Motion:**

**Motion:**            Honorable Andy Nez  
**Second:**          Honorable Helena Nez Begay

**Yea:**                Helena Nez Begay, Andy Nez; George Tolth

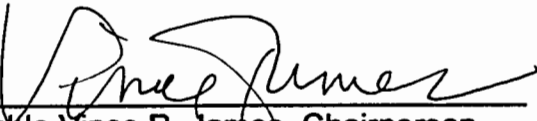
**Nay:**

**Not Voting:**    Vince R. James (Presiding Chairperson)

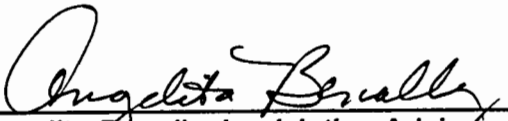
**Excused:**        Germaine Simonson; Curtis Yanito

**Absent:**

**Vote:**             3-0-2



Honorable Vince R. James, Chairperson  
Health, Education and Human Services Committee  
25<sup>th</sup> Navajo Nation Council



Angelita Benally, Legislative Advisor  
Health, Education and Human Services Committee  
Office of Legislative Services