SARGE Sample Documents Table of Contents

The sample documents in this packet include the following:

guides, focuses and documents center and classroom visits by Central Administrative staff

aids staff in easily organizing and maintaining the comprehensive documentation required of Head Start programs into 18 Master Binders

<u>automatically</u> calculates the due dates of 45- and 90-day screenings, as well as health requirements based on the child's age

outlines and clarifies the processes and documentation required for new applicants to the Head Start program – from application submission through the first home visit

provides opportunities for staff input into a "wishlist" for new service enhancements, and streamlines the approval process of proposed expenditures

provides a format for easy documentation and value-calculation of non-federal share contributions

Acelero Learning

Training & Technical Assistance

Site Visits:
Policy & Procedure

POLICY/APPROACH:

Central Administration staff are required to conduct site visits in the field on a regular basis. This process is intended to achieve several goals:

➢ **Strengthen the Head Start program.** Through more regular face-to-face interactions, staff will build relationships that will ultimately make the Central Administration and sites better able to work together effectively.

➢ **Train Central Administration staff.** All staff members who work at this Head Start Program should understand the core of what we do: provide (Early) Head Start services for children and families. For staff without an education or human services background, site visits are a training opportunity.

➢ **Improve our program.** Because Central Administration staff members are less familiar with each individual site, they can bring a fresh, "outsider" perspective on site operations and quality. The site visit report documents feedback in several key areas, thus giving site and program staff additional information to ensure a safe, compliant, high-quality program.

Site visits are intended to be congenial and transparent. Visits will be scheduled in advance and communicated to all site staff. The Site Visit Guide and Report provides a consistent structure for each visit and ensures all staff have a common understanding of what the visitor will be observing and recording.

PROCEDURES: SARGE Sample Document

A) Components of the Site Visit

1. **Tour & introductions.** The Site Supervisor/ Center Director should provide a brief tour to orient the visitor to the site and facilitate introductions with all staff. Staff members who are working with children will, of course, not be expected to chat with a visitor; but in keeping with the goal of *strengthening our program,* it's important to build face recognition with at least a quick hello.

2. **Classroom visit.** This is an opportunity for staff to experience the heart of any our Head Start program – our work with children! Visitors should spend a minimum of 30 minutes in one classroom, participating to the fullest extent possible; this could mean sitting at group time, interacting with children in interest areas, or joining the class for a neighborhood walk.

3. **File review.** Since good record-keeping is an ongoing effort and constant focus, Central Administration visitors will always "spot-check" at least one child/family file. Ideally, they should do this with the Family Advocate.

4. **Interaction with families.** If visitors are present at the beginning or end of the day, they should make an effort to greet families, introduce themselves, and interact informally if there is opportunity.

5. **Documentation and feedback.** Site visitors will use the Site Visit Guide & Report to take notes during the visit, particularly the classroom observation. This form must be completed

on site, and shared with the Site Supervisor during a brief (5- to 10-minute) wrap-up conversation. The Visitor and Site Supervisor each sign the Site Visit Report. The original is maintained with the Site Supervisor and the Visitor keeps a copy.

B) Focus of Observations

The Site Visit Guide & Report asks the visitor to notice, and provide basic feedback on, the following areas:

1. Tour & Introductions
    - o Overall center environment
    - o Staff interactions

2. Classroom Visit
    - o Health and safety
    - o Activities and routines
    - o Teacher-child interactions

3. File Audit
    - o Income verification
    - o Family Partnership Agreement

C) Follow-Up

- ➢ The Site Supervisor will follow up immediately on any serious health/safety concerns.

- ➢ The Site Supervisor will be responsible for integrating other feedback into her existing plans for ongoing improvement at the site, as appropriate. The Program Director or other staff members can serve as resources in this process.

- ➢ The Program Director will follow up with the Site Supervisor about any feedback items outside of the Site Supervisor's scope of responsibility, such as facility concerns.

- ➢ Site and program staff will be invited to give periodic feedback on the site visit process, but are also welcome to contact the Program Director with questions, suggestions or concerns at any time.

External Site Visit Guide & Report

This tool is designed to **guide** the site visit and **document** key information, which will be used for feedback and follow-up on site; to determine any training needed for visitors; and to monitor effectiveness of site visit program.

Program/Center: _____   Date of Visit: _____   Time: *from* _____ *to* _____

Classroom(s) Visited: _____

Visitor's Name: _____   Position: _____

(A) Tour & Introductions

I met: ❑ Site Supervisor ❑ Family Advocate(s) ❑ Teachers in _____ classroom(s) ❑ Cook ❑ Other: _____	*Notes/additional observations:*
Center is clean and inviting ❑ Yes ❑ No	
Information is posted for parents (translated as needed) ❑ Yes ❑ No	
Agency mission, values and logo are visible ❑ Yes ❑ No	
Staff greeted me in a pleasant, professional way. ❑ Yes ❑ No ❑ Somewhat	
Staff shared the following comments, questions or concerns:	

(B) Classroom Visit

Time I entered: _____   # of children in room: _____   # of staff (actively engaged with children): _____

FIRST IMPRESSIONS (*check any that apply*)

Classroom looks: ❑ colorful ❑ cluttered ❑ bare ❑ neat ❑ confusing	*Notes/additional observations:*
Classroom sounds: ❑ busy ❑ silent ❑ chaotic ❑ loud ❑ cheerful	
Children are: ❑ sitting ❑ playing ❑ singing ❑ running ❑ fighting ❑ talking	
Teachers are: ❑ leading activity ❑ disciplining children ❑ playing with children ❑ on computer ❑ talking to children ❑ talking to adults	

HEALTH & SAFETY

Adult-child ratios are in effect at all times. (*EHS ratio = 1:4; HS ratio = 1:10, or 1:20 for nap*)	❑ Yes ❑ No	*Notes/additional observations (explain any "no" answers):*
Children are under adult supervision at all times; no child ever left alone.	❑ Yes ❑ No	
Bleach bottles or other toxic substances are locked out of child's reach.	❑ Yes ❑ No	
Toys, materials and furniture are safe and in good condition. (*no sharp edges or loose pieces; no choking hazards*)	❑ Yes ❑ No	
Electrical outlets accessible to children are covered.	❑ Yes ❑ No	
Children and adults wash hands before food preparation and after using toilet (or diaper changes).	❑ Yes ❑ No	
Adults wash hands after helping child with diapering, blowing nose, etc.	❑ Yes ❑ No	
Whenever a toy is placed in a child's mouth, it is removed for sanitation as soon as the child is finished playing with it.	❑ Yes ❑ No	
Diapering area (if present) is free of all unrelated items (*e.g. food, toys*).	❑ Yes ❑ No	

Other concerns related to safety, supervision, health or hygiene?   ❑ No ❑ Yes (*explain*)_____

Any concerns related to the physical facility?   ❑ No ❑ Yes (*explain*) _____

4

CURRICULUM & ROUTINES

I visited during: ❐ Choice time ❐ Circle/group ❐ Meal ❐ Rest ❐ Outdoors ❐ Toileting/handwashing ❐ Unclear

Specific activities/curriculum I saw: _____

	Notes/additional observations:
Curriculum plan for the current week is posted: ❐ Yes ❐ No	
Daily schedule is posted: ❐ Yes ❐ No and being followed: ❐ Yes ❐ No	
Sensory table (e.g. sand, water) is open for children to use: ❐ Yes ❐ No	
If visiting during a meal:	
Teachers sit & eat with children: ❐ Yes ❐ No & engage in conversation: ❐ Yes ❐ No	

TEACHER-CHILD INTERACTIONS

	Notes/additional observations:
Teachers interact with children at their physical level: ❐ Yes ❐ No ❐ Somewhat	
Teachers use calm, pleasant tone of voice: ❐ Yes ❐ No ❐ Somewhat	
Teachers are fully engaged with children (participate in their activities; talk to children, not each other): ❐ Yes ❐ No ❐ Somewhat	
When children display unacceptable behavior, teachers redirect them in a clear but positive way: ❐ Yes ❐ No ❐ Somewhat	
Teachers seem to be enjoying themselves/the children: ❐ Yes ❐ No ❐ Somewhat	

(C) File Audit

File reviewed (child's name): _____

	Notes/additional observations:
File seems neat and organized, with no extra/loose papers: ❐ Yes ❐ No	
Eligibility Verification form is present (tab 1): ❐ Yes ❐ No	
– calculations & conclusions are clear and seem accurate: ❐ Yes ❐ No	
– is signed by staff and verified by supervisor: ❐ Yes ❐ No	
Family Partnership Agreement is present (tab 3): ❐ Yes ❐ No	
– includes these family goals: _____	

(D) Summary of Visit

I was most impressed by:	
I have questions / concerns about:	

Would I be happy to leave my child here each day?
(Please comment) _____

Comments/reactions from Site Supervisor:	

Initialed: **Visitor** _____ **Date** _____ **Site Supervisor** _____ **Date** _____

Site Supervisor keeps copy; follows up immediately on any priority concerns; and files as ongoing monitoring.
Site visitor provides copy to his/her supervisor.

Master Binder System: Guidelines

OVERVIEW:

The Master Binder System was created to provide a structure for clear, comprehensive documentation of Head Start program management. Through this system, a wide range of information and key activities can be documented in an organized and logical way, for easy review by staff as well as external audiences as needed.

The Master Binder System consists of a series of binders, each with a defined set of contents related to a specific area of program management. For multi-site grantees, the system specifies which binders should be maintained at the center level, and program-wide.

While primarily intended for ongoing Head Start staff use and reference, the Master Binder System is also designed to align with the Federal Monitoring Records Request, thus simplifying preparation for the Federal Monitoring review.

HEAD START PROGRAM PERFORMANCE STANDARDS:
1304.51(g)—*Record-keeping systems*

GUIDELINES FOR USE:

This Guidelines document includes the following information regarding the Master Binder System:

- A list of the 24 component binders (see page 2)
- One page for each binder, outlining that binder's
    - o Organization – i.e. number and names of the sections (tabs)
    - o Contents – what should be filed in each section
    - o Instructions – for creation, maintenance and monitoring

To get started in implementing the Master Binder System (or updating it in subsequent years), you should do the following:

- Assign each binder an **owner**: the appropriate staff person who will be responsible for establishing and maintaining that binder.
- Set a **deadline** for the initial creation of all binders. Binder owners should use the appropriate page of this document as a guide to creating their binder.
- Review progress; problem-solve around any challenges; and determine next steps in completing, monitoring and updating the binders.
- If appropriate, identify any necessary **additions**—such as an additional tab in certain binders, or specific materials to file in a certain section—to more fully document the activities of your program.

TABLE OF CONTENTS:

Center & Program Binders

These binders should be maintained at each center and at central administration offices. Where indicated, there are different versions of the binder contents list for the center binder vs. the program-wide binder.

All binders in this section should also be maintained for the home-based program (using center versions where applicable).

Program Binders

The Head Start program should maintain each of these binders at central administration, regardless of the number of centers or program options.

Binder 5: Ongoing Monitoring (Center)

Binder Owner: _____ Year: _____ Date to be completed: _____

To be completed:	☐ One binder for entire program	**To be updated:**	☐ Annually
	☑ One binder per center/program option		☐ Quarterly
	☐ If yes, what center _____		☑ Monthly

	TAB LABELS		WHAT IS WITHIN EACH TAB?
1	Health and Safety Checklists		1. Quarter 1 2. Quarter 2 3. Quarter 3 4. Quarter 4
2	Playground Safety Checklist		Daily Playground safety checklists
3	Child File Group Audits		Copies of Audit Sheet(s) 1. Quarterly/Biannual File Audit #1 2. Quarterly/Biannual File Audit #2 3. Quarterly/Biannual File Audit #3 – as applicable 4. Quarterly/Biannual File Audit #4 – as applicable
4	Classroom Quality		Documentation of classroom observations, e.g.: - Classroom Quality Observation & Feedback forms - Classroom Visit Report - Site Visit Reports
	4a	Classroom 1_____	Same for every classroom, as completed
	4b	Classroom 2_____	Same for every classroom, as completed
	4c	Classroom 3_____	Same for every classroom, as completed
	4d	Classroom 4_____	Same for every classroom, as completed
	4e	Classroom 5_____	Same for every classroom, as completed
	4f	Classroom 6_____	Same for every classroom, as completed

How to Create this Binder	→ The Center Director (with Health Coordinator and/or other designated staff) should ensure that Health and Safety checks are scheduled and the checklist completed. → The Center Director or designee should complete Playground Safety Checklist with required frequency. → The Center Director or designee should establish a plan for classroom observations. → The Family Services Supervisor should coordinate quarterly or biannual file audits.
How to Maintain this Binder	→ The Center Director or designee should update documentation in this binder ongoing, as monitoring activities are completed. → When the Director, Central Administration staff or other visitors observe in classrooms, any written feedback they provide should be captured in tab #4.

Binder 18: ERSEA

Binder Owner: _____ Year: _____ Date to be completed: _____

To be completed:	☑ One binder for entire program	To be updated:	❑ Annually
	❑ One binder per center/program option		☑ Quarterly
	❑ If yes, what center _____		❑ Monthly

	TAB LABELS	WHAT IS WITHIN EACH TAB?
1	Recruitment Plans	1. Service Area Plan – Recruitment 2. Any materials documenting recruitment planning and coordination efforts: workplans, team meeting agendas, etc. *Must include documentation showing specific recruitment efforts for children with disabilities.*
2	Recruitment Materials	1. Recruitment flyers * 2. Letters to community partners *Use date-stamp or post-it note to show when/where flyers were distributed*
3	Recruitment Monitoring	Data Tracking system reports or evidence from Family Advocates —at least weekly during peak recruitment season.
4	Selection Criteria	1. Service Area Plan – Selection 2. Selection Criteria form (blank) 3. Documentation of selection process/meetings (as applicable)
5	Enrollment Process	1. Service Area Plan – Enrollment 2. Intake Checklist form 3. Documentation of intake process, e.g. emails to team, written process, orientation agendas (as applicable)
6	Attendance	4. Attendance Action Plans (if program-wide attendance is below 85% for the month)

How to Create this Binder	→ The Family Services Supervisor (or other staff in charge of recruitment, if applicable) should have copies of the relevant materials.
How to Maintain this Binder	→ During peak recruitment season, the Family Services Supervisor or designee should be monitoring recruitment closely, e.g. through Data tracking system reports and/or staff supervision. Documentation of these activities should be filed in the binder at least monthly. → The Family Services Supervisor (or other manager(s)) should maintain copies of new recruitment materials or plans as they are created, and should update the binder quarterly. → Center Directors or other staff may have additional plans or materials related to recruitment/selection/enrollment; the binder owner should collect these on a regular basis.

Child/Family File - Cover Sheet

Participant Name:	**First Last**		Date of Birth:	**3/1/08**

Enrollment Date:	**8/22/09**	Entry Date:	**9/3/09**	Transfer Date:	
(family is accepted, may start receiving services)		*(participant begins in program)*		*(e.g. home-based to center - if applicable)*	

Due Dates based on entry date:

Day 45: **10/18/09**

Required: Hearing
Vision
Developmental (ASQ)
Social-Emotional/Behavioral (ASQ-SE)

Day 90: **12/2/09**

Required: Height & Weight
Dental
Medical Home (source of ongoing medical care)
Family Partnership Agreement

Pregnant Women (as early as possible, but no later than 90 days): Nutrition
Dental
Mental Health

Due Dates based on birthdate:

2 months (well-baby visit)   **4/30/08**   *n/a due to age at entry*

4 months (well-baby visit)   **6/29/08**   *n/a due to age at entry*

6 months (well-baby visit)   **8/30/08**   *n/a due to age at entry*

9 months (well-baby visit)   **11/29/08**   *n/a due to age at entry*

12 months (well-baby visit)   **3/1/09**   *n/a due to age at entry*

15 months (well-baby visit)   **5/30/09**   *n/a due to age at entry*

18 months (well-baby visit)   **8/30/09**

24 months (well-baby visit)   **3/2/10**

36 months (well-baby visit)   **3/1/11**

2 years, 6 months (transition starts)   **8/31/10**

Intake Process & Paperwork: *Center-Based*

APPLICATION	
Family receives **Intake Packet A**:	Application cover letter
	Center Options information
	Application for Program Participation
	Universal Child Health Record – *to take to next doctor's appointment, if applicable*
	Dental Health Record – *to take to next dentist's appointment, if applicable*
Family submits with application:	Birth Certificate
	Documentation of Eligibility – *pay stubs, TANF letter, other documentation etc.*
Family submits prior to enrollment:	Medical/Dental Insurance Card – *if available*
	Physician's Exam – *current w/in year, including all blood work* °
	Immunization Record

SELECTION	
Staff completes **Intake Packet B**:	Income Eligibility Verification
	Selection Criteria
	Selection & Intake Form – part I (& II if applicable)

FAMILY ORIENTATION	*in small groups, or individually as children enroll*
Family receives:	Family Handbook part I – Welcome to Head Start
	Family Handbook part II – Policies & Procedures
	Program calendar, staff contact list, and/or other key information for year
Family completes **Intake Packet C;** Staff support as needed, including interviewing parent to complete health forms	Emergency Contacts °
	Emergency Consent
	Permission for Program Activities
	Release of Information
	Family Involvement Agreement
	Acknowledgement of Information and Policies
	Child Source of Medical Care °
	Lead Risk Assessment Questionnaire °
	Child Health History °
	Nutrition Questionnaire
	Parent Interest Survey °
	CACFP Application (as required locally)
Staff completes:	Selection & Intake Form – part III (& II if applicable)

TEACHER HOME VISIT	*before child begins in program, or within first 45 days*
Staff completes with family input:	Social -emotional/behavioral screening
	Home Visit Tool °

° *Reviewed/updated for returning children also*   Updated: 11/09

Service Area Budget Planner

Budget Year: _____ **Service Area:** _____

(A) Service Area Wish List Completed by: _____Date:_____

Instructions: *Complete the table below with any proposed service enhancements that would require additional funds in next year's budget. Incorporate data analysis and input from families and service area staff whenever possible. Bring this page to the service area budget meeting with HS/Finance Director.*

Your Wish List might include:	Wish List Item	What need will this item address?	How was need identified?
• New services to better serve children or families, based on identified need or increased focus on specific population	1.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
	2.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
• Materials, supplies, or professional resources related to best practices	3.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
• Additional staff based on increase in services, need for efficiency or best practices for caseload size	4.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
	5.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
• Training, tuition costs, conferences or courses for staff (beyond normal program training events)	6.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
• Estimates of overtime based on required attendance at program activities	7.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other
• Changes to program goals and objectives	8.		❑ Data analysis ❑ Staff input ❑ Family input ❑ Other

Service Area Budget Planner

Budget Year:_____   Service Area:_____

(B) Proposed Budget Changes   Date of Initial Meeting: _____   Date of Follow-up Meeting:_____

Instructions: In the initial service-area budget meeting, the manager and HS/Finance Director should jointly determine possible changes in the next year budget to reflect wish list items. A follow-up meeting may be necessary to prioritize and make final decisions on these proposed changes, as per budget constraints.

	Account Code	Proposed Expenditure		Budget Effect (change from current year)	Course of Action (based on overall budget needs)
		Description	Amount		
1					❑ Accept ❑ Reject ❑ Modify ❑ Table
2					❑ Accept ❑ Reject ❑ Modify ❑ Table
3					❑ Accept ❑ Reject ❑ Modify ❑ Table
4					❑ Accept ❑ Reject ❑ Modify ❑ Table
5					❑ Accept ❑ Reject ❑ Modify ❑ Table
6					❑ Accept ❑ Reject ❑ Modify ❑ Table
7					❑ Accept ❑ Reject ❑ Modify ❑ Table
8					❑ Accept ❑ Reject ❑ Modify ❑ Table
9					❑ Accept ❑ Reject ❑ Modify ❑ Table
10					❑ Accept ❑ Reject ❑ Modify ❑ Table

Initialed: Service Area Manager_____Date_____   Finance Director_____Date_____   HS Director_____Date_____
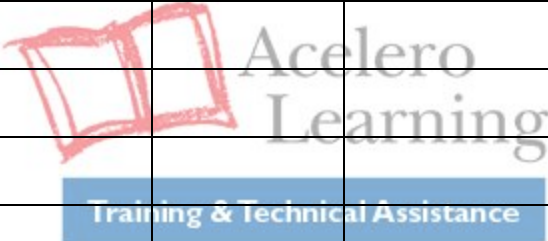
In-Kind Documentation Form
DONATED OR DISCOUNTED GOODS
(E.G. CANNED FOOD USED AT PROGRAM, BOOKS USED IN CLASSROOM)

Name of Individual/Company: _____ Phone: _____

Address: _____

This form verifies that you contributed goods, as a donation or at a discount, to the Head Start program. *You may also attach an itemized receipt.*

Date	Goods Provided	Fair Market Value	Signature of Volunteer:	*Goods are* *-allowable* *-reasonable* *-beneficial to Head Start.* **Initials of Staff:**

Signature of Staff: _____ Date: _____

Print Name: _____ Position: _____

Program: _____Site/Center: _____

In-Kind Documentation Form

DONATED OR DISCOUNTED PROFESSIONAL SERVICES

(E.G. NURSES, PAINTERS, LAWYERS)

Name of Individual/Company: _____ Phone: _____

Address: _____

This form verifies that you contributed professional services, as a donation or at a discount, to the Head Start program.

Date	Service Provided	# Hours	x # Volunteers	= Total Hours	Miles Driven	Signature of Volunteer:	*Services are -allowable -reasonable -beneficial to Head Start.* **Initials of Staff:**

Signature of Staff: _____ Date: _____

Print Name: _____ Position: _____

Program: _____Site/Center: _____