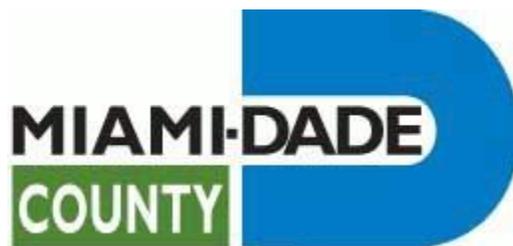


Solicitation Request for Profile Information No. 01871

HEAD START/EARLY HEAD START PROGRAM

Solicitation Designation: Public



Miami-Dade County

Solicitation Request for Profile Information No. 01871 HEAD START/EARLY HEAD START PROGRAM

Solicitation Number	Request for Profile Information No. 01871
Solicitation Title	HEAD START/EARLY HEAD START PROGRAM
Solicitation Start Date	2021
Solicitation End Date	2025
Solicitation Contact	Brad Skinner, Procurement and Contracts Manager (786) – 469 - 4657 Brad.Skinner@Miamiidade.gov
Contract Duration	See Bid Documents
Contract Renewal	See Bid Documents
Solicitation Comments	Request for profiles

Item Response Form

Item	Request for Profile Information No. 01871--01-01 - Proposer Profile Information
Quantity	1 each
Prices are not requested for this item.	
Delivery Location	Miami-Dade County
	<u>No Location Specified</u>
	Qty 1
Description	
See Proposer Profile Information section	



**REQUEST FOR PROFILE INFORMATION No. 01871
FOR
HEAD START/ EARLY HEAD START PROGRAM SERVICES**

ISSUED BY MIAMI-DADE COUNTY:

Community Action and Human Services Department

MIAMI-DADE COUNTY CONTACT FOR THIS SOLICITATION:

Brad Skinner, Procurement and Contracts Manager
701 NW 1st Court, 9th Floor, Miami, Florida 33136
Telephone: (786) 469-4657
E-mail: Brad.Skinner@miamidade.gov

**IT IS THE POLICY OF MIAMI-DADE COUNTY (COUNTY) THAT ALL ELECTED AND APPOINTED COUNTY OFFICIALS AND COUNTY EMPLOYEES SHALL ADHERE TO THE PUBLIC SERVICE HONOR CODE (HONOR CODE). THE HONOR CODE CONSISTS OF MINIMUM STANDARDS REGARDING THE RESPONSIBILITIES OF ALL PUBLIC SERVANTS IN THE COUNTY. VIOLATION OF ANY OF THE MANDATORY STANDARDS MAY RESULT IN ENFORCEMENT ACTION.
(SEE IMPLEMENTING ORDER 7-7)**

INTRODUCTION

Miami-Dade County, hereinafter referred to as the "County," as represented by the Miami-Dade Community Action and Human Services Department (CAHSD), is soliciting profiles from firms interested in providing Head Start / Early Head Start program services.

PURPOSE

This Request for Profile Information will establish a Waiting List of Vendors (List) capable of providing Head Start/Early Head Start Program services for the CAHSD. Placement on this List is **NOT** a contract between the County and the Vendor, but an acknowledgement that the Vendor meets the qualifications as outlined. Vendor Profiles will be accepted from 2021 through 2025 for placement on such List.

DEFINITIONS

DCF – shall refer to the Department of Children and Families

DCF Inspection Reports – shall refer to annual inspection reports that are conducted by the Department of Children and Families.

CDA - shall refer to Child Development Associate credential.

CCFP – shall refer to Child Care Food Program.

CCFP USDA Inspection Reports – shall refer to annual inspections that are conducted by the State of Florida United States department of Agriculture Child Care Food Program

Delegate Agency – shall refer to a vendor currently providing Head Start/Early Head Start Program services for the Miami-Dade County Community Action and Human Services Department.

FCCPC – shall refer the Florida Child Care Professional Credential

HS - shall refer to Head Start Program

EHS – shall refer to Early Head Start Program

USDA – shall refer to the United States Department of Agriculture

WAITING LIST CRITERIA

Vendors on the Waiting List may be invited to negotiate a contract to provide Head Start/Early Head Start Program services as needed.

Vendors shall submit the following with their Submittal form:

1. Two most recent DCF Inspection Reports.
2. Two most recent CCFP USDA Inspection Reports.
3. Current DCF License.
4. Current Occupational License.
5. Most Recent Fire Inspection Report.
6. Most recent Tax Return or 990.
7. Proof of Nonprofit Status 501(c)(3), if applicable.
8. Proof of Accreditation, if applicable.
9. Pictures of proposed classrooms, front entrance, and playground
10. Request for Profiles Information Form

INSURANCE

Insurance is **NOT** required in order to be on the Waiting List. Insurance requirements will be detailed in the subsequent contract when offered.

Attachments

Project Introduction

Scope of Services

Request for Profile Information form

Request for Profiles Submittal Form

SCOPE OF WORK

The Delegate Agency/Awarded Vendor shall provide the following tasks and services, and agrees to comply with the following requirements:

ARTICLE 1 GENERAL REQUIRED SERVICES

1. Operate a Head Start Program (Program), to include Head Start (HS) and/or Early Head Start (EHS) services, as applicable, that focuses on the delivery of comprehensive early childhood care and education services for pregnant women, infants and toddlers (birth – three year old) and/or pre-school aged children (three - 5 year old) of low income families.
2. Administer the Program in compliance with all applicable federal, state, and local laws, regulations, rules and guidance, including, but not limited to the Head Start Act (the Act), 42 U.S.C. Section 9831, et seq.; the Head Start Program Performance Standards (HSPPS); notices and instructions as promulgated by the U.S. Department of Health and Human Services (DHHS) Administration for Children and Families (ACF); Code of Federal Regulations (CFR), Title 45 Parts 1301,1302, 1303, 1304,1305, as may be amended; Title 41 U.S.C Section 4712; Florida Statutes (Section 402.301-402; Section 435-452; Section 120.60); Florida Administrative Code (Chapter 65C-22; Chapter 64E-11).
3. Abide by the Miami-Dade County Head Start Program Policies and Procedures, found through Microsoft Teams and/or ChildPlus as may be amended, which are incorporated herein by reference.
4. The approved Program services shall provide a minimum of eight (8) hours of direct instructional child contact, per day, for 175 days, in accordance with the Miami-Dade Community Action and Human Services (CAHSD) Head Start schedule, which is subject to change. The approved Early Head Start Program services shall provide a minimum of nine (9) hours of direct instructional child contact, per day, for a minimum of 46 weeks, approximately 215 days, in accordance with the CAHSD Early Head Start schedule, which is subject to change. Holidays and teacher workdays will be observed following the Miami-Dade County CAHSD Head Start/Early Head Start schedule. Any variation from this schedule must receive prior written approval from the Program Manager. Delegate agencies requesting to serve children for less than the stipulated hours may receive an adjusted cost per child.
5. Establish a Quality Assurance (QA) Program which ensures Delegate Agency compliance with HSPPS.
6. Administer the Program in the areas identified by Miami Dade County's Community Assessment, as approved by the County. A copy of the 2020 Community Assessment can be viewed at www.miamidade.gov/socialservices.
7. Ensure that the majority of the Delegate Agency's funded slots are occupied by children within the targeted geographic area being serviced.

ARTICLE 2 HUMAN RESOURCE MANAGEMENT

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1302: Program Operations, Subpart I: Human Resources, as may be amended.
2. Maintain and update the Delegate Agency's personnel policies and procedures incorporating the requirements as specified in HSPPS Part 1302.90 (Personnel Policies), which includes, but is not limited to, establishing a Head Start Policy Committee to approve the process for hiring, promotion, demotion, and dismissal of Head Start funded staff (including contractual).
3. Submit all Delegate Agency staff/teacher resumes and educational credentials to the County for review and approval prior to hiring staff or within 15 days of hire. Failure to follow these procedures will result in the disallowance, by the County, for personnel costs and any other indirect costs for those persons not approved by the County.
4. Ensure that staff attend all mandatory meetings, including training and technical assistance meetings, monthly Executive Director's Meetings, and service area meetings, along with all other entities contracting with the County to provide Head Start/Early Head Start services, in order to enhance the delivery of comprehensive, integrated services. The County will provide the Delegate Agency with a 72-hour advance notice of upcoming Executive Director's meetings unless it becomes necessary to call an emergency meeting, in which case as much advance notice will be given to the Delegate Agency as reasonably possible. The Delegate Agency Executive Director, or designee, shall maintain a 100% attendance rate at and participate in the monthly Executive Director's meetings and the annual Program Governance training.

5. Ensure that all staff paid with Head Start and Early Head Start Program funds, entirely or partially, attend the annual Pre-Service Training Conference, Infant and Toddler Conference, New Staff Orientation, and In-Service staff development trainings to include the Classroom Assessment Scoring System (CLASS), and all other mandatory trainings and meetings identified by the County.
6. Failure by the Delegate Agency to adhere to the 100% mandatory attendance requirements contained herein could result in default.
7. Curriculum specialists/coaches, as appropriate, shall obtain and maintain a current Classroom Assessment Scoring System (CLASS) reliability certificate to conduct observations in all programs overseen by the curriculum specialist/coach, using the data from the assessment to identify the teaching teams' strengths, areas of growth and those in need of intensive supports. Curriculum specialists/coaching staff shall also provide monthly intentional coaching to include developing professional goals, observation, feedback, modeling of developmentally appropriate classroom practices and resource materials. All coaching shall include practice-based and selected coaching enhancement strategies, align with the program's school readiness goals, and curriculum and professional development plan. The curriculum specialist/coach will provide ongoing communication to the program director, grantee education staff, and any other relevant staff.
8. Ensure that all Program teachers meet the requirements of HSPPS Part 1302.91 (e) (1-3).
9. Ensure two paid and properly credentialed staff persons (a teacher and a teacher assistant or two teachers) for each classroom that meet the qualifications, as specified in 45 CFR Part 1302.91 (e) (1-3), to instruct and supervise the children enrolled in the Program. All Head Start teachers must have a minimum of an Associate Degree in Child Development or Early Childhood Education, equivalent coursework, or otherwise meet the requirements of section 648(A)(a)(3)(B) of the Act. All teacher assistants must have at least a child development associate (CDA) credential or a state-awarded certificate that meets or exceeds the requirements for a CDA credential; are enrolled in a program that will lead to an associate or baccalaureate degree; or are enrolled in a child development associate (CDA) credential program to be completed within two years of the time of hire. Ensure that all Early Head Start teachers providing direct services to infants and toddlers and families in Early Head Start centers have a minimum of a CDA credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.
10. At least 50% of the Head Start teachers shall possess, at a minimum, a Baccalaureate, or advanced degree in early childhood education; or a Baccalaureate or advanced degree in child development, early childhood education, or equivalent coursework.
11. Ensure that staff who serve as education managers or coordinators, and curriculum specialists/coaches, have the capacity to offer assistance to other teachers in the implementation and adaptation of curricula to the group and individual needs of children in a Head Start or Early Head Start classroom; and have a baccalaureate or advanced degree in early childhood education; or a baccalaureate or advanced degree and equivalent coursework in early childhood education with early education experience teaching experience in accordance with Section 648A(a)(2)(B)(i) of the Act and HSPPS Part 1302.91(d)(2).
12. Ensure that staff who serves as a disabilities coordinator or in disabilities management hired after November 7, 2016, have, at a minimum, a baccalaureate degree, in the discipline they oversee, including early childhood development, and special education services for children in accordance with HSPPS Part 1302.91 (d)(1).
13. In accordance with HSPPS Part 1302.101, the Delegate Agency shall ensure that their program, fiscal, and human resources management structure is sufficient to provide effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high quality services and all of the program services described in subparts C ,D, E, F, G, and H of the HSPPS.
14. The Delegate Agency shall ensure that staff, consultants, and contactors engaged in the delivery of program services have sufficient knowledge, training, experience, and competencies necessary to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with HSPPS Part1302.91(a).
15. In accordance with HSPPS Part 1302.91(b), employ an Early Head Start and/or Head Start Delegate Agency Director with demonstrated skills and abilities in a management capacity relevant to human services program management. And each

delegate must ensure that an Early Head Start or Head Start director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.

16. Ensure staff hired after November 7, 2016, who work directly with families on the family partnership process have within eighteen months of hire, at a minimum, a credential or certification in social work, human services, family services, counseling or a related field in accordance with the HSPPS Part 1302.91(7)
17. Ensure health procedures are performed only by a licensed or certified health professional and that all mental health consultants are licensed or certified mental health professionals and that mental health consultants have knowledge of and experience in serving young children and their families in the community.
18. Employ staff or consultants to support nutrition services who are registered dietitians, licensed by the State of Florida, Department of Health with appropriate qualifications.
19. In accordance with HSPPS Part 1302.91(c), each Delegate Agency must assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016 is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field. The Delegate Agency shall ensure that a qualified fiscal officer and other management staff (i.e. licensed mental health consultant, etc.) and all other staff have the required license(s) and/or credentials needed for their position in accordance with applicable laws and regulations and have experience relevant to their positions.
20. Ensure all staff, consultants, contractors, subcontractors, and volunteers abide by the program's standards of conduct, which include, but are not limited to refraining from using corporal punishment, isolation to discipline a child, withholding food as a punishment/reward, or physically abuse of a child, in accordance with HSPSS Part 1302.90(c)(1).
21. Ensure staff and program consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the Program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency, in accordance with HSPPS Part 1302.90(d).
22. Comply with HSPPS Part 1302.90(d)(2), requiring that if a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak such language.

ARTICLE 3 ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, ATTENDANCE AND PROGRAM STRUCTURE

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures Part 1302: Program Operations, Subpart A, B, and H, as may be amended.
2. Ensure staff use the County's online and paper-based application system to assist families in applying for the Program.
3. Maintain the funded enrollment level from the start of the Program Year, and fill any vacancy as soon as possible. When a vacancy exists, no more than 30 calendar days may lapse before the vacancy is filled (refer to HSPPS, Part 1302.15(a)).
4. Develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment areas of the availability of Program services (Refer to HSPPS, Part 1302.13). Submit an Annual Recruitment Plan and proof of implementation to the County.
5. Input classroom attendance into ChildPlus and follow-up and document absences on a daily basis. For children who unexpectedly do not arrive at their usual time, center staff must make an attempt to contact the parent/guardian within one hour of usual arrival time.
6. Track attendance for each child and implement strategies to promote attendance by providing information about the benefits of regular attendance and supporting families to promote the child's regular attendance. This may include conducting a home visit or other direct contact with parents if child has had multiple unexplained absences.

7. Once confirmation has been received that the child is not returning to the program, consider the child's slot vacant and fill the slot with a new or transferred child, in coordination with the County.
8. Provide the County with its eligibility, recruitment, selection, enrollment and attendance requirements and procedures as specified in HSPPS Part 1302 Subpart A.
9. Maintain eligibility determination records as required by HSPPS Part 1302.12(k).
10. Afford priority for selection and enrollment to children transferring within the County's Head Start and Early Head Start Program.
11. Provide a written plan outlining the policies and procedures for including children with disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990 (<http://www.ada.gov>) and the Individuals with Disabilities Education Act (IDEA).
12. Maintain a minimum of ten percent (10%) of the Delegate Agency's enrollment for children who have disabilities and provide disability services in accordance with HSPPS Part 1302 Subpart F.
13. Provide services to groups of children in the Program, in a separate classroom, with adequate square footage ratios per child (35 square feet per HS / EHS child exclusive of hallways, bathrooms, and office space), in accordance with HSPPS Part 1302.21(d).
14. Adequate playground square footage shall be 75 square feet per child. Delegate Agency shall ensure the square footage requirement is adequate for the number of children served.
15. In accordance with HSPPS Part 1302.21, staff-to-child ratios and group size maximums must be determined by the age of the majority of the children and the needs of the children present. The maximum number of children allowed in the classroom where the majority of children are 4 and 5 years old is 20. The maximum allowed when the majority of children are 3 year-olds is 17. A class is considered to serve predominantly 3 year-old children if more than half of the children in the class will be three years old by September 1. For Early Head Start services (ages 0 – 3), the maximum number of children allowed in a classroom is 8.
16. Operate the Head Start Program centers for a minimum of 8 hours per day and Early Head Start centers for a minimum of 9 hours per day. Head Start centers should operate Monday – Friday, from 8:00 a.m. to 4:00 p.m. or 7:30 a.m. to 3:30 p.m. and Early Head Start centers shall operate Monday – Friday, from 8:00 a.m. to 5:00 p.m. or 7:30 a.m. to 4:30 p.m. No center may operate for less time and no fee can be charged for this timeframe. Additional services that fall outside of this timeframe may be offered either free of charge or for a fee. If a fee is charged for after-school care during the regular Program Year or during the summer when the Program is closed, the Delegate Agency shall send a notice to the parents advising them that the service is not part of the Head Start Program Services. A copy of this letter should be submitted to the County.
17. Submit all applications of over-income children to the County for approval prior to the child entering the Program. This includes children with disabilities and children transitioning from Early Head Start into Head Start. Failure to comply will result in a reduction of reimbursement for each child not approved. The reduction will be pro-rated based on the Delegate Agency's cost per child.
18. Comply with Life Safety and Fire Prevention Codes to include State of Florida Standards for Safety.
19. Comply with HHS Regulations for transporting children on vehicles in accordance with the HSPPS Part 1302 Subpart G, if applicable.
20. Ensure that all staff have complete background checks in accordance with HSPPS Part 1302.90(b)

ARTICLE 4 FISCAL AND ADMINISTRATIVE REQUIREMENTS

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1303: Financial and Administrative Requirements, Subpart A-F, as may be amended.

2. Provide reimbursements for reasonable expenses incurred by Policy Committee members and parent activity funds for all parents, which may be reimbursable, in accordance with the HSPPS Part 1301.3(e) and Miami-Dade County rules and guidelines.
3. Provide funding for the Parent Activity Fund at a rate of \$7.00 per child slot, per Program Year. The Parent Activity Fund shall be governed by the federal guidelines and ensure that parents have a role in deciding how these funds will be utilized.

ARTICLE 5 EDUCATION, CHILD DEVELOPMENT, SAFETY, AND HEALTH PROGRAM SERVICES

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1302: Program Operations, Subpart C, D, and F, as may be amended.
2. Provide early education and childhood development and health program services as specified in HSPPS Part 1302 subpart C and D, and all other applicable laws and standards, including immunizations, medical exams, dental, sensory, behavioral and developmental screening and appropriate follow-up care, including nutrition assessments, for all Program enrolled children. The Delegate Agency shall ensure that all applicable developmental and health services documentation is incorporated into child’s folder and properly entered into the ChildPlus Information System, and shall also include appropriate meal count information.
3. Teaching and learning environments will maintain classroom ratio and group sizes in center – based sites as listed below in accordance with HSPPS Parts 1302.31 (a) & 1302.21 (a) (b) (1)(i) (ii) ;
4. Provide a daily educational program for children that is aligned with the Head Start Early Learning Outcomes Framework (ELOF), including for Children with Disabilities as specified in 45 CFR Part 1302.31, and that follows the County approved curriculum and identified research/evidence based enhancements, to include High Scope for Head Start, Creative Curriculum for Early Head Start, and Partners for a Healthy Baby for EHS Home Based as the primary curricula.
5. The County reserves the right to change the curricula, to implement curriculum enhancements, to apply for and participate in research/grant projects for the Head Start and Early Head Start Program, and/or to change service delivery models (Center Based, Home Based, In-Person, or Virtual), at any time, including in the event of an emergency and/or unforeseen situation. Delegate Agency agrees to cooperate with any such research/grant project as may be requested by the County.
6. Receive prior written approval from the County for any Head Start Program curriculum enhancements, or research/ grant projects being implemented by the Delegate Agency in the Head Start/Early Head Start programs, , including any parental consent forms for the same.
7. Provide and maintain learning environments to support implementation of the curriculum while ensuring age-appropriate (new/moderately used) furnishing, equipment, materials and supplies are available to support functional physical space for indoor and outdoor learning.
8. Head Start and Early Head Start classroom staff will complete a lesson plan for each segment of the implemented curricula’s daily routine to include age appropriate, high quality, organized activities and early learning experiences ensuring a focus in the developmental domains below, utilizing various individualized strategies or technology to meet the collective and or individual needs of enrolled children based on children’s assessment data in order to develop the agency’s School Readiness goals. HSPPS, Part 1302.31 (b) (1) (ii – iv)

Early Head Start

- Approaches to Learning
- Cognitive Development and General Knowledge
- Language, Communication, Reading and Writing
- Physical Development and Health
- Social and Emotional Development

Head Start

- Language,
- Literacy
- Early Math,
- Science,
- Social Studies,
- Social and Emotional Dev.
- Creative Arts
- Approaches to Learning
- Physical Development and Health

9. Classroom staff will individualize interactions based on children’s abilities and interest and implement learning strategies such as using words to describe actions, feelings or thinking to scaffold children and intentionally build their vocabulary and

receptive and expressive language to build school readiness skills that promote, academic success. (Refer to HSPPS Part 1302.31(a) (b) (1) (iv)).

10. Classroom staff will administer developmental and behavioral screening for newly enrolled children within 45 calendar days of entry into the Program in accordance with HSPPS Part 1302.33.
11. Head Start teaching staff/and or assigned assessor will administer a research based speech and language screening, normed for the child's home language (when available) or translated in the child's home language, every year the child is enrolled in Head Start. Dual language children will also be administered a screening using the English screener.
12. Classroom staff will conduct ongoing assessments by observing children and recording observations of all children's abilities (including children with a disability of suspected disability), strengths, areas of growth, interest, planned and self-guided discovery experiences on the Anecdotal Note log or other recording method approved by the County's Education Manager. Classroom teaching/caregiving staff must maintain accurate and current notes in the ongoing assessment database as evidence of children's gains.
13. Disabilities management/ professionals will provide support to ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families, receive all applicable program services delivered in the least restrictive environment and that they fully participate in all Program activities. Actions include, but are not limited to:
 - a. reviewing screenings and assessments,
 - b. making referrals to the Local Education Agency (LEA), Local Early Steps (LES), and or community agency,
 - c. developing follow up intervention plans for children waiting eligibility determination or children that did not qualify
 - d. ensure parents understand the process of eligibility determination
 - e. support parents with registering children with the LEA, accessing Infant and Toddler Development Specialist (ITDS) services and services with community agencies.
14. Engage disabilities management/professionals to ensure individualized services and supports, and to the maximum extent possible, to meet the child's needs. Make efforts to access the child's health insurance.
15. Provide, monitor, implement and adhere to all facets of health services in accordance with HSPPS Parts 1302.40 – 1302.47, some of which are outlined below.
16. Provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.
17. Actively participate in the Health Services Advisory Committee (HSAC) that includes Head Start parents, professionals, and other stakeholders from the community.
18. Ensure that all health-related delegate staff attend regularly scheduled and mandatory health meetings hosted by County staff. If assigned health staff members are unable to be present, Delegate Agency must send another HS/EHS staff member and/or designee to attend on their behalf.
19. Collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.
20. Obtain advance authorization from the parent or legal guardian for all health and developmental procedures administered through the Program or by contract or agreement. Maintain written documentation for any refusal of authorization for health services by completing the "Refusal of Health Services" Form, found in ChildPlus. Prior to utilizing the "Refusal of Health Services Form", a multidisciplinary team (MDT) meeting should be held to discuss options for the child to receive the recommended services. Efforts to meet and discuss options must be documented in ChildPlus. Any completed parent refusal forms must be signed by the parent/guardian as well as the HS/EHS staff at the site. Signed/completed forms must be uploaded into ChildPlus as part of the child's official record and documented under the health requirement it pertains to.

21. Share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention. Complete and implement Individual Health Plans (IHP) for enrolled children with special health care needs that may require emergency treatment during the day.
22. Consult with parents within 30 days of enrollment to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.
23. Assist families in accessing a source of care and health insurance that will meet all health care needs as quickly as possible and within 30 days of the child being enrolled in the Program.
24. Make health status determinations within 90 days of enrollment based on documentation obtained from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care.
25. Assist parents with making arrangements to bring the child's medical/dental status up-to-date as quickly as possible and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent. Efforts to assist families to meet health requirements must be minimally documented on a bi-monthly basis in ChildPlus until the medical/dental event has been brought up to date.
26. Obtain or perform evidence-based vision and hearing screenings ensuring they are completed or obtained within 45 days of enrollment into the Program. Ensure that results are documented and uploaded into the child's record in the ChildPlus data system.
27. Complete a comprehensive nutrition assessment by a registered dietitian for all newly enrolled children that identifies each child's nutritional health needs, taking into account available health information, including the child's health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee.
28. Ensure and assist parents and families to meet all recommended schedules of well-child and oral health care (including the state's EPSDT schedules).
29. Implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns. For medical and oral health concerns, ensure families follow the periodicity schedule as recommended by the American Association of Pediatrics (AAP) and the American Association of Pediatrics Dentists (AAPD). Ensure that any concerns identified by parents or staff are addressed through referral or other means of timely follow-up.
30. Facilitate, ensure, and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments and further oral health treatment as recommended by the oral health professional. Efforts to assist with receiving preventative care and/or treatment must be documented minimally on a bi-monthly basis until received.
31. Facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health concern or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect a child's development, learning, or behavior. Efforts to assist with receiving preventative care and/or treatment must be documented minimally on a bi-monthly basis until received.
32. Develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental concern. ChildPlus "dashboard" reviews must be included as part of the tracking process for all health services.
33. Assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions or developmental concern (I.e. hearing aids, dental procedures, assistive technology, etc.)
34. Use Program funds for the provision of diapers and formula for enrolled children during the Program day.

35. Use Program funds for professional medical and oral health services when no other source of funding is available (payer of last resort). When Program funds are used for such services, agencies must have written documentation of their efforts to access other available sources of funding prior to using Program funds.
36. Promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily. When brushing of teeth is not permitted or recommended due to health regulations, ensure that ongoing education with children and their caregivers on the importance of brushing their teeth daily and how to properly brush teeth is maintained.
37. Establish and train staff on implementation and enforcing a system of health and safety practices that ensure children are kept safe at all times. Agencies will consult Caring for our Children Basics, available at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/caring-for-our-children-basics.pdf> for additional information to develop and implement adequate safety policies and practices described in this part.
38. Develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with HSPPS Part 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety.
39. Ensure that all facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating:
 - f. Meet licensing requirements in accordance with HSPPS Part 1302.21(d);
 - g. Are clean and free from pests;
 - h. Are free from pollutants, hazards, and toxins that are accessible to children and could endanger children's safety;
 - i. Are designed to prevent child injury and free from hazards, including choking, strangulation, electrical, and drowning hazards, hazards posed by appliances, and all other safety hazards;
 - j. Are well lit, including emergency lighting.
 - k. Are equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies.
 - l. Are free from firearms or other weapons that could endanger children.
 - m. Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children's activities.
 - n. Kept safe through an ongoing system of preventative maintenance.
 - o. Hold documented annual fire inspection reports and a Life Safety Operating Permit for each facility rendering Head Start Program Services.
 - p. Provide the County with the most recent inspection and permit at the time of Agreement.
 - q. Comply with the State of Florida and/or any municipality mandate to have a service site Health Inspection Certificate.
 - r. Keep on file the most recent inspection and furnish the County with a copy at the time of Agreement
40. Ensure indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum:
 - s. Be clean and safe for children's use and are appropriately disinfected;
 - t. Be accessible only to children for whom they are age appropriate;
 - u. Be designed to allow appropriate supervision of children at all times;
 - v. Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; and,
 - w. Be kept safe through an ongoing system of preventative maintenance.
41. Ensure that all staff with regular child contact have initial orientation training within three (3) months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety, and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:

- x. The prevention and control of infectious diseases;
 - y. Prevention of sudden infant death syndrome and use of safe sleeping practices;
 - z. Administration of medication, consistent with standards for parental consent;
 - aa. Prevention and response to emergencies due to food and allergic reactions;
 - bb. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic;
 - cc. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment;
 - dd. Emergency preparedness and response planning for emergencies;
 - ee. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants;
 - ff. Appropriate precautions in transporting children, as applicable;
 - gg. First aid and cardiopulmonary resuscitation; and,
 - hh. Recognition and reporting of child abuse and neglect, in accordance with the requirement of local policies and procedures.
42. Ensure all staff with no regular responsibility for or contact with children have initial orientation training within three (3) months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program's emergency and disaster preparedness procedures.
43. Ensure all staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum:
- ii. Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;
 - jj. Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, ensuring soft bedding materials or toys **are not used** for sleeping/resting children 12 months of age and younger;
 - kk. Appropriate indoor and outdoor supervision of children at all times, employing active supervision practices throughout the day;
- ll. Only releasing children to an authorized adult;
- mm. All standards of conduct described in HSPPS Part 1302.90(c).
44. Ensure all staff systematically and routinely implement hygiene practices that at a minimum ensure:
- nn. Appropriate toileting, hand washing, and diapering procedures are followed and signage to encourage the appropriate hand washing and diapering procedures are posted near the area of the activity;
 - oo. Safe food preparation;
 - pp. Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration (OSHA).
45. Establish, follow, and practice, as appropriate, procedures for, at a minimum:
- qq. Emergencies;
 - rr. Fire prevention and response;
 - ss. Protection from contagious disease, including appropriate inclusion and exclusion policies for when a child is ill, and from an infectious disease outbreak, including appropriate notifications of any reportable illness;
 - tt. Handling, storage, administration, and record of administration of medication;
 - uu. Maintaining procedures and systems to ensure children are only released to an authorized adult.
46. Establish and keep updated (annually) a disaster preparedness plan that includes all-hazards emergency management/disaster preparedness and response plans for more and less likely events including natural and manmade disasters and emergencies, and violence in or near programs.

47. Report any health and/or safety incidents in accordance with HSPPS, Part 1302.102(d)(1)(ii) and in accordance with all established local policies and procedures set forth by the grantee. Reporting for urgent and/or highly contagious infectious diseases, including COVID-19, must follow and adhere to the County's reporting procedures. This includes reporting health/safety occurrences to the local Department of Health (DOH) and to the County's Health Coordinator and Program Director within two (2) hours of the incident. Incidents occurring on site must be reported to the grantee team no later than the close of business on the day of the incident.
48. All efforts and activities to complete and comply with HSPPS for health must be documented on each child's record in ChildPlus and/or any other applicable database system. This documentation must be entered as soon as possible, not to exceed 5 business days of receipt
49. All required health documentation, including but not limited to physical forms, well baby check forms, medical/dental insurance card, immunization forms, dental forms, hearing/vision forms, IHP (Individual Health Plan) forms, internal referral forms, medical diagnosis documentation and all other applicable health documentation must be entered and uploaded into ChildPlus immediately upon receipt from the family (daily).
50. Timely report (within two hours), to the grantee health coordinator, all emergency and/or urgent incidences in accordance with all active and implemented grantee health and safety reporting procedures.
51. The provision of nutrition services by a Delegate Agency must be in compliance with the HSPPS, U.S. Department of Agriculture (USDA) Child Care Food program, and Program Policy and Procedures. Nutrition services must be designed and implemented in collaboration with the registered and licensed dietitian and nutrition manager so that nutrition services are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities.
52. Provide breakfast, lunch, and snack that meets with USDA Child Care Food Program requirements, are high in nutrients and low in fat, sugar, and salt and meets 2/3rd of the child's daily nutritional needs. The menus must be developmentally appropriate, culturally sensitive, and reflective of the population being served. The menus must be analyzed each year to ensure nutrient adequacy and submitted to the Grantee Nutrition Coordinator for approval prior to implementation.
53. Providers of the Program Services will be required to obtain a letter from the USDA Child Care Food Program documenting their active sponsorship in the USDA Child Care Food Program. Failure to maintain viable and active sponsorship with the USDA Child Care Food Program will result in immediate termination of the Contract. A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services.
54. The Delegate Agency shall ensure that staff is present at all meals with the children. All toddlers, preschool children and assigned classroom staff, including volunteers, shall eat together, family style if possible, sharing the same menu to the best extent possible, or as in a pandemic/emergency be prepared to serve healthy food safely and appropriately as mandated by local health agencies and the Center for Disease Control (CDC). A Delegate Agency must implement snack and mealtimes in ways that support development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snack and mealtimes must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization.
55. Delegate Agencies must provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.
56. Each enrolled Infant at the Delegate Agency will be provided with formula and baby food that is individualized to the child's needs. Diapers and wipes will also be made available to enrolled children by the Delegate Agency.
57. Enrolled infants and toddlers must be fed according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR Parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible; ensure bottle-fed infants are never laid down to sleep with a bottle; serve all children in morning center-based settings who have not received breakfast upon arrival at the program a nourishing breakfast;
58. In case of an emergency due to natural disaster, health epidemic/pandemic or other causes, the Delegate Agency must have non-perishable foods available on site to be able to feed enrolled children meals and snacks for a minimum of three (3) days.

If the need arises to provide “grab and go” meals to enrolled children due to site closure or having virtual services, the Delegate Agency must have provisions in their contract with a food vendor/caterer to be able to accommodate this need.

59. Provide appropriate healthy snacks and meals to each child during group socialization activities in the home-based option.
60. Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors; and make safe drinking water available to children during the program day. Delegate Agency must partner with their local Women, Infant and Child (WIC) offices. These partnerships must be current and refer pregnant women, breastfeeding mothers and families of young children to WIC services.
61. The registered and licensed dietitian must identify each child’s nutritional health needs, taking into account available health information, including the child’s health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment or by the Health Services Advisory Committee. Each enrolled child must receive a comprehensive nutrition assessment by a registered and licensed dietitian within 150 days of enrollment. Children identified with nutrition related health problems must receive appropriate follow-up services by the dietitian within ten (10) days of receipt of a referral. Children identified with nutrition related problems must be monitored periodically by the registered dietitian until satisfactory outcomes are attained as stated in the plan of action by the dietitian. Each enrolled infant/toddler up to 24 months will be nutritionally assessed as per the Early Periodic Screening Diagnostic Treatment (EPSDT) schedule. All nutrition services provided to enrolled children and families must be documented in ChildPlus within seven (7) business days of service delivery.
62. In the event of an emergency due to a health epidemic/pandemic or natural disaster or other events that may result in site closures or engage in virtual services for enrolled children, then nutrition services must be provided using virtual platforms and current telehealth practices as mandated and regulated by the State of Florida. This includes nutrition assessment, nutrition education and or counseling to enrolled children and families and appropriate and relevant trainings to staff.
63. Children identified with food allergies that involve an epi-pen must have accessible Individual Health Plans of action for emergencies and all relevant staff must be trained on the agency procedure. For food allergies, a program must also post individual child food allergies prominently following the agency’s procedures where staff can view wherever food is served. Revised menus with substitutions completed by the registered dietitian must be posted in the kitchen, in the classroom where the child is attending covered by a paper with a picture of a food item for example an apple so as to ensure privacy of medical information of the child. Staff must be trained in all emergency procedures for the child with an epi-pen and be able to access the revised menu or substitutions. The menus must also be kept in the child’s folder.
64. Collaborate with parents to promote children’s nutritional status with education support services that are understandable to individuals, including individuals with low health literacy. For enrolled families this should include opportunities for parents to discuss their child’s nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family’s nutrition and food budget needs. This type of nutrition education and or relevant nutrition counseling to families and staff must be done by the registered and licensed dietitian and services must be documented in ChildPlus.
65. Maintain partnership with Cooperative Extensions Services with the Expanded Food & Nutrition Education Program [EFNEP] with University of Florida and other local community entities to access nutrition education and food and nutrition resources for families.
66. Provided opportunities for families to learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support.
67. Each delegate agency that does not have a registered and licensed dietitian on staff can obtain services through a consultant. Each consultant contract must be approved by the Grantee prior to implementation of the contract. Services provided by nutrition consultants must be documented in the format provided by the Grantee and submitted for approval to the Grantee Nutrition Coordinator after review and approval of the delegate agency nutrition manager. All invoices detailing the work completed by the nutrition consultant must be submitted to the Grantee Nutrition Coordinator by the 10th of the following month at the latest.

68. In an effort to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development, Delegate Agencies must establish a program-wide culture that promotes the mental health, social and emotional well-being, and overall health of all children, including children with disabilities. Program support activities to be conducted in collaboration and consultation with The County's service area personnel include:
69. Utilization of the Centers for Social and Emotional Foundation for Early Learning (CSEFEL) Teaching Pyramid Model for Positive Behavior Support in conjunction with the Devereux Early Childhood Assessment (DECA) and Ages and Stages screening and ongoing assessment instruments with all children, including children with disabilities.
70. Establishment of systematic process of service delivery which includes leadership team members at each center to meet and discuss strengths and areas of concerns on a regular basis to promote the positive social and emotional development for all children and provide early intervention and support services for concerns which are identified as early in the Program Year as possible.
71. Provide supports for effective classroom management, positive learning environments and supportive teacher practices by providing strategies, interventions, and plans for supporting children with challenging behaviors and other social, emotional, and mental health concerns which are child and family centered and culturally appropriate.
72. Assist to ensure that parental consent for mental health consultation services was obtained at enrollment for the provision of universal prevention and promotion services. Assist in obtaining parental consent for individualized clinical services as appropriate.
73. Assist in identifying and developing a minimum of one (1) community mental health partnership agreement which facilitates access to additional mental health resources and services for program families.
74. Ensure that additional staff and parent consultation will occur in collaboration with parents, teachers, referring agency service providers and the mental health consultant no later than three (3) days following the provision of services to determine effectiveness of services.
75. Secure the services of a mental health consultant/s by August 1 of the Program Year. Requirements and credentials of candidates must be either a State of Florida Licensed Clinical Social Workers (LCSW), Licensed Mental Health Counselors (LMHC), Licensed Marriage and Family Therapists (LMFT), Licensed Psychologists. Candidates must have at least three (3) years of progressively professional experience in the delivery of early childhood mental health services and have knowledge of strengths based, family centered practice in an early care setting and experience in serving young children and their families within a cultural context. Previous experience with Head Start – Early Head Start programs preferred but not required.
76. Obtain a CSEFEL- Teaching Pyramid Model-Positive Behavior Support certification or a Positive Behavior Support certification/ credential within 90 days of being hired for new consultants. Consultants must ensure they obtain the CSEFEL Pyramid certification for each program (Head Start and/or Early Head Start) they provide service for (Preschool Certification for Head Start and Infant and Toddler Certification for Early Head Start).
77. Mental health consultants must:
 - a. Provide direct early childhood mental health consultation services utilizing a multidisciplinary team approach which directly engages teachers and parents. Services must be provided on site at each CAHSD Head Start-Early Head Start center on a schedule of sufficient and consistent frequency to ensure that the mental health consultant is available to partner with staff and families in a timely and effective manner.
 - b. Assist the classroom staff and home visitors in implementing strategies which include the universal promotion of healthy social and emotional development for all children utilizing the recommendations from selected assessment instruments. Ensure that child mental health activities are integrated into curricula, lesson plans and daily routine. Assist the program to implement strategies to identify and support an individual child or a group of children with mental health and social and emotional concerns utilizing Program selected approaches. Collaborate with content area education and disabilities specialists on how to assess the child's strengths and needs, and on how to plan developmentally appropriate activities, interventions and plans based upon multiple sources of information.

- c. Assisting to ensure the appropriate use of the valid and reliable health and development screening and ongoing assessments instruments selected to assess children within 45 days of enrollment to include additional information from family members, teachers, and relevant staff familiar with the child's typical behavior. If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA, in accordance with HSPPS Part 1302.33(3).
- d. Assist teachers, including family childcare providers and home visitors, to improve classroom management and teacher practices through strategies that include using classroom visits, consultations and observations, address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning. Conduct general classroom observations and consultations as required and individual classroom observations as needed with parental consent. Consult with the staff regarding individualizing services, including ways of structuring the child's program and implementing strategies and plans which will foster development for children with atypical development.
- e. Consult with staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors. This will include a review of and consultation with education manager/curriculum specialist and teachers regarding general positive social and emotional classroom practices which support all children and scheduling timely staff consultations to address concerns of children who appear withdrawn or exhibit other challenging behavior. Initiate consent for clinical assessment and planning in collaboration with parents and teachers for children who are unresponsive to the initial intervention planning process.
- f. Facilitate opportunities for parents and staff to understand mental health and access mental health interventions, if needed, through the provision of educational resources and referral. Group and individual parent and staff educational opportunities and resources must be provided as required. Assist staff and parents to make contact with and to take advantage of community child mental health and parenting education resources which promote the healthy development of children. Work in partnership with assigned social services, mental health and disabilities staff to locate appropriate providers for an individual child or family who would benefit from such services. Ensure that all referrals, follow up and ongoing efforts are documented on Program selected forms and in electronic data entry system.
- g. Initiate clinical assessments, plans, referrals and consultation with agency and the County's HS/EHS program leadership team, staff and parents early in the Program Year and continuously to assist in the implementation of the policies to limit suspension and prohibit expulsion as described in HSPPS Part 1302.17 and in Miami-Dade County Head Start Program Policies and Procedures. In such instances, mental health consultants must engage with the parents and utilize appropriate community resources; develop written plans to document the action and supports needed; provide services that include home visits; and determine, in consultation with the disabilities and education coordinator and parents, whether a referral to a local agency responsible for implementing IDEA is appropriate.
- h. Provide opportunities for parents to discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development. Work in partnership with the disabilities and education coordinators to help teaching staff to identify and work with children with disabilities who may also have social, emotional or behavioral concerns.
- i. Collaborate with parents to promote children's health and well-being by providing mental health education support services that are understandable to individuals, including individuals with low health literacy, as delineated in the HSPPS Part 1302.46(a).
- j. Ensure that case documentations and recording are completed at the Point of Services (POS) on the day that services are rendered.
- k. Work collaboratively with agency leadership to ensure that telemental health services are available to staff and families to address emergencies such as hurricanes, pandemics, and unforeseen events. Ensure that services

comply with section 456.47, Florida Statutes, concerning the use of an electronic platform (not telephone, email, or fax).

- I. Participate in ongoing training and staff development opportunities which are provided by the County on a frequency to be determined by the County. Required training rates should be negotiated as no payment due to program requirements to do the job or a reduced payment rate or Continuing Education Units (CEU)s.

ARTICLE 5 FAMILY AND COMMUNITY ENGAGEMENT PROGRAM SERVICES

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1302: Program Operations, Subpart E, as may be amended.
2. Provide family and community engagement services, in coordination with the County, as specified in 45 CFR Subpart E- Family and Community Engagement Program Services: HSPPS Part 1302.50, Family engagement; HSPPS Part 1302.51, Parent activities to promote child learning and development; HSPPS Part 1302.52 Family partnership services; HSPPS Part 1302.53 Community partnerships and coordination with other early childhood and education programs.

Family engagement (HSPPS Part 1302.50)

3. Implement strategies to engage parents in child’s learning and development and support parent-child relationships, including specific strategies for father engagement.
4. Develop strong relationships with parents, structure services which encourage trust and respectful, ongoing two-way communication between staff and parents.
5. Create and maintain a welcoming environment incorporating each family’s unique cultural, ethnic, and linguistic backgrounds.
6. Plan and implement activities consistent with parents’ strengths, needs and interests generated from the Family Assessment Questionnaire (FAQ), and inform families of engagement and volunteer opportunities. All new and regular volunteers will receive orientation and training. (Regular Volunteers: Regular volunteers are non-employees who are assisting at least 10 hours a month in a Head Start or Early Head Start classroom or office.)
7. Family engagement activities, workshops, and trainings must be held bi-monthly, at a minimum:

At a minimum, all of the following topics shall be provided to families during the Program Year:

Father/Father Figure Activity	Health and Developmental consequences of tobacco product use and exposure to lead	Dual language learners: information and resources about the benefits of bilingualism and biliteracy
Child Development/ Curriculum Overview	Environmental Hazards	COVID-19 Health & Safety Training *New
Preventive medical and oral health care	Health and Safety Practices for the Home	Topics identified by ChildPlus Report #4240 (Family Outcomes Analysis)
Domestic Violence	Vehicle and Pedestrian Safety	Services to children with disabilities
Child Abuse Prevention	Family Literacy	Emergency or Crisis Assistance, including food, clothing, and housing
Mental Health	Financial Literacy	Employment Services/Job Training
Nutrition (Importance of physical activity, healthy eating, and negative health consequences of sugar-sweetened beverages, and how to select nutritious foods that meet the family’s nutrition and food budget needs.)	Importance of regular attendance	Parenting
Healthy pregnancy and post-partum care (to include breastfeeding, parental substance abuse and perinatal depression)	Parent Leadership Trainings	

8. Encourage all parents to complete the Parent Satisfaction Surveys which will be completed twice a year to determine the level of program satisfaction, community reputation, and quality of services.
9. Enter parent engagement activities and trainings into the ChildPlus System monthly and within 2 weeks of the event taking place.

Parent activities to promote child learning and development

10. Conduct a curriculum overview and a review of other educational programs with parents during the Parent Orientation and the Parent Committee Meeting early in the program. Child development and education topics shall be discussed throughout the Program Year with individual families through Parent-Teacher Conferences and Home Visits.
11. Encourage parents' involvement in: providing input into daily lesson plans, serving on the School Readiness Committee, and attending and participating in curricula revision meetings.
12. Provide parents the opportunity to participate in research-based parenting curriculum which builds on parents' knowledge and enhances and strengthens parenting skills which promote children's learning and development.
13. Assist families with accessing the Galileo parent portal and other innovative family engagement web-based tools to view their child's progress and to create at-home activities which connect to their child's learning skills.
14. Work with community providers and partners to provide access to families to receive materials, services, and activities essential to family literacy development that promotes parents as the primary teacher and full partner in the education of their children
 - The importance of their child's attendance in the Head Start/Early Head Start Program
 - The benefits of bilingualism and bi-literacy for dual language learners

Family partnership services

15. Develop strong relationships with parents by engaging in conversations which build trust, mutual respect, and collaboration. This relationship-building process will serve as the foundation of all family partnership services which will be maintained throughout the Program Year.
16. Identify needs, interests, strengths, goals, services, and resources that support family well-being, including safety, health, and economic stability utilizing the Family Assessment Questionnaire (FAQ).
17. The FAQ will be completed with all new and returning families within the first 45 days of enrollment and entered and tracked in the ChildPlus System.
18. Complete the FAQ twice per year with the preliminary assessment completed within 45 days of enrollment and the final assessment completed by April 15th, unless the preliminary assessment was completed within 60 days of this date.
19. The family services staff will review the FAQ with families to assess the family's strengths, needs, and interests and will measure each family's progress towards the family outcomes based on the Parent, Family, and Community Engagement (PFCE) Framework.
20. Provide parents with internal and external referrals for identified needs, interests, and concerns. Follow-up to these referrals will be completed within 2 weeks or within 24 hours if the referral is addressing a crisis. Documentation of all referrals and referral follow-ups will be entered into the ChildPlus System.
21. Offer individualized family partnership services for every enrolled family by providing an opportunity to develop a collaborative individualized Family Partnership Agreement (FPA) within 45 days of enrollment. New and returning families will complete a new FPA each program year

22. Family goal setting will be jointly established and each individual FPA will include objectives which are measurable by describing the family goal, the responsibilities, and strategies for goal achievement.
23. Follow-up on the progress of family goals must be completed regularly and deemed necessary based on the circumstances surrounding the goal and the timetable for completion. The FPA will be reviewed with families throughout the entire program year based on the prescribed target dates notes on the FPA.
24. FPAs must be completed in the ChildPlus System and ongoing follow-up to the family goals entered regularly.

Community partnerships

25. Identify agencies and organizations that provide responsive services to the needs of the children and families enrolled in the Program.
26. Outline objectives and goals that are mutually beneficial. Community Partnership Agreements should be effective for a minimum of one year.
27. Establish and maintain a minimum of one collaborative informal or formal community partnership agreement with community organizations in each of the following categories in accordance with HSPPS Part 1302.53(a)(2)(i-viii):
 - a. (i) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers;
 - b. (ii) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;
 - c. (iii) Family preservation and support services and child protective services and any other agency to which child abuse must be reported under state or tribal law;
 - d. (iv) Educational and cultural institutions, such as libraries and museums, for both children and families;
 - e. (v) Temporary Assistance for Needy Families, nutrition assistance agencies, workforce development and training programs, adult or family literacy, adult education, and post-secondary education institutions, and agencies or financial institutions that provide asset-building education, products and services to enhance family financial stability and savings;
 - f. (vi) Housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*);
 - g. (vii) Domestic violence prevention and support providers; and,
 - h. (viii) Other organizations or businesses that may provide support and resources to families.
28. Review annually and submit to the grantee no more than one month after established Community Partnership Agreements consist of but are not limited to: Correspondences between the parties, letters, Memorandums of Understanding (MOU), and Interagency Agreements.
29. Develop a network of resources with community organizations to promote the access of services for children and families from the following:
 - Healthcare providers
 - Mental health providers
 - Medicaid Managed Care Networks
 - Dentist providers
 - Nutritional service providers
 - Substance Abuse treatment providers
 - Individuals and agencies that provide services to children with disabilities and their families
 - Family preservation and support
 - Child protective services
 - Elementary schools, state pre-school providers and other childcare services
 - Educational and cultural institutions i.e., libraries and museums for children and families
 - Temporary Assistance for Needy Families (TANF), workforce development and training programs

- Adult or family literacy, adult education, and post-secondary institutions
 - Financial institutions that provide asset-building education
 - Housing assistance agencies and providers of support for the homeless
 - Domestic violence prevention and support providers
30. Ensure parents are aware and knowledgeable of community partner(s) at each center by inviting community partners to the parent meetings to provide pertinent information about their services.
31. Staff and parents will be asked to serve on task forces and/or advisory boards in targeted communities and neighborhoods to represent and influence policy-making initiatives which have a direct impact on responsive services which address the ongoing needs of children and families enrolled in the Program.

ARTICLE 6 TRANSITION SERVICES

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1302: Program Operations, Subpart G, as may be amended.
2. Provide transition services for families in coordination with the County's Head Start Program, as specified in 45 CFR Subpart G- Transition Services: HSPPS Part 1302.70 Transitions from Early Head Start; HSPPS Part 1302.71 Transitions from Head to kindergarten.

Transitions from Early Head Start

3. Conduct Individual Transition Planning Meetings six months prior to the child's 3rd birthday or upon enrollment, if the child enrolls less than six months prior to his/her 3rd birthday.
4. The Individual Transition Planning Meeting will include the EHS Social Worker, the primary caregiver, the EHS Center Director, the EHS Curriculum Specialist, the HS Social Worker, HS Center Director, the HS Curriculum Specialist, parents, and Health, Disabilities, Nutrition, Mental Health support staff, if applicable.
 - a. The purposes of this meeting are as follows:
 - Introduce Head Start staff to the parents
 - Review the progress of the child with the parents while the child is enrolled in EHS
 - Introduce the parents to the Head Start staff
 - Establish an Individual Transition Plan with action steps, timelines, persons responsible for specific action steps, and follow-up meeting
 - Create and review classroom visits schedule
 - Schedule a meeting between the Center Director, the Curriculum Specialist, and the Social Worker to develop a classroom visits schedule for the EHS child. This schedule will then be forwarded to the EHS primary caregiver and the HS Teacher
 - Scheduled classroom visits will begin one week after the Individual Transition Planning Meeting and these visits will be documented on the Transition Classroom Visit Log.
5. The child will visit the HS classroom accompanied by his/her EHS primary caregiver once per week for a minimum of 3 months following the completion of the Individual Transition Planning Meeting. Each classroom visit will last from 15-30 minutes which will take place at different times throughout the morning daily schedule for the child to be gradually introduced to the HS daily schedule.
6. The HS classroom visit will involve the EHS child visiting the classroom on their own from 15 minutes duration. If the EHS child is not able to visit the classroom alone and feels uncomfortable, the primary EHS caregiver will allow the child to return and attempt to repeat this visit in 2 weeks.
7. The child will continue to visit the HS classroom 3 months prior to his/her actual HS transition. The visits will start out as 15-minute durations and increase up to 2 hours as the child nears full transition.
8. HS classroom visits will continue until the EHS child has fully transitioned and has been enrolled in an available HS slot.
9. Each EHS transition will take several circumstances into consideration:

- EHS child's developmental level
- EHS child's health and disability status
- EHS child's learning progress
- EHS child's family circumstances

Transitions from Head Start to Kindergarten

10. Initiate the process of assisting families in becoming their child's advocate during the enrollment process.
11. Partner with an elementary school to ensure that HS children visit a kindergarten classrooms at least one time before leaving Head Start.
12. Schedule and participate in meetings with elementary school principals to discuss the following:
 - The types of records needed for children to register
 - The dates in which registration will occur
 - Meetings are scheduled and conducted between HS teachers and kindergarten teachers to discuss and establish expectations
 - Identify specific activities and strategies for preparing parents and children for successful transitions to Kindergarten
 - Development of community partnerships
13. Provide education and training to parents on how to exercise their rights and responsibilities concerning the education of their child in the school setting, and how to effectively communicate with teachers and other school personnel on decisions related to their child's education.
14. Encourage parents and children to participate in transition meetings and activities with Program staff and elementary staff.
15. Provide transition tips to parents during Parent Committee Meetings and other family engagement activities. These transition tips will assist parents in preparing their children for elementary school and parents will learn how to advocate for their children and make decisions related to their child's education.
16. During the last scheduled home visit, HS teachers will discuss each child's needs and abilities and encourage parents to participate in suggested home activities during the summer, as well as inform children through communication that they will be transitioning to a new environment.
17. Provide parents of children transitioning to kindergarten with a transition packet in the month of May to include their child's physical exam, immunization record, Individual Education Plan (IEP) if applicable, the Galileo assessment report, and summer learning activities.
18. During the transition process, parents of children transitioning out of Head Start will have access to their child's folder only.

Parent Orientations

19. Schedule Parent Orientations during the months of June, July, and August, at a mutual time and location convenient for most parents. The selection of the date and time must create maximum participation especially for working parents.
20. Publicize the Parent Orientation using flyers, notices, posters, parent greeters, etc. with the expected attendees.
21. Materials for the Parent Orientation should promote and encourage active family engagement in center activities and committees. These materials should include the following:
 - Information regarding all service areas
 - Child Abuse/Neglect mandated reporting procedures
 - Sign-in sheets
 - Curricula and Child Outcomes
 - Parent, Family, and Community Engagement (PFCE) Framework Family Outcomes
 - Transportation and safety procedures
 - Parent Orientation Survey
 - Community Partnership Presentations

- Parent Committee and Policy Committee
- Parent Agreement Form

22. All newly enrolled families who were not in attendance to the Parent Orientation must receive an individual orientation within the first 30 days of the child's enrollment.
23. The Parent Orientation event must be reported on the Parent Involvement Report Summary and it must be entered into the ChildPlus System.

ARTICLE 7 CHILD RECORDS

Delegate Agencies must:

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1302: Program Operations, Subpart C.
2. Conform with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), and HIPAA, when applicable.
3. Conform to the HSPPS Part 1303 Subpart C including, 1303.20 Establishing procedures, 1303.21 Program procedures-applicable confidentiality provisions 1303.22 Disclosures with, and without parental consents, 1303.23 Parental rights, 1303.24 Maintaining records.
4. Conform to the Program's Database Information Systems and electronic platforms for the collection and reporting of data on Program children and families, to include measuring outcomes; as well as staff.
5. Use and fully implement the County's selected database systems and electronic platforms.
6. Have the technical capabilities to adequately meet the needs of the Program technical requirements of the software applications. This includes providing staff with the appropriate equipment (including computer hardware, software, hot spot, telephone); other office equipment and supplies, with capability of working remotely if necessary.
7. Prepare, retain and permit County staff to inspect all records, as required by DHHS, in the manner authorized by conditions in the DHHS grant or as the County deems necessary.
8. Permit the County's staff to monitor all facilities, services, staff, and participant children and their families' records at any time during Program operation.
9. Provide documentation to the County identifying the Delegate Agency's non-federal resources, either in cash or in-kind, in an amount equivalent to a minimum of 25% of the total approved Program federal budget amount for the Delegate Agency.
10. Transfer the Delegate Agency's activities, records, and any assets purchased with funds under this Program to an entity as determined by the County, in the event of contract termination.
11. Adhere to confidentiality requirements to protect information collected, managed or analyzed by the Program (including: the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment). The Delegate Agency shall not use or disclose any information concerning a recipient of services herein for any purpose not in conformity with Head Start Program Regulations, or other applicable law, except with written consent from the recipient's responsible parent or guardian, when authorized by law.

ARTICLE 8 REPORTING REQUIREMENTS

1. Monthly Reports:

Provide to the County a monthly report for the services provided to be prepared and submitted through the ChildPlus application or original form as requested by the County. The monthly report shall be due on the first (1st) of each month. The monthly report shall include, but not limited to, the following information:

- Education Monthly Monitoring Report ;
- Parental involvement/participation;
- Results Oriented Management and Accountability (ROMA)
- Health, nutritional and social services rendered;

- Disability Monthly Report and Pipeline Report
- Mental Health Monthly Report;
- Attendance Report, if Average Daily Attendance is below 85%, for each Center;
- Listing of compliance issues or areas of concern identified by the County with a detailed corrective action plan;
- Program income and expenses detailed on a spreadsheet attachment listing entity for each service (e.g., Head Start and Early Head Start services); and
- Board of Director's meetings held and their respective minutes and attachments.
- Policy Committee meetings held and their respective minutes and attachments.

The above listed information should be up to date and readily available, if applicable, in the ChildPlus application so that the County may access it at any time.

2. Closeout Report:

Upon conclusion of every Program Year, submit a Financial Closeout Report to the County within 45 days. This report shall include a cumulative year-end summary of Delegate Agency fiscal expenditures. If after receipt of this Closeout Report, the County determines that the Delegate Agency has been paid funds not in accordance with the Contract, and to which it is not entitled, the Delegate Agency shall return such funds to the County within 60 days. The County shall have the sole discretion in determining if the Delegate Agency is entitled to such funds and the County's decision on this matter shall be binding. Additionally, any unexpended or unallocated funds shall be recaptured by the County.

The Delegate Agency must submit a completed SF-428 (Tangible Personal Property Report) as part of the closeout report. Tangible Personal Property means property of any kind, except real property, that has physical existence. It includes equipment and supplies. It does not include copyrights, patents or securities. The Delegate Agency must disclose any acquired equipment with acquisition cost of \$5,000 or more and residual unused supplies with total aggregate fair market value exceeding \$5,000.

The Delegate Agency must submit a completed SF-429 (Real Property Standard Form) that relates to real property as part of the closeout report. This form is required annually to report the status of real property purchased, constructed or subject to major renovations paid for in whole or in part with Head Start funds (Covered Real Property); real property claimed as a match for a Head Start award; and/or the absence of any Covered Real Property.

3. Incident Reporting:

An incident is defined as any actual or alleged event or situation that creates a significant risk. The Delegate Agency must immediately report to the County, in writing, the following, as stipulated in HSPPS Part 1302.102(d) and the Miami-Dade County Head Start Program Policies and Procedures:

Any significant incidents affecting the health and safety of program children or families; circumstances affecting the financial viability of the Delegate Agency; breaches of personally identifiable information; or involvement in legal proceedings; any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum:

- (A) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders;
- (B) Incidents that require classrooms or centers to be closed for any reason;
- (C) Legal proceedings by any party that are directly related to program operations; and,
- (D) All conditions required to be reported under HSPPS, Part 1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation.

Delegate Agency must also immediately report knowledge or reasonable suspicion of abuse, neglect, or abandonment of a child, aged person, or disabled adult to the Florida Abuse Hotline, at the statewide toll-free telephone number (1-800-96-ABUSE) and to the County. As required by Chapters 39 and 415 of the Florida Statutes, this is binding upon both the Delegate Agency and all its employees. The Delegate Agency shall have a comprehensive policies and procedures plan on handling child abuse allegations and offer a training program to all staff on child abuse prevention, detection and reporting of child abuse allegations.

Ensure 100% compliance with the County's incident reporting procedures. The Program has a zero-tolerance policy for abuse and neglect.

Once a report is made, the Delegate Agency must provide frequent written status updates of the progress of the investigation to include, at a minimum police reports, DCF inspections/investigative reports, and action taken by the Delegate Agency.

ARTICLE 9 ADDITIONAL REPORTING REQUIREMENTS**1. Other Reports**

Submit any other reports as may be required by DHHS and the County by the specified dates.

2. State of Florida Certificate of Status

The Delegate Agency shall submit to the County a Certificate of Status in the name of the Delegate Agency, prior to contract execution, which certifies the following: Delegate Agency is organized under the laws of the State of Florida; all fees and penalties have been paid; most recent annual report has been filed with an active status; and that there are no current deficiencies or Articles of Dissolution on file.

3. Board of Directors' Resolution

The Delegate Agency shall ensure that the County is apprised of the fiscal, administrative and contractual obligations of the project funded through the County by passage of a formal resolution authorizing execution of the contract with the County. Failure to provide a copy of the resolution prior to execution of the contract may result in no Agreement.

4. IRS Documentation

The Delegate Agency shall submit to the County the following documentation: (a) The I.R.S. tax exempt status determination letter; (b) the most recent I.R.S. Form 990; (c) the annual submission of I.R.S. Form 990 within 6 months after the Delegate Agency's fiscal year end; (d) IRS 941 - Quarterly Federal Tax Return Reports within 35 days after the quarter ends, and if the 941 reflects a tax liability, proof of payment shall be submitted within 60 days after the end of the quarter.

ARTICLE 10 FORMAL STRUCTURE

1. Abide by Miami-Dade County Head Start/Early Head Start Policies and Procedures 1301 Program Governance, as may be amended.
2. Establish and maintain a formal structure for program governance that includes a Governing Body (or Board of Directors), a Policy Committee, and a Parent Committee for each center as early in the Program Year as possible. The Governing Body, Policy Committee, and Parent Committee must be clearly identified, hold regularly scheduled meetings, and maintain accurate minutes which reflect Head Start parent participation, educational activities, and financial records.
3. Ensure that members of the Governing Body and Policy Committee do not have a conflict of interest in accordance with section 642(c) of the Act and are not current employees of the Delegate Agency. Parents who occasionally serve as substitutes may serve on the Policy Committee.
4. **Governing Body:** Establish a Governing Body (or Board of Directors) in accordance with the requirements specified in section 642(c)(1)(B) of the Act. A copy of the roster, to include members, addresses, email addresses, and phone numbers must be submitted to the County at the beginning of each program year. Governing Body (or Board of Directors) meeting minutes must be submitted to the grantee 30 days after each meeting. The Governing Body is responsible for the following activities:
 - a. has legal and fiscal responsibility for administering and overseeing the program(s), including the safeguarding of Federal funds;
 - b. adopt practices that assure active, independent, and informed governance of the Delegate Agency, and fully participate in the development, planning, and evaluation of the Head Start program(s) involved;
 - c. be responsible for ensuring compliance with Federal laws (including regulations) and applicable State, tribal, and local laws (including regulations); and
 - d. be responsible for other activities, including:
 - i. establishing procedures for recruitment of children;
 - ii. reviewing all applications for funding and amendments to applications for funding.
 - e. establishing procedures and guidelines for accessing and collecting information from the Policy Committee;
 - i. reviewing and approving all major policies of the Delegate Agency, including--
 1. the annual self-assessment and financial audit;
 2. progress in carrying out the programmatic and fiscal provisions in such agency's grant application, including implementation of corrective actions; and
 3. personnel policies of Delegate Agency regarding the hiring, evaluation, termination, and compensation of Delegate Agency employees;

- ii. developing procedures for how members of the Policy Committee are selected;
- iii. approving financial management, accounting, and reporting policies, and compliance with laws and regulations related to financial statements, including the--
 - 1. approval of all major financial expenditures of the Delegate Agency;
 - 2. annual approval of the operating budget of the Delegate Agency;
 - 3. selection (except when a financial auditor is assigned by the State under State law or is assigned under local law) of independent financial auditors who shall report all critical accounting policies and practices to the governing body; and
 - 4. monitoring of the Delegate Agency's actions to correct any audit findings and of other action necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices;
- iv. reviewing results from monitoring conducted including appropriate follow-up activities;
- v. approving personnel policies and procedures, including policies and procedures regarding the hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, Director of Human Resources, Chief Fiscal Officer, and any other person in an equivalent position with the Delegate Agency;
- vi. establishing, adopting, and periodically updating written standards of conduct that establish standards and formal procedures for disclosing, addressing, and resolving--
 - 1. any conflict of interest, and any appearance of a conflict of interest, by members of the governing body, officers and employees of the Delegate Agency, and consultants and agents who provide services or furnish goods to the Delegate Agency; and
 - 2. complaints, including investigations, when appropriate; and
 - 3. to the extent practicable and appropriate, at the discretion of the governing body, establishing advisory committees to oversee key responsibilities related to program governance and improvement of the Head Start program involved.

2. **Policy Committee:** The Delegate Agency's Policy Committee will be responsible for the direction of the Head Start program at the Delegate Agency. The Policy Committee must approve and submit to the Governing Body decisions about each of the following activities, in accordance with Section 642(c)(2)(D) of the Act:

- i. Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Delegate Agency is responsive to community and parent needs.
- ii. Program recruitment, selection, and enrollment priorities.
- iii. Applications for funding and amendments to applications for funding for programs
- iv. Budget planning for program expenditures, including policies for reimbursement and participation in Policy Committee activities.
- v. Bylaws for the operation of the Policy Committee.
- vi. Program personnel policies and decisions regarding the employment of program staff.
- vii. Including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff.
- viii. Developing procedures for how members of the Policy Committee will be elected.

3. Submit Policy Committee meeting minutes to the County 30 days after each meeting.

4. Submit the names of the elected Policy Committee members, Parent Committee Officers, and Policy Council Representatives by September 22nd of each Program Year.

5. Share accurate and regular information to the Governing Board and Policy Committee about program planning, policies, and Head Start and Delegate Agency operations, including

- i. Monthly financial statements, including credit card expenditures;
- ii. Monthly program information summaries;
- iii. Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
- iv. Monthly reports of meals and snacks provided through programs of the Department of Agriculture;
- v. The financial audit;

- vi. The annual self-assessment, including findings related to such assessment;
 - vii. The communitywide strategic planning and needs assessment of the Head Start Agency, including any applicable updates;
 - viii. Communication and guidance from the Secretary; and
 - ix. The program information reports
6. Parent Committee - Establish a parent committee comprised of parents currently enrolled for each center early in the Program Year. The Delegate Agency must ensure that parents of currently enrolled children understand the process for elections to the Miami-Dade County Policy Council and Delegate Agency Policy Committee and other leadership opportunities, in accordance with HSPPS Part 1301.4.
- a. Ensure parent committees carry out the following minimum responsibilities:
 - i. Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families;
 - ii. Have a process for communication with the Miami-Dade County Policy Council and Delegate Agency Policy Committee; and
 - iii. Within the guidelines established by the Delegate Agency's Governing Body and Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees.
7. Ensure appropriate training and technical assistance or orientation to the Governing Body, and any advisory committee members, Policy Committee, and Parent Committees, including training on Head Start Program Performance Standards, and eligibility training, to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Delegate Agency.

REQUEST FOR PROFILE INFORMATION FORM**TO BE COMPLETED BY ALL VENDORS****VENDOR:** _____**SUBMITTAL FORM**

#	Questions	Vendor response
1	Do you have an Active Department of Children and Family (DCF) License?	(Yes/No)
2	List your Center Locations for Head Start and/or Early Head Start Services.	
3	For Early Head Start and/or Child Care Partnership, you must have a minimum of two qualified teachers, no more than eight children per classroom, a maximum ratio of 1:4 children and be able to operate for 10 hours a day, 217 days a year. How do you plan on meeting these requirements?	
4	For Head Start, you must have a minimum of two qualified teachers, no more than twenty children per classroom (if the majority of children are 4 years old) OR no more than 18 children (if the majority of children are three (3) years old) and be able to operate for eight (8) hours per day 175 days a year. How do you plan on meeting these requirements?	
5	Which Program are you interested in servicing? (Check All that Apply) <ul style="list-style-type: none"> • Head Start (Children 3-5 Years Old) • Early Head Start (Children 0-3 Years old) • Child Care Partnership (Children 0-3 Years Old) 	
6	Each Classroom must provide a minimum of 35 sq.ft. of indoor space per child. Are you able to provide this space?	
7	Each Center must have a minimum of 75 sq.ft. of outdoor space per child in a classroom. Are you able to provide this space?	
8	Do receive United States Department of Agriculture funds for meals (breakfast lunch and snack) through participation in the Child Care Food Program?	(Yes/No)
9	How many teachers at your center have a minimum of a National Child Development Associate (CDA) in Infants and Toddlers or its equivalency (FCCPC)?	
10	How many teachers at your center have a minimum of an Associate's Degree in Early Childhood Education or related field?	
11	How Many teachers at your center have a minimum of Bachelor's Degree or higher in Early Childhood Education or a related field?	
12	Have you provided Head Start or Early Head Start Services in the past? If yes, explain	
13	Do you currently provide Head Start or Early Head Start Services?	
14	Are you currently Accredited? If so, list your center location and Accreditation type	

Request for Profile Information Form Check-List		
Submit the following to ensure that that the firm complies with Request for Profile requirements.		
#	Description	Vendor response
1	Two most recent DCF Inspection Reports	
2	Two most recent Child Care Food Program United States Department of Agriculture Inspection Reports.	
3	Current DCF License.	
4	Current Occupational License.	
5	Most Recent Fire Inspection Report.	
6	Most recent Tax Return or 990	
7	Proof of Nonprofit Status 501(c)(3), if applicable.	
8	Proof of Accreditation, if applicable	
9	Pictures of proposed classrooms, front entrance, and playground	

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Request for Profile Information Submittal Form

Legal Company Name (include d/b/a if applicable): <input style="width: 90%;" type="text"/>	Federal Tax Identification Number: <input style="width: 80%;" type="text"/>		
If Corporation - Date Incorporated/Organized: <input style="width: 90%;" type="text"/>	State Incorporated/Organized: <input style="width: 90%;" type="text"/>		
Company Operating Address: <input style="width: 95%;" type="text"/>	City <input style="width: 90%;" type="text"/>	State <input style="width: 30%;" type="text"/>	Zip Code <input style="width: 30%;" type="text"/>
Miami-Dade County Address (if applicable): <input style="width: 95%;" type="text"/>	City <input style="width: 90%;" type="text"/>	State <input style="width: 30%;" type="text"/>	Zip Code <input style="width: 30%;" type="text"/>
Company Contact Person: <input style="width: 90%;" type="text"/>	Email Address: <input style="width: 95%;" type="text"/>		
Phone Number (include area code): <input style="width: 80%;" type="text"/>	Company's Internet Web Address: <input style="width: 95%;" type="text"/>		

WAIVER OF CONFIDENTIALITY AND TRADE SECRET TREATMENT OF VENDOR'S RESPONSE

The vendor acknowledges and agrees that the submittal of the vendor's response is governed by Florida's Government in the Sunshine Laws and Public Records Laws as set forth in Florida Statutes Section 286.011 and Florida Statutes Chapter 119. As such, all material submitted as part of, or in support of, the response will be available for public inspection and may be considered by the County.

By submitting a response to this Request for Profile Information(RFP), vendor agrees that all such materials may be considered to be public records. The vendor shall not submit any information in response to this RFP which the vendor considers to be a trade secret, proprietary or confidential.

In the event that the vendor's response contains a claim that all or a portion of the response submitted contains confidential, proprietary or trade secret information, the vendor, by signing below, knowingly and expressly waives all claims made that the vendor, or any part thereof no matter how indicated, is confidential, proprietary or a trade secret and authorizes the County to release such information to the public for any reason.

Acknowledgment of Waiver:

Vendor's Authorized Representative's Signature: <input style="width: 90%;" type="text"/>	Date <input style="width: 80%;" type="text"/>
Type or Print Name <input style="width: 95%;" type="text"/>	
Type or Print Title <input style="width: 95%;" type="text"/>	