

# DEVELOPING SERVICE PLANS

*A resource manual for  
American Indian/Alaska Native  
Head Start/Early Head Start grantees*





The American Indian Technical Assistance Network (AI-TAN) is committed to assisting Head Start grantees in achieving their mission to improve the quality of life for American Indian children and families.

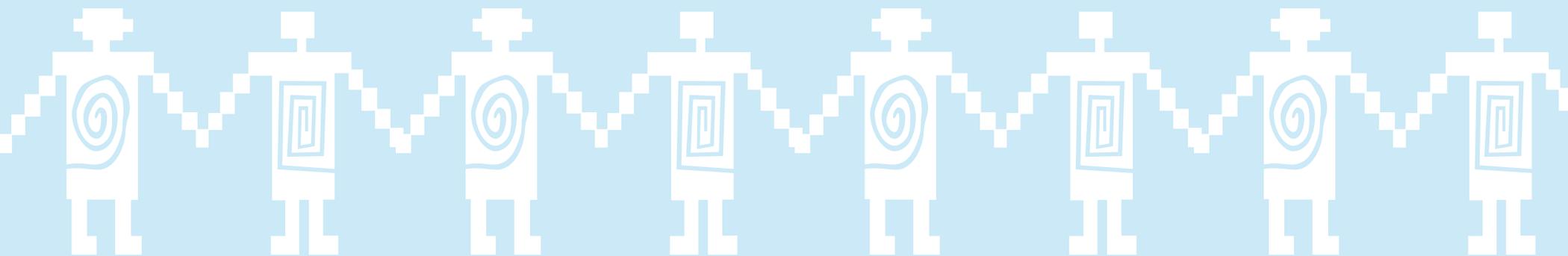


The AED Center for Early Care and Education strives to enhance the lives of all under-represented, at-risk children and families through research, technical assistance support, knowledge and provision of innovative strategies within early childhood programs throughout the United States. We are committed to supporting special populations within Head Start and the larger child care community in their continual process to improve services to low-income children and families. We strive to help all children enter school ready to learn.



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Head Start/Early Head Start grantees*

AED Center for Early Care & Education  
American Indian Technical Assistance Network

2006

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Academy for Educational Development





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# Introduction



This *Developing Service Plans* guide is a tool to assist grantees in the development of written service plans. It provides a structure that can be tailored to meet the needs of individual grantees.

Services Plans are a management tool for planning, organizing and implementing Head Start program services to children and families. As stated in the Head Start Program Performance Standards: *Program planning must include: The development of written plans for implementing services in each of the program areas – Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management {1304.51 (a)1(iii)}*. The service plan(s) should be a working document that specifies how your program will meet or exceed the minimum requirements of the Head Start Performance Standards. The information in this guide includes specific guidelines for developing the plans, and using them to implement services.

Remember that the plan is a road map that outlines the steps to be taken to meet your goals and objectives, within the systematic framework provided by Head Start Program Performance Standards. The process, and the plan(s) will be different for each grantee, but the end result will provide you with plans for implementing quality services.



# Why Create Service Plans?

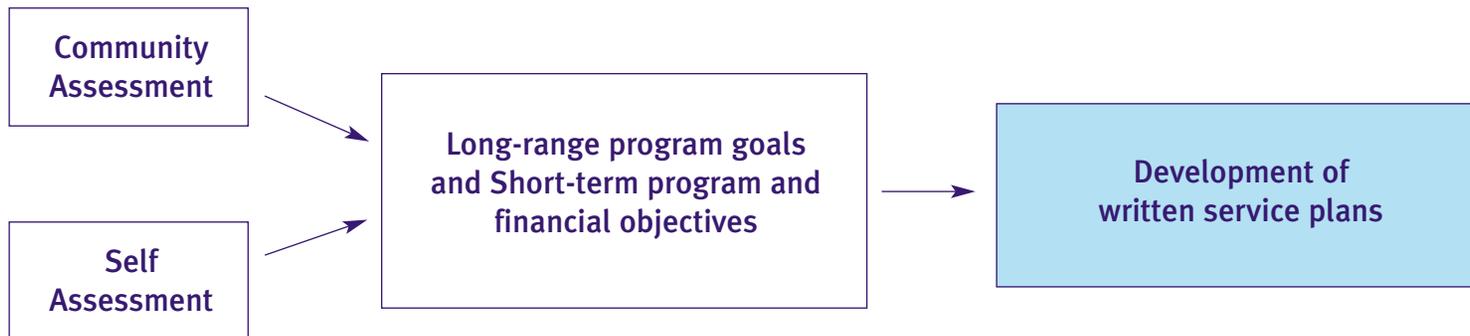
Service plans help to establish a road map that detail where your program is heading. Just as it's advisable to take along a map when you embark on a journey, service plans provide detailed information that will help guide your program to reach your destination.

The Head Start Performance Standards 1304.51(a)(1)(i)-(iii) state:

(a) Program planning. (1) Grantee and delegate agencies must develop and implement a systematic, ongoing process of program planning that includes consultation with the program's governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children. Program planning must include:

- (i) An assessment of community strengths, needs and resources through completion of the Community Assessment, in accordance with the requirements of 45 CFR 1305.3;
- (ii) The formulation of both multi-year (long-range) program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Early Head Start and Head Start, and reflect the findings of the program's annual self- assessment; and
- (iii) The development of written plan(s) for implementing services in each of the program areas covered by this part (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management). See the requirements of 45 CFR parts 1305, 1306, and 1308.

Community Assessment helps to determine the community strengths, needs and resources. Self-Assessment helps to determine your program's strengths, weaknesses, and accomplishments. Using the results of both of these assessments will assist you and your management team in developing meaningful goals and objectives for your Head Start/Early Head Start program.



## DEVELOPING MEANINGFUL GOALS AND OBJECTIVES

Developing meaningful goals and objectives are the key to good program planning and evaluation. Goals provide a vision for your program, and objectives describe the steps to attain your goals. Once you have conducted a community assessment and a self-assessment, have analyzed the information you collect to identify program strengths and the areas for improvement, you are then ready to develop your goals. When writing goals, you will want to reflect on your program, keeping in mind the following questions<sup>1</sup>: 1) *Where are we now?* 2) *Where do we want to be?* and 3) *What goals can we establish to reposition our program to make a positive difference?*

### GOALS:

Your goals should reflect your vision for the program over the next several years. Goals should be future-oriented, practical, and achievable. Often goals are written as the reverse of an identified problem. For example, if your assessment reveals a lack of community input into health services for Head Start children, one of your goals might be phrased: *To ensure a well-functioning Health Services Advisory Committee for Head Start children.*

### OBJECTIVES:

Objectives describe the means to reach your goals. Well written objectives are Specific, Measurable, Action-oriented, Realistic, and Time-bound (SMART).<sup>1</sup>

- An objective is Specific if it provides specific details concerning who will be doing what;
- An objective is Measurable if it contains a number or percentage of desired change and focuses on a single action;
- An objective is Action-oriented if an action verb describes how it will be achieved;
- An objective is Realistic if it's practical/achievable and makes sense;
- An objective is Time-bound if it describes at what point in time the objective will be met.

To check to see if an objective is SMART, you can use the following tests:

- Does it answer completely the question: *Who will do How Much of What by When?*
- Is your objective realistic? Would you be able to achieve it within the allotted timeframe?

<sup>1</sup> *Planning and Reviewing for Success—Training Guides for the Head Start Learning Community, 1999.*

For your program, you may want to write both long- and short-term objectives. Examples of some long-term SMART objectives are as follows:

- By the end of August 2007, all staff will have received first aid training, and policies and emergency procedures will be clearly posted.
- By the end of September 2010, at least 50% of all Head Start teachers will have completed their BA degrees in early childhood education.
- Each family of a Head Start child, in conjunction with the Family & Community Partnership staff, will develop a Family Partnership Agreement during the first two months of the program.
- Within eight weeks of children's enrollment, Head Start teachers will write for each child an individualized plan based on developmental and behavioral screenings and parental input.

Examples of some long- and short-term SMART objectives are as follows:

- By the end of June 2007, the Head Start Director will convene the first Health Services Advisory Committee.
  - > By the end of January 2007, the Health Manager will review and contact past and potentially new participants to determine availability and willingness to serve on the committee.
  - > By the end of February 2007, the Health Manager will present a list of possible participants to the Head Start Director.
  - > By the end of March 2007, the Health Manager will send a letter of invitation to participate to possible committee members.
  - > By the end of April 2007, the Health Manager will present the final list of committee members to the Head Start Director.
- By April 2007, the Head Start Director will establish a system to conduct a comprehensive, annual self-assessment.
  - > By January 2007, the Head Start Director will recruit four potential self-assessment team leaders.
  - > By February 2007, the Head Start Director and the self-assessment team leaders will recruit at least five participants to serve on each of the four self-assessment teams.
  - > On March 3rd, 2007, the Head Start Management Staff will conduct a one-day training on self-assessment techniques for the 20 self-assessment team members.

Once you have established goals and written corresponding SMART objectives, you can create, if necessary, smaller, manageable tasks for each objective and place these on a timeline where they can be monitored to ensure follow-up and completion (see example below).

<b>OBJECTIVES AND CORRESPONDING TASKS</b>	<b>TIMELINE 2007</b>			
	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>
1. Director will recruit four Self-Assessment team leaders.	X			
2. Director and team leaders will recruit 20 participants to serve on SA teams.		X		
2a. Director will request 4 Tribal Council members to serve on the 4 teams	X			
2b. FCP Manager will request 8 Policy Council members to serve on the 4 teams.		X		
2c. Mgmt team will request 8 teachers, teaching assist., cooks, bus drivers to serve.		X		
3. Management staff will conduct one-day training on SA techniques.			X	
3a. Director will request SA curriculum from HS Info & Publications Center	X			
4. Director will establish system for comprehensive, annual SA.	X	X	X	X

Evaluating the attainment of your SMART objectives (*e.g., Did the Head Start Director establish, by April 2007, a system to conduct a comprehensive, annual self-assessment?*) allows you to track progress made towards achieving your goal and apply whatever lessons you learned toward future endeavors (*e.g., If a system was established, what helped the process? If not, what impeded the process? How can this knowledge be applied in future planning?*).

It is from these goals and objectives and the Head Start Performance Standards that you can then begin to construct your Service Plans.

## WHAT TO LOOK FOR IN A SERVICE PLAN

Service plans can spell out in detail a number of important items—for instance: **what** must be done, **who** will be responsible for doing it, **when** it needs to be done, **how** you will document the accomplishment of an action, **resources** needed to carry out the action, and, as a result of the action, the intended **outcome** you hope to see in children, families, community, and/or staff.

Taking the time up front to write detailed service plans can also later assist you in evaluating the effectiveness of your program. When conducting your next year’s self-assessment, you can refer back to these service plans and determine how well you did in reaching your goals and objectives. Lessons learned can then be incorporated into *next* year’s goals and objectives. Thus the whole process can become cyclic...as long as you begin with relevant information...and then develop meaningful, well-written service plans!

In addition, the Head Start Performance Standards 1304.51(a)(2) state:

(2) **All written plans for implementing services**, and the progress in meeting them, **must be reviewed by the grantee** or delegate **agency staff and reviewed and approved by the Policy Council** or Policy Committee at least annually, **and must be revised and updated as needed**.

Make sure that you *schedule in enough lead time* to allow for review and revisions of your service plans!



# Resources and Materials Needed

In preparation for writing your service plans, there are other documents (in addition to your Self-Assessment) you may wish to consult that contain pertinent information related to the content of your plans. In this guide, we have compiled a suggested list of general resources as well as additional content-specific lists that you may want to consider.

## **A. GENERAL RESOURCES**

- Child Care regulations (to address requirements stricter than those in the Performance Standards)
- Community Assessment (to review community trends affecting specific service areas, program goals and objectives)
- Current Self-Assessment (to review areas for improvement and strengths of the Head Start program)
- FAA letter (to identify funds for Head Start program operations)
- Head Start/Early Head Start Grant Application (to cite funding implications)
- Head Start Performance Standards (to insure service plans are comprehensive and in sync with Head Start regulations)
- Interagency Agreements (to identify partnerships made—e.g., LEA—and future partnerships needed)
- Job Descriptions (to ascertain each person’s responsibilities; the service plan’s “Person/Team” should reflect these descriptions).
- National Association for the Education of the Young Child (NAEYC) Accreditation (if applicable)
- Organizational Chart (to identify people, responsibilities and lines of authority).
- Previous Service Plans (to serve as a reference for making necessary updates/adjustments)
- Program Policies and Procedures (to insure that service plan’s “Action Steps” correlate with established procedures)
- PIR (to identify what areas need improvement—e.g., ensuring full enrollment, increasing teacher qualifications)

- PRISM Report (to address program improvement and/or QIP issues that should be reflected in the service plans)
- Tribe's Strategic Plan and Mission (to align the Head Start's mission with the Tribal community)
- Written Program Goals and Objectives (to insure that all service plan content areas align with agency goals)
- Training Plan (to be shared among content areas to strategically plan for increasing knowledge of parents, staff, Policy Council and Tribal Council members)
- USDA Guidance (to detail requirements for accountability training of staff person responsible; it is necessary to maintain USDA support to operate your Head Start/Early Head Start program).

## **B. CONTENT SPECIFIC RESOURCES**

### **DISABILITIES SERVICES**

- Committee members involved in writing plan (to identify areas to be addressed and to give support in the development of the disabilities services plan)
- Disabilities Service Budget (to reflect requests for adequate resources to implement the goals and activities in the disabilities services plan and fulfill the requirements of the Head Start Performance Standards)
- Disabilities Services Training Plan (to ensure that necessary and required trainings are included for effective delivery of services to children with disabilities and their families)
- Documentation (IEP/IFSP) evidence that reflects the number of children being served and types and severity of conditions. These documents help provide the disabilities manager with information that drives the budget for meeting the needs of children and looking at what, if any, necessary accommodations should be made i.e., facilities, equipment and materials
- LEA and Part C documentation (to show evidence that partnerships have been made and to identify resources and services that have been agreed upon)
- Legislation/Laws (IDEA Laws, 1308 Disabilities Performance Standards, UFAS/ADA) used to ensure that service plans are consistent and adequately align within the scope and parameters of the law
- Recruitment Plan (to ensure that strategies are in place to meet the 10% enrollment population as children with disabilities and that these strategies are included in the disabilities services plan)
- Screening Instrument (to ensure that the instrument is linguistically and culturally appropriate for your community of learners; to identify if it is consistent with the instrument that is used by your local public school; and to review as a way of ensuring that it meets Head Starts required timelines)

- State Memorandums of Understandings/MOUs (BIA, IHS, Mental Health, etc.) (to identify partners with whom relationships exist to provide adequate services to children with disabilities and their families in a comprehensive manner)
- Transition Plan as a document indicator (to review policies and procedures for timely transitions help guide your efforts to ensure that services and activities are included in the comprehensive plan that spells out how children are entering and exiting EHS and HS and entering into public school)

#### **EARLY CHILDHOOD DEVELOPMENT (HS & EHS)**

- Screening and ongoing assessment tools (to ensure tools are appropriate, meet the needs of the program and to determine action steps needed for implementation and follow-up/follow-through)
- Curriculum (to set goals and plan action steps for the system for implementation of the curriculum, i.e., planning frequency (weekly? Monthly?), person(s) responsible, number/frequency/type of observations, etc.)
- Trends identified in SA from ongoing assessment of children (to determine goals and action steps related to curriculum development & implementation, materials, and staff development)
- Transition Plan (to ensure goals and action steps support effective delivery of services to children, families and community partners – team planning, sharing of required documentation, agreements are met, etc.)
- Staff Development/Training Plan (to ensure necessary and required trainings needed to support delivery of services)

#### **EARLY CHILDHOOD DEVELOPMENT: HEAD START SPECIFIC**

- Child Outcomes results & Outcomes Plan (to determine trends that should be used to set goals and determine action steps as they relate to curriculum development & implementation, materials, and staff development)
- NRS results (to determine trends that should be used to set goals and determine action steps as they relate to curriculum development & implementation, materials, and staff development)
- If home-based, socialization data (to determine trends that can be used to set goals and determine action steps related to scheduling, attendance, and content)

**EARLY CHILDHOOD DEVELOPMENT: EARLY HEAD START SPECIFIC**

- Goals of prenatal families identified through the family partnership agreement process (to determine what services need to be provided)
- IFSP process and documentation (to determine goals and guide action steps)
- Transition plans for all services into EHS, within EHS (i.e., classroom to classroom and prenatal to program option), and from EHS to HS
- If home-based, socialization data (to determine trends that can be used to set goals and determine action steps related to scheduling, attendance, and content)
- If home-based, policies, procedures and required paperwork for home visits (to ensure they are reflected in goals and action steps for successful delivery of services)

**FAMILY COMMUNITY PARTNERSHIPS**

- Child Abuse Policy (implementation, training requirement and record keeping by FCP staff)
- Child File Monitoring Procedure (to identify what is kept in FCP files)
- Committee members involved in writing plan
- Community Resource Guide (to identify how parents are using these services, when it's updated, who is responsible)
- Criteria Point Check List (FCP involvement in the enrollment process, eligibility and selection)
- Enrollment Process (to identify FCP staff person's role in enrollment)
- Fatherhood Activity Budget (if applicable)
- Formal Community Partnerships (written)
- Parent Training Plan (to identify how FCP are involved in training and coordinating parent activities)
- Policy Council Budget (to assist PC in coordinating events)
- Policy Council By-Laws (to identify training for parents, FCP staff involvement with PC)
- Recruitment Plan (to identify who, when, and how parents are recruited by FCP staff)
- Staff Training Plan (to identify FCP training for all Head Start staff)
- Transition plan for documents from HS to public school (to identify shared confidential records from children's to public school's folders)
- Transition plan for families from EHS to HS (to identify shared documentation through agreements, e.g., FCP agreement)

**MENTAL/NUTRITION AND HEALTH SERVICES**

- Community Assessment (Review the community assessment to identify health concerns. Look at trends in birth rates, number of women of child bearing age to project future enrollment numbers)
- Community Health Services (Review the services offered by IHS and local health departments. What is your relationship with the clinics your Head Start families use? Are appointments easily obtained? What difficulties did you experience last year that you want to improve upon this program year?)
- Health Services Advisory Committee Minutes (It is important to have medical professionals (doctors, dentists, dental hygienists, nurses) on the HSAC. Their knowledge and experience will help guide the program's health services. Review the minutes and interview committee members to identify areas/topics to address during the program year and to plan staff and parent training)
- List of Community Partners (Review the list and interview contact persons to understand the services offered and availability to the program. For instance; what community partner is available to do CPR/First Aid training? Is there a community partner available to assist in completing a nutritional assessment on pregnant women?)
- Mental Health Professional contract or job description (Review the current contract or job description. In what ways will the mental health professional be supporting the program?)

**PROGRAM DESIGN AND MANAGEMENT**

- Community Grievance Procedure (to insure that a process exists to address community concerns about the program)
- Dispute Resolution and Impasse Procedure (to insure that a process is in place for PC and TC to reach agreements)
- ERSEA Requirements (to insure that service plans include steps for addressing recruitment, selection and enrollment)
- Head Start Budget (to insure that projected resources correspond with projected program needs)
- Parent Committee Minutes (to insure that parent committee(s) are functioning appropriately)
- Policy Council By-Laws (to ascertain that by-laws are in place to promote efficient structure and functioning of the PC)
- Policy Council Minutes (to insure that Policy Council is functioning well and addressing program-related issues)
- Policy Council Training Plans (to insure that relevant trainings are scheduled throughout the year to improve PC skills)
- Staff credentialing plan (to determine what staff need additional credentials)
- Timeline for Policy Council and Tribal Council meetings, scheduled trainings, and required actions, e.g., document review (to allow for efficient planning and scheduling of program activities)
- Tribal Council By-Laws (to understand the structure and function of the TC)
- Tribal Human Resources Personnel Manual (to understand Tribal policies and procedures related to HR)

- USDA Budget (to insure that the present and projected numbers of eligible children are in sync with the USDA budget)
- Written formal Partnerships Agreements (to detail who has agreed to provide what resources)

Once you have written your goals and objectives, you will want integrate these into your service plans. In the following examples, we have chosen to allow the Performance Standards to speak for our goals and objectives. These are but examples; you can determine what is most appropriate for your own program.

# Step-By-Step Development of Service Plans

## DEVELOP A SERVICE PLAN TEMPLATE

Begin by using a word processing program to create your template. For example, in MS Word: From the File menu, under Page Setup and Margin tab, select “Landscape” as the document’s orientation; under the Paper tab, you can select Paper Size as “Letter” or, if your printer handles larger size, as “Legal.” From the Table menu, select Insert and Table. Create a table with seven columns and one individual row for each objective and/or performance standard you will address. (In the following examples, we have chosen to use the performance standards in lieu of creating individual program goals and objectives.)

## COLUMN 1 – PERFORMANCE STANDARD

To develop a thorough and comprehensive service delivery plan, it is ideal to address **EVERY** applicable performance standard. Start by listing the Performance Standard exactly as it is written in Federal Regulations (see example using 1304.24(a)(1)(i)). *In this service plan guide, we list the standard and all related standards to demonstrate the interrelationships of various services and systems.* Please Note: This is only one example of a Service Plan. You are encouraged to develop your own individual Service Plans that reflect your program, staff, parents and community. **Remember to save your information frequently.**

PERFORMANCE STANDARD
1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child’s mental health.
<i>*Related. Standards: 1304.51(g) confidentiality, 1304.40(b)(1)(ii) community mental health resources</i>

## COLUMN 2 – ACTION STEPS

Take some time and think about how your program meets the Performance Standard. List all of the Action Steps your program does to meet the standard. List them in the **Action Steps** column. You may number them or bullet them.

For example, for Performance Standard 1304.24(a)(1)(i): How do you work collaboratively with your parents to get information about their child’s mental health? How is the information documented? How do you obtain information from parents regarding their child? (Is it through the Family Partnership Agreement Process? Through home visits and parent meetings?) How will you maintain the child files and ensure confidentiality? What will you do with the community health resources information once you collect it? (Include in the Parent Handbook or Community Resource Handbook?)

PERFORMANCE STANDARD	ACTION STEPS
<p>1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child’s mental health.</p> <p><i>Related. Standards:</i> <i>1304.51(g) confidentiality,</i> <i>1304.40(b)(1)(ii) community mental health resources</i></p>	<p>A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (1) development and implementation of a <b>Family Partnership Agreement</b>, (2) <b>home visits</b>, and (3) <b>parent meetings</b>.</p> <p>B) <b>Information</b> gathered from parent meetings <b>will be documented in the child’s file and held confidential</b>.</p> <p>C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.</p>

**COLUMN 3 – PERSON/TEAM RESPONSIBLE**

In this column, you will list all individuals who are responsible to carry out the Action steps. It may be the Head Start Director, management staff, teaching staff, community members, and/or parents.

If several individuals are responsible to carry out the Action steps, make sure everyone is listed under **Person/Team Responsible**. In some instances, you may also require the services of outside individuals to serve on your team (e.g., mental health consultant; T/TA provider). Make sure that you check the availability of those individuals before including them on your plan.

You can develop a **CODE for each position\*** by creating a Footer at the bottom of your document (*as on the bottom of this page*). You should make sure that everyone working on your service plans use the **SAME** codes. If you're using MS Word, you can place your codes below your table through the following steps: select **VIEW** from the menu, then click on **“Header and Footer;”** scroll to the bottom of page to Footer and add your codes for the Person/Team Responsible. Once you create your Footer, it will appear on every page of your document.

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE
1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child's mental health.  <i>Related. Standards: 1304.51(g) confidentiality, 1304.40(b)(1)(ii) community mental health resources</i>	A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (1) development and implementation of a Family Partnership Agreement, (2) home visits, and (3) parent meetings.  B) Information gathered from parent meetings will be documented in the child's file and held confidential.  C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.	A) MHS, FSW, and P  B) MHS, FSW, and P  C) MHS, FSW

\*BD=Bus Driver; CS=Cultural Specialist; DM= Disabilities Manager; FSW=Family Service Worker; FS=Fiscal Specialist; HSD=Head Start Director; HS=Health Specialist; NS=Nutrition Specialist; MHS=Mental Health Specialist; P=Parents; PC=Policy Council; T=Teachers; TC=Tribal Council

**COLUMN 4 – TIME FRAME**

In this column, your program will determine when the Action Steps should occur. The **Time Frame** may be a certain week, month, several months, or be on-going throughout the program year. Think about the following factors when setting time frames:

- ☑ When does my program year begin?
- ☑ What are the Tribal Council's deadlines?
- ☑ What is the deadline date to meet the performance standards mandates?
- ☑ What is our 45 day deadline for screenings to take place?
- ☑ What are my county and state deadlines for certain services?

Your program should use these due dates and incorporate them into the service plan.

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME
1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child's mental health.  <i>Related. Standards: 1304.51(g) confidentiality, 1304.40(b)(1)(ii) community mental health resources</i>	A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (1) development and implementation of a Family Partnership Agreement, (2) home visits, and (3) parent meetings.	A) MHS, FSW, and P	A) The entire program year
	B) Information gathered from parent meetings will be documented in the child's file and held confidential.	B) MHS, FSW, and P	B) The entire program year
	C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.	C) MHS, FSW	C) Beginning of the program year

BD=Bus Driver; CS=Cultural Specialist; DM= Disabilities Manager; FSW=Family Service Worker; FS=Fiscal Specialist; HSD=Head Start Director; HS=Health Specialist; NS=Nutrition Specialist; MHS=Mental Health Specialist; P=Parents; PC=Policy Council; T=Teachers; TC=Tribal Council

**COLUMN 5 – DOCUMENTATION AND RESOURCE INDICATORS**

In this column, you will list **Documentation** or **Resources** your program has to **Indicate** that your action steps have taken place. Think about the materials or evidence your action steps produce—e.g., Family Partnership Agreements, notes from the teacher or family service worker, notes from the parent, notes from the Mental Health consultant, approvals listed in minutes of the Policy Council meetings. All of these should be listed under **Documentation and Resource Indicators**. If you like, you can also add **Location** of the document to this column to help you and your team find the information at a moment’s notice (e.g., “Family Partnership Agreements, in FCP Binder in FSW office”).

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS
<p>1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child’s mental health.</p> <p><i>Related. Standards: 1304.51(g) confidentiality, 1304.40(b)(1)(ii) community mental health resources</i></p>	<p>A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (1) development and implementation of a Family Partnership Agreement, (2) home visits, and (3) parent meetings.</p> <p>B) Information gathered from parent meetings will be documented in the child’s file and held confidential.</p> <p>C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.</p>	<p>A) MHS, FSW, and P</p> <p>B) MHS, FSW, and P</p> <p>C) MHS, FSW</p>	<p>A) The entire program year</p> <p>B) The entire program year</p> <p>C) Beginning of the program year</p>	<p>A)(1) Family Partnership Agreement</p> <p>A)(2) Parent Encounter Form</p> <p>B)(1) Parent Encounter Form</p> <p>B)(2) Child File</p> <p>C) Program Handbook</p>

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**COLUMN 6 – RESOURCES NEEDED**

In this column, think about what **Resources**—materials, documents, or other items—are necessary to complete the action. You might list paper, transportation, ink pens, copying services (e.g., to copy the Family Partnership Agreement), community partners, etc. Some programs may choose to put a budget (\$) allocation in this column as a reminder of how much funding has been specified for this action. You may also want to list any applicable system necessary to carry out the action (e.g., ongoing monitoring, communication, etc.).

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED
<p>1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child’s mental health.</p> <p><i>Related. Standards: 1304.51(g) confidentiality, 1304.40(b)(1)(ii) community mental health resources</i></p>	<p>A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (1) development and implementation of a Family Partnership Agreement, (2) home visits, and (3) parent meetings.</p>	<p>A) MHS, FSW, and P</p>	<p>A) The entire program year</p>	<p>A)(1) Family Partnership Agreement A)(2) Parent Encounter Form</p>	<p>A) Paper to print the FPA A) Agency vehicle for home visit A) Communication system</p>
	<p>B) Information gathered from parent meetings will be documented in the child’s file and held confidential.</p>	<p>B) MHS, FSW, and P</p>	<p>B) The entire program year</p>	<p>B)(1) Parent Encounter Form B)(2) Child File</p>	<p>B) Materials for Parent meeting such as cost of childcare, cost of meals <b>(\$100 per parent meeting)</b> B) Record-keeping system</p>
	<p>C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.</p>	<p>C) MHS, FSW</p>	<p>C) Beginning of the program year</p>	<p>C) Program Handbook</p>	<p>C) Cost of printing the Parent Handbook and Parent Resource book <b>Budget=\$500.00</b></p>

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## COLUMN 7 – OUTCOME

In this column, think of the anticipated results of meeting this performance standard. What do you expect will occur once your action step is completed? What is your overall goal? What does your program hope to accomplish? (Is it to increase the percentage of parents who seek Mental Health services for their children? Is it to identify and monitor behavior concerns with children at an early stage? Or is it to help parents to feel comfortable in seeking services?) Be specific and realistic when you list your intended **Outcome**.

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child's mental health.</p> <p><i>Related. Standards: 1304.51(g) confidentiality, 1304.40(b)(1)(ii) community mental health resources</i></p>	<p>A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (1) development and implementation of a Family Partnership Agreement, (2) home visits, and (3) parent meetings.</p>	<p>A) MHS, FSW, and P</p>	<p>A) The entire program year</p>	<p>A)(1) Family Partnership Agreement A)(2) Parent Encounter Form</p>	<p>A) Paper to print the FPA A) Agency vehicle for home visit A) Communication system</p>	<p>A) (1) Through the Family Partnership Agreement process, parents will identify needs and concerns and develop goals. A) (2) Parents will feel comfortable discussing issues regarding their child with staff. A) (3) Each encounter with parents where issues have been discussed and information gathered will be documented and filed in the confidential child file.</p>
	<p>B) Information gathered from parent meetings will be documented in the child's file and held confidential.</p>	<p>B) MHS, FSW, and P</p>	<p>B) The entire program year</p>	<p>B)(1) Parent Encounter Form B)(2) Child File</p>	<p>B) Materials for Parent meeting such as cost of childcare, cost of meals (\$100 per parent meeting B) Record-keeping system</p>	<p>B) Each encounter with parents where issues have been discussed and information gathered will be documented and filed in the confidential child file.</p>
	<p>C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.</p>	<p>C) MHS, FSW</p>	<p>C) Beginning of the program year</p>	<p>C) Program Handbook</p>	<p>C) Cost of printing the Parent Handbook and Parent Resource book Budget=\$500.00</p>	<p>C) Parents will be able to access community resources more efficiently.</p>

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As you continue to develop your service plan, you will begin to see how the Performance Standards are interwoven among service areas. It is important that everyone in the program is knowledgeable of how different services and systems are integrated.

It is also important to realize that the work you put into writing your goals and objectives and developing your service plans can also be used later as part of your Early Head Start/Head Start grant application! The step-by-step approach of describing what needs to be done, by when, and with what resources naturally lends itself to the formulation of projecting realistic program budgets. If you write good program goals, objectives, and service plans, and have those approved by the Policy and Tribal Councils, your task of developing your grant application will be made much easier.



# Sample Service Plans

Following are samples of Service Plans from each of the program areas; these can be written in either table or narrative formats. We have included some of each for you to refer to. Remember, these are just examples; you are encouraged to develop your own Service Plans that are reflective of your own community, parents, staff, and program objectives. As mentioned previously, you will want integrate your goals and objectives into your service plans. In the following examples, however, for convenience sake, we have chosen to allow the Performance Standards to speak for our goals and objectives.

Remember, these are just examples. You may choose to create your Service Plans in whatever format is most appropriate for your program.

## SAMPLE DISABILITIES SERVICE PLAN

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1308.4 (a) A Head Start grantee or delegate agency, if appropriate, must develop a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure: (1) That all components of Head Start are appropriately involved in the integration of children with disabilities and their parents.</p> <p>(b) The plan must be updated annually.</p>	<p>A. Maintain a written plan which addresses Head Start services for children with disabilities</p> <p>B. Update annually a plan for delivery of disability services.                      1. Document suggestions for modifications for delivery of services                      2. Address specific changes which occur in the Head Start Program</p> <p>C. Distribute the plan for review and approval                      - Advisory Committee                      - Head Start Director                      - Head Start Management Team                      - Policy Council                      - Tribal Council                      - Others, i.e. LEAs, Early Intervention, community professionals and parents</p>	<p>A) DM</p> <p>B) DM</p> <p>Members of the Advisory Committee</p> <p>Parents and Head Start Staff</p>	<p>Feb/March</p> <p>March/April</p>	<p>Disabilities Services Plan</p> <p>Meeting Minutes/Notes</p> <p>Signatures of approval attached to Disabilities Services Plan</p>	<p>Copies of Disabilities Services Plans Self-Assessment Team</p> <p>Local LEA AITAN Local and Content Specialist</p>	<p>A completed, comprehensive management tool for planning, organizing, implementing and evaluating the disabilities services effort is developed and used as working document to guide all aspects of the agency's efforts to serve infants, toddlers and preschool age children with disabilities and their families within the program.</p>

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PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1308.4(m) Work with the director in planning and budgeting of grantee funds to assure that the special needs identified in the EIP are fully met.</p> <p><i>Related Performance Standards: 1308.4(a)(2)</i></p>	<p>1. Inform teachers and other staff of the approved plan</p> <p>Plan and budget funds to assure that identified needs are fully financed, including but not limited to:</p> <ul style="list-style-type: none"> <li>- Supplies</li> <li>- Equipment</li> <li>- Training for Staff and Parents</li> <li>- Services</li> </ul>	<p>DM</p> <p>HSD DM</p> <p>HSD DM</p>	<p>Within 30 days of approval or as soon as possible</p> <p>Sept-May</p> <p>Sept-May</p>	<p>Staff meeting Staff Training Records</p> <p>Grant Application Purchase Requisitions Collaborative Agreements</p>	<p>Copies of Disabilities Services Plan</p> <p>Forms Signed Agreements Budget</p>	<p>Information shared will ensure awareness and better understanding of the delivery and implementation of services to children with disabilities and their families.</p>
<p>1308.4(c) Children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provision for any modifications necessary to meet the special need of the children with disabilities.</p> <p><i>Related Performance Standards: 1304.53(a)(2) 1304.53(a)(10) 1304.53(b)(1)</i></p>	<p>(A) Include children with disabilities in the full range of Head Start activities offered to all other children</p> <p>1. Modify physical characteristics of buildings and furnishings a needed to allow access to classroom activities in accordance with Americans with Disabilities Act, Uniform Federal Accessibility Standards and Sanitarian Survey</p>	<p>DM</p> <p>Early Childhood Specialist</p> <p>Licensing Supervisor</p>	<p>Sept-June</p>	<p>Purchase Requisitions</p> <p>Reports evidencing modifications</p> <p>Surveys ADA Checklist</p>	<p>Copies of Regulations</p> <p>Budget Dollar Amount</p> <p>Training for Staff</p>	<p>That practices are in place to ensure full inclusion of children with disabilities and their families are met and are aligned with the requirements of the Head Start Performance Standards and other regulatory laws; i.e.: ADA UFAS, Sanitarian, Section 504 of the Non-Discrimination Act.</p>

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## SAMPLE DISABILITIES SERVICE PLAN NARRATIVE

### **RECRUITMENT AND ENROLLMENT**

The Anywhere Head Start Program establishes and maintains an outreach and recruitment process to insure at least 10% of its total enrollment population is diagnosed as children with disabilities, by a licensed certified professional.

#### **1305.2 (m)(n) and 1308.5(a)(b)(c)**

Recruit at least 10% diagnosed disabled children; the Disabilities Service Area Manager will develop cover letters explaining the Head Start Program and send copies of the Diagnostic Criteria to:

- a. Local Education Agencies/LEA
- b. Early Intervention Agencies/Part C
- c. Indian Health Services
- d. Bureau of Indian Affairs
- e. Office of Indian Education
- f. WIC
- g. Social Services
- h. Indian Child Welfare Division

- Applications with cover letters are prepared by the disabilities service area manager and taken to the department of social services who will then send them to eligible clients.
- Referrals are received from, Indian Health Services, Department of Social Services, Bureau of Indian Affairs, Indian Health Services, Early Intervention, WIC and others and processed by the Disabilities Service Manager and Family and Community Partnership Manager who work in collaboration to ensure slots for children with disabilities are filled.
- Local Education Agencies are contacted by the disabilities service area manager to determine the number of disabled preschoolers served. This information is included in the community assessment.
- Head Start director facilitates radio spots/public service announcements ensuring that they are aired emphasizing that Head start provides services to children with disabilities/special needs.

**ENROLLMENT**

The Anywhere Head Start Program's enrollment criteria for children with disabilities are the same as that for other children. With respect to children with disabilities it is based upon the following priorities:

- Children most in need of an integrated setting
- Severity of the disability
- Other services and resources available for the child:
  - Immunization laws of the state are followed, unless the child has a written statement from his physician providing an exception.
- Enrollment is based on the IEP Team's recommendation and is not disallowed because:
  - The type or severity of disability
  - Additional specialized training required by staff in areas such as; suctioning, catheterization, etc.
  - Total program accessibility.
- Dual placement, sharing of a single slot by two children, and other administrative accommodations.

## SAMPLE EDUCATION AND EARLY CHILDHOOD DEVELOPMENT SERVICE PLAN

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.21(a)(1)(iv) (1) Grantee and delegate agencies' approach to child development and education must:</p> <p>(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities</p> <p><i>Related Standards:</i>                      1304.21(b) working w/infants &amp; toddlers;                      1304.3(a)(5) def. of curriculum.;                      1304.21(c)(2) observing children to inform curriculum</p>	<p>A) Daily schedule includes a balance of large group activities (such as meal times, circle time, and outdoor time) and small group activities such as small group time and learning centers during which a balance of teacher-directed and child-initiated activities are available.</p>	<p>A) Teachers and ECE Manager</p>	<p>A) Throughout the program year</p>	<p>A) Daily schedule (posted in classroom); Lesson Plans</p>	<p>A) Copy of the curriculum; Planning time</p>	<p>A) Children's learning &amp; development will be supported and enhanced through the implementation of a balanced program. Children will have opportunities to make decisions and take the initiative while adults provide a curriculum based on sound principles of child development that is responsive to each child's needs and interests.</p>
<p>1304.21(a)(2)(i) (2) Parents must be: (i) Invited to become integrally involved in the development of the program's curriculum and approach to child development &amp; education;</p>	<p>A) Parents, community members, and elders are invited to join the curriculum committee and/or participate in curriculum development by providing feedback and suggestions for activities and learning experiences.</p>	<p>A) ECE Manager, Teachers, and Family Community Partnership Manager</p>	<p>A) Ongoing</p>	<p>A) Letters/Flyers sent home; Newsletter; Curriculum, Policy Council, and Parent Meeting minutes; Curriculum, Policy Council &amp; Parent Meeting Sign-In Sheets</p>	<p>A) Any cost associated with producing &amp; copying these documents</p>	<p>A) The children's learning will be enriched by a curriculum developed by staff and parents working together to respond to and support children's strengths, learning styles, challenges, needs and interests.</p>

<p><i>Related Standards: 1304.40(e)(1) working w/parents; 1304.3(a)(5) definition of curriculum; 1304.51(i) program self-assessment</i></p>	<p>B) During Home Visits and Parent Conferences teachers will ask families about goals for their child's development and request suggestions for activities and strategies.</p> <p>C) Work collaboratively with family &amp; community partners to offer trainings (with staff &amp; without) in child development, observations, curriculum planning and other related areas.</p>	<p>B) Teachers</p> <p>C) ECE Manager and Family Community Partnership Managers</p>	<p>B) A minimum of 4 times each year (2 home visits &amp; two conferences)</p> <p>C) Throughout the program year</p>	<p>B) Home visit forms; Ongoing assessment/parent conference forms</p> <p>C) Training records; Sign-in sheets; Announcements of training opportunities (letters, flyers, newsletters)</p>	<p>C) Costs for the training (regis. fee, per diem, transportation, etc.); hiring a trainer; training equipment; reproducing printed materials</p>	<p>B) Parents will be partners in the process of planning &amp; implementing the curriculum and, as a result, the curriculum will be enriched.</p> <p>C) Parents' knowledge about child development and education will be strengthened, thereby enhancing their ability to serve as their child's primary teacher and support the program staff in meaningful curriculum planning.</p>
<p>1304.21(b)(3)(i) (3) Grantee &amp; delegate agencies must promote the physical development of infants &amp; toddlers by:</p> <p>(i) Supporting the development of the physical skills of infants &amp; toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing.</p> <p><i>Related Standards: 1304.20(d) ongoing care</i></p>	<p>A) Indoor and outdoor learning environments are organized with open space and contain materials and equipment that infants and toddlers can use to develop gross motor skills (such as push toys, low furniture for pulling up &amp; cruising, balls, etc.)</p> <p>B) Teachers support children's gross motor physical development by assessing individual developmental needs and strengths and planning developmentally appropriate learning experiences.</p>	<p>A) Teachers and ECE Manager</p> <p>B) Teachers</p>	<p>A) Throughout the program year</p> <p>B) Ongoing</p>	<p>A) Equipment list/inventory; Environmental assessments</p> <p>B) Ongoing assessment forms; Individualization forms; Lesson plans</p>	<p>A) Cost of purchasing required equipment not currently available</p> <p>B) Planning time</p>	<p>A &amp; B) The development of gross motor skills for infants and toddlers supports their self-confidence, independence and autonomy and, in doing so, facilitates development in other domains.</p>

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## SAMPLE EARLY CHILDHOOD EDUCATION SERVICE PLAN IN NARRATIVE FORMAT

### 1. The Head Start program will provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities [1304.21(a)(1)(iv)(1)]

- A. During pre-service the lead teachers, with support from the teacher assistants and the Education Manager, will develop a flexible daily schedule which will include a balance of the following:
- large group, adult-directed activities such as circle time, meal time, and outdoor time
  - small group, child-initiated activities and individual activities during learning centers
  - small group, adult-directed activities such as cooking projects, science projects and some art projects also available during learning center time
- B. This daily schedule will be shared by the teachers with the family during the first home-visit or parent-conference (whichever comes first) and at orientation.
- C. Since the daily schedule will provide only general information about the balance of activities available to the children, the teaching staff will also develop weekly lesson plans to reflect the specific activities that are planned to support this goal. Lesson plans will be shared with families and will be posted in the classroom. Teaching staff will be provided with a copy of the curriculum, the HSPS and some time for planning to support this goal.
- D. The desired outcome is that children’s learning and development across domains will be supported and enhanced through the implementation of this balanced program. Children will have opportunities to make decisions and take the initiative, while adults provide a curriculum based on sound principles of child development that is responsive to each child’s needs and interests.
- E. Related standards include 1304.21(b) working with infants & toddlers; 1304.3(a)(5) definition of curriculum; 1304.21(c)(2) observing children to inform curriculum

## SAMPLE EARLY HEAD START SERVICE PLAN: SERVICES TO PREGNANT WOMEN

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
1304.40(c)(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:	A) The program will recruit community health providers, parents, and a tribal council representative to participate on the Health Services Advisory Committee; (a) initial invitation letter sent by the end of May, (b) follow up on responses by the end of June, (c) first meeting of the HSAC will be convened on July 25.	A) HS	A)(1) First meeting of the HSAC to take place on July 25  A)(2) Meeting schedule will be set during first meeting	A)(1) Invitation Letter  A)(2) Phone and email contact log  A)(3) Meeting Agendas  A)(4) HSAC Roster and Sign-In sheet  A)(5) Meeting minutes	A) Any cost associated with mailing the invitation letters.	A) (1) Members of the HSAC will include physicians, nurses, dieticians, and mental health professionals from IHS, WIC, and the local health department. Parents and a tribal council representative will also be active members of the HSAC. A) (2) The HSAC will meet regularly to address issues facing pregnant women such as access to medical and dental care and offer guidance on the program on health related issues.
<i>Related Standards:</i> 1304.40(f)(2)(i) <i>Ongoing preventive health care</i> 1304.41(a)(2)(i-iii) <i>Community Partnerships</i> 1304.41(b) <i>Health Services Advisory Committee</i>	B) The program will maintain ongoing relationships with community partners in order to provide quality services to pregnant women.	B) HS	B) Throughout the program year	B) (1) Listing of community partners with contact information and description of services provided.  B)(2) Community Partner Contact Log		B) (1) The HSAC will help the program establish community partnerships that will assist pregnant women and newborn babies. B) (2) The ongoing partnerships will ensure that pregnant women enrolled in

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
						the program will be able to access and receive needed services more efficiently.
	C) (1) Referrals to community partners for ongoing services will be made as needed. The program will follow up on all referrals and track the outcome	C) HS	C) Throughout the program year	C) (1) Referral Form C) (2) Pregnant Woman/Newborn file C) (3) Referral Tracking Form		C) (1) The program will assist pregnant women in obtaining services by making referrals to community partners as needed. The HS will follow up on all referrals and outcomes to ensure that pregnant women are receiving all necessary services to maintain a healthy pregnancy.
	D) The program will develop and distribute to all pregnant women a Community Resource Handbook that includes resources relating to pregnancy, parenting and newborn care, and community mental health resources, including substance abuse prevention and treatment programs.	D) HS and FSW	D) At the time of enrollment	D) Community Resource Handbook	D) The cost of producing and copying the handbook	D) Pregnant women enrolled in the program will be able to access community resources more efficiently.

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## SAMPLE FCP SERVICE PLAN IN TABLE FORMAT

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
1304.40(a)(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.	(A) At time of application, staff will explain to the parent their role and the partnership building process	(A) FSW Staff	(A) Time of application	(A) Applications Parent Sign-In forms,	Paper for applications & Sign in sheet	(A) At beginning of Head Start/Family connect, the parent will understand the Head Start concept of building positive relationships with parents
	(B) During Parent Orientation, parents will be introduced to the Head Start philosophy and the Parent partnership building process.	(B) All Staff attending Orientation	(B) August Orientation	(B) Parent Handbook, Parent Sign-in Sheet, Copy of Parents Roles and Responsibilities	(B) Cost of copying Parent Handbooks, and other documents, snacks at Orientation	(B) Parent partnership building concept will be reinforced at the Parent Orientation
	(C) During staff pre-service, staff both new and experienced will be reoriented on the Head Start philosophy and the concept of family partnership building.	(C) Management Staff at pre-service	(C) August Pre-Service	(C) Staff Sign in sheets, handouts distributed during staff in-service	(C) Cost of copying documents	(C) All staff will understand and promote building relationship with parents. All staff will support the process
	(D) FSW staff will set a date and time to meet with the family to continue partnership building.	(D) FSW Staff	(D) Beginning of program year & On-going	(D) FSW weekly appointment schedule, Family partnership agreements, narratives on contacts	(D) Phone	(D) Families will have advanced notice of a home visit with a FSW and be able to think about future goals and objectives.

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.40(a)(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement Individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).</p>	<p>(A)Parents will receive a survey that asks them of their training interests. The program will analyze the surveys and develop a parent training calendar for the year. These trainings will start the process of providing information that will be individualized for each parent. For example, a training on Substance Abuse for all parents will focus on providing education to all parents, but individual parents will take the information and determine what the next steps will be for their family in regards to preventing or stopping substance abuse.</p>	(A)FCP staff	(A)Survey-enrollment period, analysis - 2 weeks prior to beginning of school	(A)Survey Results of analysis	(A) Paper for Survey, calculator or computer to analysis data	(A)-(D) Staff and parents will engage in activities, communication and dialogue that lead to developing formal and informal partnerships. Families will start to identify what goals they would like to achieve and determine if the Head Start program has the resources to assist.
	<p>(B) Home or office visits will be conducted with parents to discuss their goals.</p>	(B)Family Services Staff	(B)On-going during program year	(B)Family Partnership agreement or notes	(B) Paper to print FPA information or notes from contacts	
	<p>(C)Parents are informed during the parent orientation and throughout the program year that the program has an open door policy for visits to the FSW and other staff to discuss concerns and/or requests assistance</p>	(C) All staff	(C)on-going	(C) Copy of open door policy Parent sign-in sheet	(C) N/A	
	<p>(D)Staff will document all contacts with family to document that partnership building relationship that is occurring year round</p>	(D)Family Services Staff	(D) on-going starting at the date of application	(D)Notes, FPA	(D) Paper for FPA, Notes	

## SAMPLE MENTAL HEALTH SERVICE PLAN

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.24(a)(1)(i) Grantee and delegate agencies must work collaboratively with parents by; (i) Soliciting parental information, observations, and concerns about their child's mental health.</p> <p><i>Related Standards:</i>                      1304.51(g) confidentiality,                      1304.40(b)(1)(ii) community mental health resources</p>	<p>A) The program will offer parents informal and formal opportunities to share information, observations, and concerns about their child through; (a) development and implementation of a Family Partnership Agreement, (b) home visits, and (c) parent meetings.</p>	<p>A) MHS and FSW</p>	<p>A) Throughout the program year</p>	<p>A)(1) Family Partnership Agreement</p> <p>A)(2) Parent Encounter Form</p>		<p>A) (1) Through the Family Partnership Agreement process, parents will identify needs and concerns and develop goals.</p> <p>A) (2) Parents will feel comfortable discussing issues regarding their child with staff.</p> <p>A) (3) Each encounter with parents where issues have been discussed and information gathered will be documented and filed in the confidential child file.</p>
	<p>B) Information gathered from parent meetings will be documented in the child file and held confidential.</p>	<p>B) MHS and FSW</p>	<p>B) Throughout the program year</p>	<p>B)(1) Parent Encounter Form</p> <p>B)(2) Child File</p>		<p>B) Each encounter with parents where issues have been discussed and information gathered will be documented and filed in the confidential child file.</p>
	<p>C) The program will develop and distribute to all parents a Parent Handbook or Community Resource Handbook that includes community mental health resources.</p>	<p>C) MHS and FSW</p>	<p>C) Beginning of the program year</p>	<p>C) Program Handbook</p>	<p>C) The cost of producing and copying the handbook</p>	<p>C) Parents will be able to access community resources more efficiently.</p>

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.24(a)(1)(ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;</p> <p><i>Related Standards: 1304.21(b)(1), 1304.21(b)(1)(i) development of secure relationships and attachment issues</i></p>	<p>A) The program will provide training opportunities for staff and parents on the following topics:                      (1) Child development                      (2) Reducing parental stress and increasing coping skills                      (3) Strategies to enhance the parent child relationship                      (4) Attachment and separation issues                      (5) Social and Emotional development                      (6) Observing children in the classroom and home</p>	A) MHS and Mental Health professional	A) Throughout the program year	A)(1) TA plan A)(2) MOU between the program and the mental health professional A)(3) Sign In sheet A)(4) Evaluation form	A)(1) Any cost associated with producing and copying the sign in sheet and evaluation forms A) (2) Any cost for purchase of training equipment; TV, VCR/DVD, LCD. A) (3) Cost of reproducing printed materials	A)(1) Staff and parents will increase their knowledge regarding child growth and development, recognizing developmental milestones, strategies to lessen parental stress and enhance the parent child relationship, attachment and separation issues, and social and emotional development in children. A)(2) Parents will gain the knowledge and skills to recognize their child's normal development and when the child may need additional help
	<p>B) Staff will discuss with parents their observations of their child in formal and informal settings</p>	B) MHS and staff	B) Throughout the program year	B)(1) Classroom observation form B)(2) Parent Encounter Form		B)(1) Staff will communicate with parents on a regular basis child observations B) (2) Each encounter with parents where issues have been discussed and information gathered will be documented and filed in the confidential child file.

BD=Bus Driver; CS=Cultural Specialist; DM= Disabilities Manager; FSW=Family Service Worker; FS=Fiscal Specialist; HSD=Head Start Director; HS=Health Specialist; NS=Nutrition Specialist; MHS=Mental Health Specialist; P=Parents; PC=Policy Council; T=Teachers; TC=Tribal Council

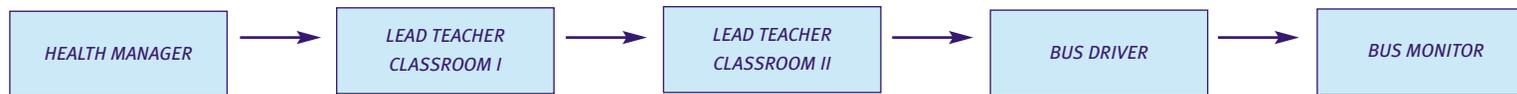
## SAMPLE HEALTH SERVICE PLAN NARRATIVE: MEDICATION ADMINISTRATION

Please refer to the policy on Medication Administration found in the Policies & Procedures Manual. The Medication Administration policy outlines; (1) mandatory training for all designated staff, (2) proper storage and handling of medication and equipment (nebulizer, oxygen) in the center, on the bus, and during field trips, (3) mandatory documentation, and (4) Memorandum of Understanding and contact information for the Indian Health Service health consultant/public health nurse. The following information supports the policy and the Head Start Performance Standards, 1304.22(c) (1-6).

### I. The program will designate trained staff to administer, handle, and store child medications [1304.22(c)(2), 1304.22(c)(6)]

The IHS public health nurse will administer all regularly scheduled medications such as those medications given daily at meals. He/she will administer emergency medications when on-site.

The health manager, bus drivers, bus monitor, and the lead teacher from each classroom will be trained on medication administration, storage and handling. All other staff may receive the training but will not have direct responsibility. The training will be given and supervised by the IHS public health nurse who will sign off on all training modules and certify staff (see the Memorandum of Understanding between the Head Start program and the Indian Health Service- Public Health Nurse Responsibilities.) Certificate of Training will be filed in the Training binder and in each individual staff file. The listing of all staff trained to administer medication will be available to all parents. When the public health nurse is not available to administer the medication the following chain of responsibility will occur:



The IHS public health nurse will train staff and parents throughout the year on any new medications. He/she will be available to the program for any questions or concerns.

**II. The health manager will obtain written consent from the parent or guardian to administer the medication [1304.22(c)(3)] and the designated staff will administer, handle, and store the medication according to the physician's written instructions [1304.22(c)(3), 1304.22(c)(1)]**

When a child must receive a medication during the hours the child is in the care of the Head Start program the parent or guardian must present written instructions from the physician (see the Parent Handbook, Section VI Medication Administration) The written instructions must be legible and on the physician's prescription label and signed by the physician. Contact information must be on the instruction sheet. Instructions must include how the medication is to be stored (refrigerated, room temperature), when the medication is to be given, how the medication must be administered (by mouth, under the tongue, with food, etc.), and how much is to be given. The instruction sheet will be photocopied and placed in the child's file and the original will be placed in the Medication Administration Log binder. The parent or guardian will sign the Consent to Administer Medication form, which will be filed in the child's file. The medication must be presented to the health manager in the original container and be properly labeled with the child's name, ordering physician, expiration date, and instructions for administration and storage. If the child is transported on the bus it is the responsibility of the parent or guardian to package the medication for safe storage and give the medication to the bus driver when the child boards the bus. At the end of the day the health manager will give the medication to the bus driver, who will return it to the parent or guardian when the child exits the bus. The handling of the medication will be documented each day on the Medication-Handling and Storage Log.

All medications are stored in a locked container out of sight of children. Refrigerated medications are also stored in a locked container.

The lead teacher is notified by the health manager when a child in the classroom is to receive medication during the day.

If special equipment must be used to administer the medication such as a nebulizer it is the responsibility of the parent or guardian to maintain the machine in working order.

The medication will be properly stored and handled during field trips and bus transportation. The health manager will give the bus driver a list of all medication to be transported and the corresponding child.

### **III. The program will maintain thorough documentation on medication administration [1304.22(c)(4), 1304.22(c)(5)]**

At the beginning of each day the health manager will receive all medications from the bus driver or parent/guardian and create a schedule for the day using the Daily Medication Administration form, which is filed in the Medication Administration Log binder. The health manager will notify the lead teachers of the schedule.

Each time a medication is given, or attempted to be given, to a child the designated staff must document the child's name, the date and time, name of medication and dose, as well as the child's disposition (cooperative, refusing) and the outcome (unable to give or successful). The staff will document and sign the entry using the Daily Medication Administration Log (see the *Policies & Procedures Manual – Medication Administration – Documentation* for detailed instructions on filling out the forms.)

It is the policy of the Head Start program that the first dose of any medication is given in the home (see the Parent Handbook, Section VI Medication Administration.)

After administration of the medication the staff will closely observe the child for any adverse reaction to the medication. Any adverse reactions will be documented on the Daily Medication Administration Log and communicated to the parents. The IHS public health nurse will also be notified of adverse reactions. Emergency services will be called and emergency first aid will be administered in cases of life threatening reactions to medications such as anaphylactic allergic reactions.

The health manager will review documentation daily and check for any medication administration errors. When an error has occurred the child is first assessed for any adverse reactions and the parent or guardian and the IHS public health nurse are contacted immediately. The staff witnessing or detecting the error must complete the Child Incident Report form. The public health nurse will review all incident reports and arrange training and consultation as needed.

## SAMPLE PDM SERVICE PLAN IN TABLE FORMAT

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.51(a)(1)(i) Assess community strengths, needs and resources through completion of the Community Assessment.</p> <p><i>Related Standards: 1305.3; 1306.30(d); 1306.31(b).</i></p>	<p>A. Plan and organize Community Assessment process</p> <p>B. Design Data Collection</p> <p>C. Gather Data</p> <p>D. Review and Analyze Data</p> <p>E. Make Decisions</p>	<p>A) HSD and Mgmt Staff</p> <p>B &amp; C) HSD, Mgmt Staff and Community Partners</p> <p>D) HSD and Mgmt Staff</p> <p>E) HSD and Mgmt Staff, PC</p>	<p>Week of: June 4th</p> <p>June 11th</p> <p>June 18-28</p> <p>July 3-13</p> <p>July 16th</p>	<p>Planning meeting</p> <p>Completed data collection plan</p> <p>Completed data worksheets for all sections.</p> <p>Conclusions from data analysis</p> <p>Final report complete with Plan of Action.</p>	<p>Duplicate CA booklets 10 x \$5 = \$50</p> <p>Copies of data worksheets = \$10</p> <p>Supplies = \$20</p> <p>Final report printing = \$30</p> <p>TOTAL=\$110.</p>	<p>A completed, comprehensive Community Assessment which identifies issues, resources, and trends, allowing key members of the Head Start community to make decisions about program design and services.</p>
<p>1304.51(a)(1)(ii) Formulate both multi-year (long-range) program goals and short-term program and financial objectives.</p> <p><i>Related Standards: 1304.51(a); 1305.3; 1306.30(a); 1306.30(d); 1306.31-36; 1308.4</i></p>	<p>A) Using the findings of the Community Assessment and the Self-Assessment, goals and SMART objectives will be created (or modified) to address the expressed issues, resources, and trends.</p> <p>B) Program goals and SMART objectives will be shared with Policy and Tribal Councils for their feedback and approval.</p>	<p>A) HSD and Mgmt staff</p> <p>B) PC and TC</p>	<p>1st week in August</p> <p>2nd week in August</p>	<p>A) List of goals and SMART objectives pertaining to each Head Start service area.</p> <p>B) Approval noted in council minutes.</p>	<p>A) NA</p> <p>B) Inclusion of task to review goals and objectives on the Councils' agendas</p>	<p>Relevant program goals, program and financial objectives agreed upon by Head Start Management Staff, Policy Council, and Tribal Council.</p>

BD=Bus Driver; CS=Cultural Specialist; DM= Disabilities Manager; FSW=Family Service Worker; FS=Fiscal Specialist; HSD=Head Start Director; HS=Health Specialist; NS=Nutrition Specialist; MHS=Mental Health Specialist; P=Parents; PC=Policy Council; T=Teachers; TC=Tribal Council

**SAMPLE PDM SERVICE PLAN IN NARRATIVE FORMAT****COMMUNITY ASSESSMENT**

1. The grantee will assess community strengths, needs and resources through completion of the Community Assessment. [1304.51(a)(1)(i)]
  - A. During the week of June 6th, the Head Start Director and Management Staff will plan and organize the process for implementing the Community Assessment (CA). Each participant will need a copy of the CA guidebook prior to the planning meeting.
  - B. During the week of June 13th, the Head Start Director and Management Staff and community partners will design a detailed plan for data collection and analysis. The group will also have designed a draft data collection worksheet by the end of the week.
  - C. From June 20th-30th, the community partners will gather data from the community using the data collection worksheets; worksheets will be completed for all sections by no later than June 30th.
  - D. From July 5th-15th, the Head Start Director and Management Staff will review and analyze the CA data, and draw conclusions from the analysis.
  - E. By no later than July 18th, the Head Start Director will make programmatic decisions based on the conclusions from the CA and share these in a final report format with the Policy Council. The projected outcome will be a completed, comprehensive Community Assessment which identifies issues, resources, and trends, allowing key members of the Head Start community to make decisions about program design and services. Related Standards include: 1305.3; 1306.30(d); and 1306.31(b).

**PROGRAM PLANNING**

2. The grantee will formulate both multi-year (long-range) program goals and short-term program and financial objectives.  
1304.51(a)(1)(ii)
  - A. During the first week in August, the Head Start Director and Management Staff will use the findings of the Community Assessment and the Self-Assessment to create (or modify) goals and SMART objectives to address the expressed issues, resources, and trends. A list of goals and SMART objectives will be written pertaining to each Head Start service area.
  - B. During the second week in August, the Head Start Director will share the program goals and SMART objectives with Policy and Tribal Councils for their approval. If approval is given, this will be noted in council minutes. (If not approved, HSD will work to revise goals and objectives based on PC and TC feedback.) To make sure that this task is scheduled in, the HSD will request inclusion of the task to review goals and objectives on the Councils' agendas. Expected outcome will be relevant program goals, program and financial objectives agreed upon by Head Start Management Staff, Policy Council, and Tribal Council. *Related Standards include:* 1304.51(a); 1305.3; 1306.30(a); 1306.30(d); 1306.31–36; and 1308.4.

## SAMPLE TEACHER QUALIFICATIONS SERVICE PLAN IN TABLE FORMAT

PERFORMANCE STANDARD	ACTION STEPS	PERSON/TEAM RESPONSIBLE	TIME FRAME	DOCUMENTATION AND RESOURCE INDICATORS	RESOURCES NEEDED	OUTCOME
<p>1304.52(b) Staff qualifications--general. (1) Grantee and delegate agencies must ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly.</p> <p>(2) In addition, grantee and delegate agencies must ensure that only candidates with the qualifications specified in this part and in 45 CFR 1306.21 are hired.</p> <p><i>Related Standards:</i> 1304.52(b)(3) 1304.52(b)(4) 1306.21 Head Start Act Sec.648A.(a)(1-3)</p>	<p>Degree Requirements for (at least 50% of all) Head Start Classroom Teachers</p> <p>1. Teachers must have a minimum of an associate, baccalaureate, or advanced degree in early childhood education; or must have an associate, baccalaureate, or advanced degree in a field related to early childhood education, with experience in teaching preschool children.</p> <p>2. Teachers who do not meet the above requirements must have: (A) a child development associate (CDA) credential that is appropriate to the age of the children being served in center-based programs; (B) A state –awarded certificate for preschool teachers that meets or exceeds the requirements for a child development associate credential (CDA); or (C) A degree in a field related to early childhood education with experience in teaching preschool children and a State-awarded certificate to teach in a preschool program.</p>	<p>Head Start Director and/or Education Manager</p> <p>Tribal Human Resources Director</p>	<p>Upon hire (or within 180 days if a Head Start Agency requests a waiver and can demonstrate that the agency has unsuccessfully attempted to recruit an individual who has a credential, certificate or degree described).</p> <p>The waiver applies with respect to an individual who is enrolled in a program that grants any credential, certificate or degree and will receive such credential, certificate, or degree under the terms of such program not later than 180 days after beginning employment as a teacher with such agency.</p>	<p>Official Transcript bearing the seal of the registrar from college or university</p> <p>Copy of an current, (non-expired) Child Development Associate credential (CDA)</p> <p>Proof of Enrollment in a program which grants an acceptable credential certificate or degree.</p>	<p>Tracking system which highlights the educational status of teaching staff including degrees, certifications, credentials, completed courses, and estimated date of program completion. The tracking system should also include expiration dates for CDA and/or dates for renewal.</p>	<p>Qualified Teachers that meet the requirements of the Head Start Act (as amended October 27, 1998).</p>

## USING YOUR COMPUTER TO HELP YOU IMPLEMENT YOUR SERVICE PLANS

Once you have created your service plans, the next step is to implement them! To make sure that all of your effort in developing your plans is put to good use, one option is to enter the plans into your computer's calendar program. Automating your Head Start Plans is a wonderful example of innovative Head Start management!

Implementing computer-based Head Start Plans can be done using many different software programs which contain a calendar function. We are introducing it here using Microsoft Outlook, simply because it is one of the most commonly-used and widely-available pieces of software. There are many others from which you may choose (e.g., Google offers an on-line version, free of charge, at <http://www.google.com/calendar>).

The idea of automating your Head Start Plans is based on a very common problem: many plans are not integrated into a calendar and, therefore, a manager has no way of quickly identifying which tasks should be addressed in the current month, or the upcoming month. This shortcoming prevents the Plan from being a true "working document," as required by the Performance Standards, as it does not guide the daily activities of the program. It also hampers the ongoing monitoring and effectiveness of the program.

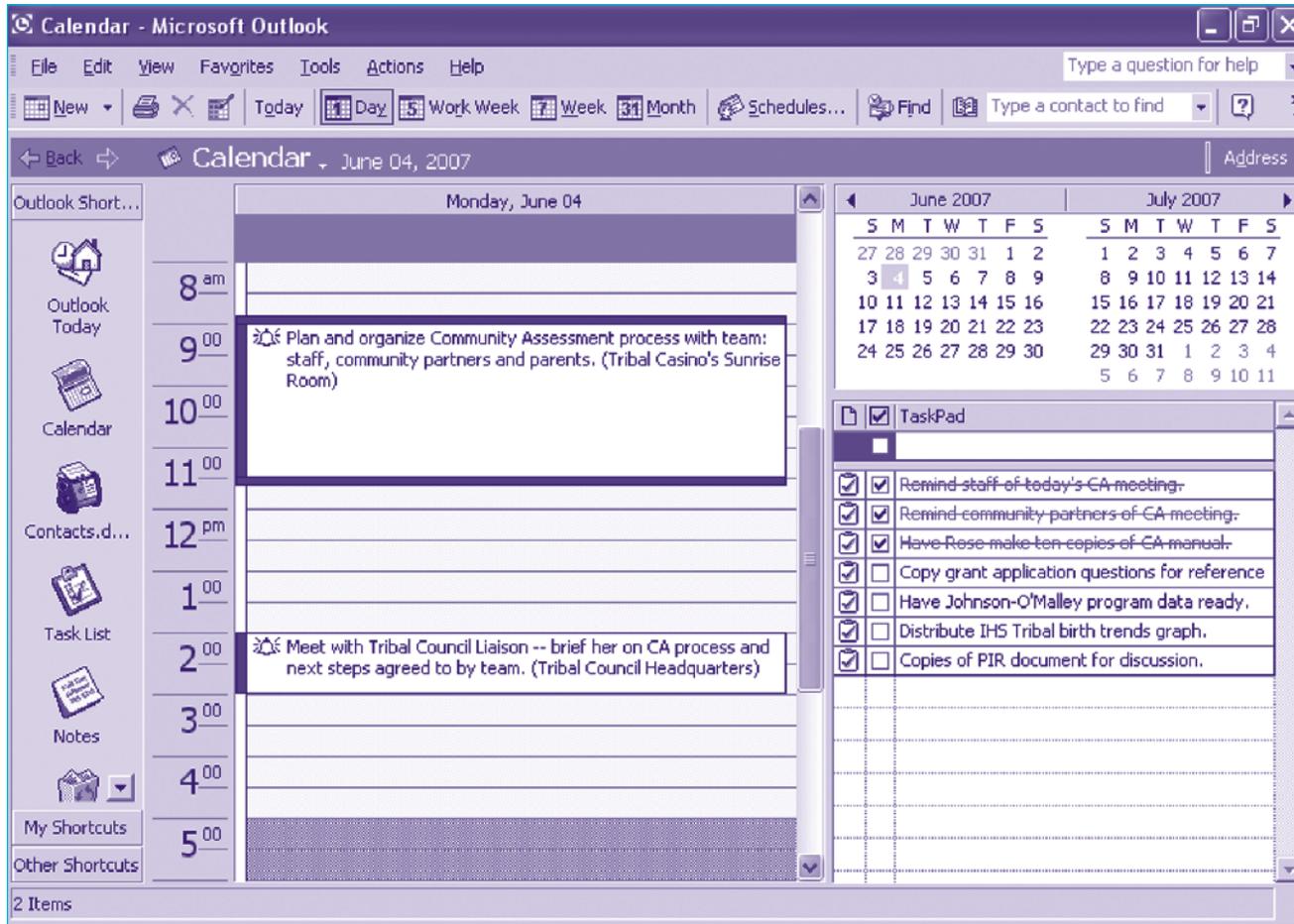
Automating your Head Start Service Plan(s) solves this and many other problems, because it totally integrates each activity of the Plan(s) into the program calendar on a day by day basis. It does this because the Plan(s), created in the calendar, use it as a foundation.

Although we cannot begin to list all of the advantages offered by utilizing this concept, the following are a few useful management features you can perform:

1. Create as many separate service area plans as you want or need, then keep them separate or integrate them at the touch of a button!
2. View your Plan(s) by Performance Standards number one minute, and by topic the next (e.g., "1308.4" or "The Disabilities Service Plan")

3. Spend more time evaluating and improving, rather than re-doing. If an activity will occur every year, you can schedule it for this year and for NEXT YEAR at the same time! (This will save you a lot of effort by not having to re-enter information year after year.)
4. Share electronic copies of your Head Start Plans with outlying centers via email or disk.
5. Make staff assignments, even to outlying staff:
  - a. By printed copy
  - b. By email
6. Provide managers and staff with the wonderful benefit of electronic reminders prior to the due date for each activity.
7. Print your Service Plan, or any section of it, in any manner required – as a regular calendar or in a “who, what, when, where, and how” format (i.e., the management by object (MBO) format).
8. Print calendars which contain activities in the plan for only one area or one center (e.g., print a calendar with only the training activities for September).
9. Change the date of activities with the ease of “drag and drop.”
10. Allow managers to:
  - a. View the whole Head Start Plan(s) or just the activities for which they are responsible at the click of a button.
  - b. Evaluate activities as they are accomplished and are “fresh” in their minds.
  - c. Track progress on monthly assignments – view assignments for the current month, and the upcoming month at the touch of a button

If, for example, you are automating your Program Design and Management Service Plan, part of your calendar for planning and implementation of your Community Assessment (see page 41), might look something like the following.



Schedule in all of the action steps, projected time frames, and responsible persons into your program’s yearly calendar—so you and your team can view the information day-by-day, week-by-week. You can then track your actions and check off tasks as you accomplish them.

***Remember, successful planning and implementation depends on developing the vision of where you want to be... and then tracking your progress, step-by-step, towards final achievement!***







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