



Family Advocate Training Updates

- Timeframes and COPA Deadlines
 - Policies and Procedures
 - Monitoring

Due in 90 Days

- PFCE Family Needs Assessment
- 50% of Family Partnership Agreement Goals
- 50% of Referrals



Due in COPA 90 Days

- PFCE Family Needs Assessment



Due in COPA 120 Days

- At least 1 completed home visit on all families
- 50% of families must have a written goal (*date must show it was completed within 90 days of enrollment*)
- 50% of families must have a referral (*date must show it was completed within 90 days of enrollment*)



Due within 60 days

- Follow up on goals (to be reflected by case notes in COPA)
- Follow up on referrals (to be reflected by case notes in COPA)

PFCE Family Needs Assessments



- Every family must have 2 assessments completed during the year.

PFCE Family Needs Assessment



- The assessment should be done in the home. After this is completed, document this in COPA.
- This must be done before the due date shown on the COPA screen.

BIG SANDY HEAD START

PFCE Family Needs/Goal Assessment

2019-2020

Delegate: _____

Center: _____

Parent(s)/Guardian(s): _____

Child's Name: _____

"If you have a positive attitude and constantly strive to give your best effort, eventually you will overcome your immediate problems and find you are ready for greater challenges."
Pat Riley

FAMILY WELL-BEING

	Forerunner	Level 1	Level 2	Level 3
Safe and Adequate Housing				
<p><i>Do you own or rent your home?</i> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Homeless <i>Are you satisfied with your home?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you could make improvements to your home, what would it be?</i></p>				
Nutrition Awareness: Meal Planning: Promoting Family Style Meals				
<p><i>Are you aware of nutritional guidelines?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Do you have any nutritional concerns?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Do you have enough food or able to provide food for the week/month?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Do you receive Food Stamps or WIC?</i> <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Neither</p> <p><i>Would you like information on any of the following:</i> <input type="checkbox"/> Nutritional Guidelines <input type="checkbox"/> Food Pantry's <input type="checkbox"/> Receiving Food Stamps <input type="checkbox"/> Receive WIC</p>				
Employment				
<p><i>Are you currently:</i> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Stay at home parent</p> <p><i>Are you satisfied with your current situation:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Are you interested in seeking job training or career development:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
Money Management				
<p><i>Do you need any help with money management/budgeting skills?</i></p> <p><i>What is your source of income?</i> <input type="checkbox"/> KTAP <input type="checkbox"/> SSI <input type="checkbox"/> SS <input type="checkbox"/> Employment: _____</p>				

PFCE Continued

- The first assessment is to be completed **No Later** than **90** calendar days from date of enrollment.
- Second assessment is to be completed **No Later** than **150** days after the first assessment unless school year ends prior to this date.



Reports sent to Team Managers

- Family Advocate Health Report due in 30 and 75 days after the first day of school
- Statistical Report due by 5th of every month
- RTI Report due by 15th of each month and sent to Disability Manager



Home visit details

Please remember after 2 consecutive unexplained absences, the Family Advocate will make a home visit or have a face to face contact in a place other than the home.



Family Home Visit

- You must do a home visit with each of your families within 90 days.
- On the visit form, list the family name and any others that were present.
- The time of the visit should be when you arrived and then left the home.



Visit purpose and summary

- Be certain to include why you are having the Home Visit.
- Be certain to state what occurred during the meeting.



Observation/visit outcome and family comments

Record what happened during the Home Visit



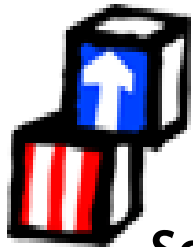
*Be sure to record if the primary caregiver and/or secondary caregiver was present. It is important to also include all those present under “others” section. This includes teachers, family relatives and friends in the home at the time.

Family Partnership Agreement

- We work with parents and caregivers as soon as the application process begins and continue this throughout the school year.
- Remember the goals set must be the parent's goals and not ours.



We thank our Family Advocates for their dedication
and commitment to the Head Start program!
You are so appreciated!



**Big Sandy Area Community Action Program
Head Start**

Sometimes we are tested not to show our weaknesses, but to show our strengths

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