



IMPORTANT INFORMATION

The information contained in this book is important to its owner. If found please return to the person(s) listed below. You may return it to the Head

Start Office at: 245 N. Lombardy Dr. Suite A
South Bend, IN 46619

Or at your local school, a Head Start Employee or Mail it directly to the person who has lost the book. Thank you in advance for your consideration.

(Placing this information inside your book is optional and not required.)

This Book Belongs to: _____

My Child attends: _____

Located at: _____

Telephone Number: _____

Teacher's Names: _____

Family & Community Specialist Name: _____

My child's Pick up Bus #: _____

My child's drop off Bus #: _____

Estimated time of my child's bus pick up: _____

Elkhart and St. Joseph Counties Head Start Consortium
245 N. Lombardy Dr., Suite A ~ South Bend, IN 46619

PARENT POLICY COUNCIL

Child Care Reimbursement Request Form

The Elkhart and St. Joseph Counties Head Start Consortium will reimburse parents for child care payment provided to their child care provider during their attendance for an established meeting or training set by the Policy Council or the Consortium Board.

Date: 10/6/08 Location of Meeting Lafayette School

Parent Signature: Jane Doe SS# 012-34-5678

Name of Head Start Child: Samantha Doe

Child care services provided by: Mary Brown

Cost of Child Care: \$ 5.00 per hour for 3 hours = \$ 15.00

\$ _____ per day for _____ days = \$ _____

I certify that the amount listed above for payment is in accordance with the Elkhart and St. Joseph Counties Head Start Consortium regulations governing allowance and reimbursement for members of the Policy Council and/or Area/Policy Committee.

Signed: _____
(Name of Provider)

(Address)

(City, State, Zip Code)

FOR OFFICE USE ONLY

Approved for Payment _____, Executive Director

_____, Business Manager

Purchase Order # _____ Date: _____

Form: AD2031

Community Comment Tracking Form

Each step must be taken in the correct order to ensure a timely and effective response to your concerns. Advancing to an inappropriate step or person in charge will only slow the process as it must be documented that each step was appropriately followed. This form will help you to complete the process and insure that you have a record of who has been spoken to and what has been accomplished. Please feel free to attach additional appropriate documents that help to explain what has been accomplished.

Staff persons receiving a complaint should sign all complaints as having been made aware of the problem. A signature does not mean that you agree or disagree with the complaint. After recording the suggested solution, action or recommendation given, make a copy and place it in the family file.

Step 1

Date incident or problem occurred: _____

Describe the nature of your comment, concern or complaint: _____

Suggested solution, action, or recommendation given: _____

Person submitting comment or complaint: _____
(Signature Relationship to child Today's Date)

Staff Person receiving the comment or complaint. _____
(Signature Position Date action taken)

Attach a written explanation of action taken. _____
(number of pages attached)

Step 2 (If Necessary)

If resolution is not achieved at Step 1, the individual may submit a written description of the concern to the appropriate management staff person

Describe additional concern or failure to resolve the issue. (Written by family member) _____

Management Staff receiving the comment or complaint: _____
(Signature Position Date action taken)

Attach a copy of written response and explanation of action taken. _____
(number of pages attached)

The management staff person receiving this comment or complaint will mail a written response within 24 hours acknowledging the receipt of the concern. The management staff person will meet with all parties involved within 3 working days of receiving the individual's written concern. If the concern is resolved, no further action is necessary.

Step 3 – Take the concern to the Site Committee

Location or name of Site: _____

Describe any additional information about your concern, so that it can be placed on the meeting agenda. _____

Name of Site Chairperson: _____

Signature

Date received

Date of meeting

Attach notes about the discussion at the meeting/minutes of the meeting when they become available _____

(number of pages attached)

Step 4 – Take the concern to the Head Start Executive Director

Individual Parent Concern - If the concern remains unresolved following the meeting outlined in Step 3, the individual may within 3 working days make a written request to meet with the Head Start Executive Director.

The Head Start Executive Director will meet with all parties involved within 3 working days of the written request. If a resolution to the concern is agreed upon, no further action is necessary. Within 5 working days following the meeting, the Head Start Executive Director or will provide the individual with a written summary of the action proposed to resolve the concern.

Today's Date: _____

Describe any change or unresolved portion of the problem. _____

Date Head Start Director received complaint: _____

Attach response: _____

(number of pages)

Step 5 – Take the concern to the Policy Council

If the concern remains unresolved following the meeting outlined in Step 4, the concern should be taken to the Policy Council. The concern should be presented in writing to the Policy Council Chairperson with a request to have the concern placed on the agenda of the next regularly scheduled Policy Council meeting.

Describe any change or unresolved portion of the problem. _____

Chairperson receiving documentation from parent and/or Head Start Director: _____

(Signature

Date)

Attach description of action or resolution passed to correct the problem or submit to the Governing Board _____

(number of pages)

Step 6 – Take the concern to the Executive Officers of Head Start Consortium Board