

 Policy #: A-3	Effective Date: 1/24/96	Page #: 1 of 10
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COMPONENT: ADMINISTRATION

SUBJECT: IN-KIND

PERFORMANCE OBJECTIVE: In compliance with Section 640(b) of the Head Start Act, at least twenty percent (20%) of the total cost of the Head Start Program has to come from sources other than the Federal Government.

This non-Federal share is known as In-Kind/volunteer services and/or cash/donation of goods or services. This is time, cash, goods, services, etc. that would normally have to be paid for by Head Start. Persons providing the services are considered volunteers. A volunteer includes, but is not limited to, parents/guardians, adult family members, members of the community, and/or anyone 18 years of age not being paid by Head Start.

Following are some examples of In-Kind/donations. The list is not limited to the items listed:

VOLUNTEER HOURS Time spent in the classroom providing various services, bus monitors, field trip assistants, time spent attending parent meetings, workshops, Policy Council meetings, advisory council meetings, etc.

LOANED SPACE OR EQUIPMENT An In-Kind donation of space is allowable when using a space that normally charges a rental fee and no fee is charged. This is allowable only when the function is a Head Start activity.

GOODS Tangible items for the classroom, playground or Head Start activities such as toys, books, food, etc.

CASH Money contributed to a Head Start Center or a Head Start activity.

ALL IN-KIND/DONATIONS MUST BE RECORDED ON THE PROPER FORM.

The following pages contain forms and procedures for correctly completing these forms. After carefully and correctly completing the forms each week they are to be turned in to the Central Office for entry into the computer. This is important for the running of In-Kind reports.

CLASSROOM AIDE TIME SHEET Use this form for time a volunteer spends in the classroom/with the class (aide, field trips, parties, etc.). **One form will be used for each week.** All volunteers will be listed on the same form. Use a second page if necessary.

1. Complete the ending date of the week service was performed at the top of the form.
2. Enter the Center/Classroom.
3. Put the date the service was performed.
4. List time volunteer arrived.
5. List time volunteer left.
6. List total hours volunteer was with class.
7. Print volunteer's name.
8. List the service provided (aide, field trip, party, etc.).
9. Enter the volunteer status (current parent, former parent, other).
10. Have the volunteer sign.
11. Complete the total hours for all volunteers in the shaded area.
12. Center staff **must sign all forms sent in for bus monitors.**
13. Center staff must total the column in the teacher's column prior to submitting to Central Office.

PARENT MEETING/WORKSHOP TIME SHEET Use this form for time a volunteer spends in parent meetings or during workshops.

1. Complete the ending date of the week service was performed at the top of the form.
2. Enter the Center/Classroom.
3. Put date the service was performed.
4. List time volunteer arrived.
5. List time volunteer left.
6. List total volunteer hours.
7. Print volunteer's name.
8. Enter the type of meeting.
9. Enter the volunteer status (current parent, former parent, other).
10. Have the volunteer sign.
11. Enter the total number of miles traveled (round trip).
12. Complete the total hours for all volunteers in the shaded area.
13. Center staff **must sign all forms sent in for parent meetings/workshops.**
14. Center staff must total the column in the teacher's column prior to submitting to the Central Office.

OTHER VOLUNTEER TIME SHEET Use this form for volunteers who perform maintenance, painting, cleaning, etc.

1. Complete the ending date of the week service was performed at the top of the form.

2. Enter the Center/Classroom.
3. Put date the service was performed.
4. List time volunteer arrived.
5. List time volunteer left.
6. List total volunteer hours.
7. Print volunteer's name.
8. Enter the type of service.
9. Enter the volunteer status (current parent, former parent, other).
10. Have the volunteer sign.
11. Complete the total hours for all volunteers in the shaded area.
12. Center staff **must sign all forms**.
13. Center staff must total the column in the teacher's column prior to submitting to the Central Office.

CONSULTANT IN-KIND FORM This form should be used when a consultant comes to the classroom to present within their area of expertise. The one form is used for time, attendance, materials donated and mileage.

1. Enter name and complete address of agency/person providing the consulting service.
2. Enter the center/classroom.
3. Check whether the provider is a current parent, former parent or other.
4. Give a full description of the service provided.
5. Enter the date of service.
6. Enter the time the consultant arrived.
7. Enter the time the consultant left.
8. Enter the total number of hours spent in consultation, including preparation time.
9. Enter the hourly consultant fee (rate they normally receive as payment for their services) per hour or per day.
10. Enter the total value of the time the consultant spent (including preparation time).
11. Enter the total number of miles traveled (round trip).
12. Enter the total value of the mileage (mileage will be with current rate).
13. Enter all materials donated.
14. Enter total number of each item.
15. Enter the value of each item.
16. Give a total dollar value of each item.
17. Enter a total dollar value for all items donated.
18. Consultant must sign the form.
19. Center staff must sign the form.
20. Center staff must total the column in the teacher's column prior to submitting to the Central Office.

SIGN-IN/SIGN-OUT FORM Use this form when a child is brought to the center or picked up from the center by parents/guardians, etc.

1. Enter the center/classroom.
2. Enter the ending date of the week.
3. Enter the child's name.
4. Enter the time the child was brought to the center.
5. Have the person bringing the child sign their name.
6. Enter the time the child is picked up from the center.
7. Have the person picking up the child sign their name.
8. Enter any comments (doctor's appointment, illness, etc.)
9. Center staff must sign and date the form at the bottom.

DONATION OF GOODS Use this form to give volunteers credit for items they donate to the center for use (food, supplies, etc.)

1. Enter the complete name and address of the volunteer/agency.
2. Enter the center/classroom.
3. Check whether the volunteer/donator is a current parent, former parent or other.
4. List each item donated.
5. Enter the value of each item that is donated.
6. Enter the total value of all donated items.
7. Donor must sign and date the form.
8. Center staff must sign the form.
9. Center staff must total the column in the teacher's column prior to submitting to the Central Office.

POLICY COUNCIL TIME AND MILEAGE Use this form for time a volunteer spends in Policy Council meetings as well as for their total round trip mileage.

1. Enter the date of the meeting.
2. Enter the Center/Classroom represented.
3. Enter the volunteer status (parent representative, community representative, former parent).
4. Have volunteer sign.
5. List time the meeting began.
6. List time the meeting ended.
7. Enter the total round trip miles traveled.
8. Staff must sign and date the form.
9. Center staff must total the column in the teacher's column prior to submitting to the Central Office.



HIGHLAND RIM HEAD START DONATIONS



NAME: _____

CENTER: _____

ADDRESS: _____

Check One: ___ Current HS Parent
 ___ Former HS Parent
 ___ Other (grand parent,
 foster parent, community
 rep)

Quantity	Item (description)	Unit Price	Total
TOTAL			

DONOR'S SIGNATURE: _____ **DATE:** _____

STAFF SIGNATURE: _____ **DATE:** _____

MANAGER'S SIGNATURE _____ **DATE:** _____

CONSULTANT IN-KIND
TIME AND ATTENDANCE

NAME: _____ CENTER: _____

ADDRESS: _____ CHECK ONE: CURRENT HS PARENT
 _____ FORMER HS PARENT
 _____ OTHER (grandparent, foster
 parent, community rep.)

SERVICE PROVIDED: _____

Date of Service: _____ Begin Time: _____ End Time: _____

Total # of hours (including preparation time): _____

Total volunteer time valuation: _____

TRAVEL

Miles round-trip to perform volunteer service: _____ (state rate per mile) = \$ _____

MATERIALS DONATED

The following materials (handouts, brochures, booklets, items for children, etc) were donated:

ITEM	# OF ITEMS	UNIT VALUE	TOTAL
TOTAL			

SIGNATURE OF CONSULTANT: _____

SIGNATURE OF STAFF: _____

Status

P= Current Parent

FP= Former Parent

O= Other

HIGHLAND RIM HEAD START INKIND

(use one block per person per day)

WEEK OF: _____

CLASSROOM: _____

Date	SIGNATURE OF DONOR	STATUS	CLASSROOM AIDE		PARENT /TEACHER MEETING or CONFERENCE or HOME VISIT		FATHERHOOD INITIATIVE		TOTAL HOURS
			Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	
	Sign:		Time In	Time Out	Time In	Time Out	Time In	Time Out	

Teacher Totals

Classroom Aide Total Time:

PT Conf. Home Visit:

Fatherhood Initiative:

Manager Total

Classroom Aide Total Time:

PT Conf. Home Visit

Fatherhood Initiative:

Status

CP=Current Parent

FP=Former Parent

O=Other

SIGN-IN/SIGN-OUT SHEET

CENTER: _____

WEEKENDING: _____

DATE	CHILD'S NAME	TIME IN	STATUS	SIGNATURE OF PERSON BRINGING	TIME OUT	STATUS	SIGNATURE OF PERSON PICKING UP

STAFF SIGNATURE

DATE

Teacher Total	Manager Total
Hrs	Hrs