

NLWJC - Kagan

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Headstart - Standards

Head Start - standards

Pauline M. Abernathy

03/26/97 10:43:22 AM

Record Type: Record

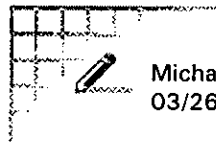
To: Michael Cohen/OPD/EOP
cc: Elena Kagan/OPD/EOP, Nicole R. Rabner/WHO/EOP
bcc:
Subject: Re: Early Childhood standards 

Great. I think it would be helpful if you could call Sharon Kagan (who is not currently on our invite list for the Conference but depending on what she says we could move her on to it) and scope things out. Also, could you send me a copy of these standards?

After that I think we should do a conference call or mtg with Hirsch quickly. Yes, Mike Smith said the same thing to me about ED involvement, which is understandable. And yes, you are right about CDF too. HHS just adopted new Head Start standards in November so many people feel like they just adopted great new standards. I will send you info on what they just adopted and I will call Judy W since I need to on another matter as well.

Thanks!

Michael Cohen



Michael Cohen
03/26/97 08:49:45 AM

Record Type: Record

To: Elena Kagan/OPD/EOP, Pauline M. Abernathy/OPD/EOP
cc:
Subject: Early Childhood standards

In response to Pauline's message re: Don Hirsch last night, here goes:

1. I have a draft of the early-childhood standards in my files if you want to see them.
 2. Don's phone number at the Core Knowledge Foundation in Charlottesville is 804 977-7550. If he's not there, they'll give you his home number where he often works.
 3. With regard to managing the politics of this issue before, at and after the summit, here are some preliminary thoughts:
- I doubt that Hirsch is highly regarded by the early childhood community. Up until recently, he was seen as a somewhat conservative/reactionary type in the el/sec and related academic community, though he is now seen far more favorably. So, while he is an articulate spokesman

and would certainly do the job of getting the idea out on the table, he may not be the best messenger from the perspective of the Head Start and broader early childhood community. We better find at least one trusted academic type with credibility in that world who we can talk through this issue with. I don't know this community very well, but I'm pretty confident that Sharon Lynn Kagan at Yale would fit the bill. I know her and can call her if you want. I don't know what she thinks of Hirsch's ideas. However, regardless of her own views, I think she could give me a pretty good sense of how others in the early childhood community react, and where the supporters might be.

- Judy Wurtzel at ED should have a decent handle on the key players and we should quietly consult with her. After the meeting with Hirsch, Mike Smith indicated to Bruce and I that he thought the WH, rather than ED, needed to take the lead on this issue, so it didn't look like ED was intruding on HHS turf. Mike is out of town until Friday. Judy will consult with him if she needs to, but when we approach Judy we should be clear we are looking at this point for quite advice, not ED leadership.
- While I suspect that HHS staff will not be our strongest allies in this, there is at least one really sharp person I encounter there from time to time, who works on early childhood issues. I can't remember her name, but I can get it from Judy.
- Carol Rasco has pretty good ties into key parts of this world. We should check with her as well.
- I don't know the format/participants for the conference, but I think it will be very important if we are going to float this issue at the meeting to have a few credible validators -- researchers, providers, teachers, or leaders -- quickly proclaim that this is an idea worth pursuing.
- Depending upon how far we can go leading up to the conference, you might want to create either a high profile commission, or a low key working group, to develop some specific recommendations focused on ways to incorporate learning standards into Head Start -- or perhaps simply more of a focus on learning -- as a follow-up action to the conference.
- Marion Wright Edelman and the CDF are likely to be critical here. Would the current relationship between FLOTUS and Marion be something we could draw upon here
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-
- Well, that's my first cut at this. Let me know if you want me to make any calls, and let me know if you still want a 3-way conference call.

Head Start - standards

Eileen -

FYI

- Pauline

TO: Hillary Rodham Clinton
cc: Melanne Verveer, Nicole Rabner
FROM: Pauline Abernathy
DATE: March 15, 1997
RE: Head Start standards [Can be read during your trip to Africa]

I spoke with Mike Smith, who said that it was clear early on in 1993 that our Advisory Committee on Head Start Quality and Expansion was not ready to support the type of standards you discussed and so he was unsure if there was anything to dust off. We are checking and I am getting a copy of Don Hirsch's proposed standards for preschool.

Our 1993 Advisory Committee did, however, recommend new Head Start performance standards. The Committee supported the use of program-level, rather than child-level, performance standards, indicators and measures. These new standards were to support developmentally appropriate curriculum, emergent literacy, and children's transition from Head Start to elementary school.

As the Advisory Committee recommended, new performance standards were included in the 1994 Reauthorization Act -- the first major revision of the standards in over 20 years. The final regulations implementing the standards were issued last November and go into effect in January 1998. [I have attached relevant sections of the Committee Report and final regulations.] The standards cover three categories: early child development, education, and health services; family and community partnerships; and program design and management. HHS consulted widely in developing these standards and reviewed nearly 15,000 comments on the proposed standards. Thus, many people in the Head Start community feel we just adopted strong, new Head Start standards.

The final standards require for pre-schoolers a curriculum that "supports each child's individual pattern of development and learning; provides for the development of cognitive skills by encouraging each child to organize his or her experiences to understand concepts; and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success." [page 57214 attached]

I will explore with DPC staff the current positions of various people on this issue and see what more we can do.

Have a wonderful trip!

Attachments: 1993 Advisory Committee Report excerpts
November 1996 final performance standards
Head Start Bulletin excerpts on the standards and efforts to improve child and parent literacy

Creating A 21st Century Head Start

**Final Report of the
Advisory Committee on Head Start
Quality and Expansion**

December 1993

**U.S. Department of Health and Human Services
Washington, D.C.**

Action: Update the Head Start Performance Standards.

Over the past 18 years Head Start's Program Performance Standards have defined the scope and quality of the services that local programs are expected to provide to all enrolled children and their families. Among other things, the Standards have helped to promote Head Start's fundamental concepts and goals; they have helped to sustain Head Start's stature as a national program with nationwide service requirements; they have served as the basis for the development of a relatively uniform system of federally and locally-conducted program assessments; and they have served as a model for emerging early childhood programs.

The Advisory Committee reaffirms the role and value of the Performance Standards. At the same time, they recommend that the standards and the guidance be reviewed and revised to reflect changing circumstances and problems facing Head Start children and families today, the evolution of best practices in the fields of family support and early childhood, the program's experience with the use of the Standards since 1975, and the anticipated expansion of the program over the coming years.

The Advisory Committee identified a number of key issues to be considered in the review and update of the Performance Standards. The Committee believes that the review should promote quality, respond to community needs, and strengthen as well as streamline standards. The following are among the specific issues the Committee recommends for review:

- Increasing the emphasis placed on the business practices of the Head Start program, including the development of performance standards in the area of financial management;
- Examining the adequacy of existing requirements in the area of management and administration and expanding these requirements to include, for example, minimal competencies for staff involved in financial and management related jobs;
- Including requirements on staffing levels and qualifications for key positions in each of Head Start's service components—education, health, social services, parent involvement, and disabilities;

- Including requirements and/or guidance supporting developmentally appropriate curriculum, emergent literacy, and transition of Head Start children to elementary school;
- Clarifying Head Start's immunization and other health requirements to ensure that there is consistency between the standards, reporting requirements, and best practices;
- Strengthening requirements (and providing resources) in the area of mental health to ensure that staff have access to the best practices about working with children with challenging behavior, that mental health services are seen as working collaboratively with Head Start family service and classroom staff, and that Head Start is linked with appropriate mental health providers and resources in the community;
- Ensuring that nutritional requirements meet the needs of children and families;
- Placing more emphasis on expectations related to the provision of family services and making it clear that Head Start programs have a responsibility for working with families proactively through the conduct of family needs assessments, the development of plans for meeting family goals, serving as case managers and ombudsmen, coordinating efforts with other service providers, and promoting basic skills and family literacy;
- Reinforcing the role of parents in the decisionmaking process;
- Finalizing regulations governing programs serving children from birth through age three;
- Developing regulations to assure that safe and effective transportation services are available; and
- Providing incentives to coordinate with other local, state, and federal programs.

Efforts to improve the Performance Standards should also take into account the quality standards and systems in other early childhood and family support programs, such as the NAEYC Center Accreditation System; work in education and human service programs in establishing outcome based accountability systems; and guiding principles of the National Performance Review to increase responsiveness to clients, empower front-line workers, and minimize regulations and paperwork.

In addition, any future revision of Head Start's Performance Standards should take into consideration the special needs and unique circumstances of programs serving Native Americans and migrant and seasonal farmworkers.

Action: Develop performance measures to support strong outcomes.

HHS should develop performance measures specially tailored to the Head Start program.

While there is considerable debate about the role of performance measures in general and outcome measures in particular in the early childhood field, the Advisory Committee believes that HHS should consider developing performance measures specially tailored to the Head Start program, in consultation with the Head Start and early childhood community. Performance measures assessed at the program level (not at the level of the individual child) can be effective as a management tool for increasing accountability, fostering a commitment to results that reduce red tape, and accomplishing program objectives more efficiently. The development of measures would be consistent with the requirements of the Government Performance and Results Act of 1993 and the recommendations of the National Performance Review.

The Advisory Committee recognizes and appreciates the current debate in the early childhood field regarding the desirability and reliability of current methods available to measure child outcomes. Our intention is not to require or encourage such **child-level** measures in Head Start programs but rather to begin a debate regarding the most useful **program-level** indicators and measures.

A wide variety of measures might be considered, addressing program quality, operational and fiscal effectiveness, and—to the extent possible—the experiences of children and families. Measures that currently are collected through monitoring reviews (such as the percent of programs meeting the key Performance Standards) and through the Program Information Report would provide a useful starting point while imposing a minimal burden, though the limitations of these data sources must be recognized. Possible measures include program characteristics such as caseload levels and class size; program results such as immunization levels, services provided to families, and family needs assessments completed; and qualitative assessments of child and family experiences. The array of performance measures should also address financial and overall program management in such areas as legitimate use of federal funds,

adequate documentation of expenditures, and appropriate internal controls.

Step 3: *Reengineering federal oversight to provide for greater accountability.*

To strengthen federal stewardship, to ensure that the federal government can live up to its responsibility to build capacity and support quality in local programs, and to restore the federal leadership capacity, the Advisory Committee recommends five specific actions:

Action: *Reassess and design the Head Start training and technical assistance system to support program quality and expansion.*

Training and technical assistance, whether provided by federal staff or by contracted providers, requires major attention as part of a quality strategy. Therefore, the Advisory Committee recommends that HHS consult with the Head Start community and respected external advisors to develop a training and technical assistance strategy that:

- Reflects the central priorities of this report;
- Retains sufficient flexibility beyond these central priorities to meet needs that emerge at the grantee, regional office, or central office level;
- Builds in ongoing feedback from all users, including Head Start grantees and regional office staff;
- Takes full advantage of new and emerging training technologies, such as interactive video;
- Allows for innovation in the structure of technical assistance (TA) where needed to link Head Start grantees to the best available expertise (for example, in health care or facilities financing);
- Links as effectively as possible to related technical assistance and training efforts, such as state early childhood initiatives;
- Builds on existing expertise within the Head Start community as well as outside it;
- Determines the right staffing size and mix to ensure adequate training and technical assistance;

1304.22(a)(3)(ii) in the NPRM) as they are not customarily used for preschool children. In 45 CFR 1304.22(a)(2) (45 CFR 1304.22(b)(2) in the NPRM) the reference to "staff member" was removed because this section of the regulation addresses child health and safety issues. We will provide information on procedures for dealing with staff emergencies in the Guidance. We also reworded, and added new standards to, 45 CFR 1304.20(f)(2) regarding the roles of Early Head Start and Head Start and Part H staff in order to emphasize partnerships between grantee and delegate agencies and other agencies serving Early Head Start and Head Start children and families and to enhance collaboration with the Part H agency in supporting family involvement and child participation.

An issue raised by some commenters related to the appropriate role of parents in obtaining assessment, screening, and follow-up services for their children. Some commenters stated that the role of parents in 45 CFR 1304.20(e) (45 CFR 1304.20(b) in the NPRM) should be strengthened. They argued that parents should be required to accompany their child to all assessment, screening and follow-up services, both to be part of the decision making team and to learn about effective ways to advocate for their children's health care in the future. Others opposed requiring parents to be present during the health screening process, arguing that welfare reform requirements for parents to work or be enrolled in a training program greatly limit the ability of parents to accompany their children to these appointments. Although we clearly prefer that parents accompany their children to these appointments, we have not changed the standard, choosing instead to provide grantee and delegate agencies with the flexibility needed to respond to the circumstances facing individual parents in their communities.

Comments also were received on the information collection requirement that grantee and delegate agencies have "written documentation of their efforts to access other available funds for medical and dental services." (45 CFR 1304.22(a)(5) in the NPRM; 45 CFR 1304.20(c)(5) in the final rule). Commenters stated that it is sometimes difficult to obtain written documentation on why agencies refuse to pay for or will not provide services. It was not the intent of the standard to have other agencies provide this information, but, rather, to have Early Head Start and Head Start agencies create a record of their efforts to access other sources of funding. Thus, we have reworded the standard to require

programs to provide "written documentation of their efforts to access other available sources of funding" (45 CFR 1304.20(c)(5)).

The last group of comments on this section were requests for additional guidance on the following issues: how to share information with parents regarding staff concerns about their children; how to work with parents so that they effectively introduce upcoming health procedures to their children; how to obtain input from multiple sources concerning the child's behavior; and who might be used to conduct the different assessments. Each of these issues will be addressed in the Guidance to be developed at a later date.

Section 1304.21 Education and Early Childhood Development

Commenters generally supported the new standards regarding child development and education, and they applauded the standards' clarity, specificity, and developmental appropriateness. Many approved the fact that the standards cover the age range from birth to age 5 and address the common needs of young children across this age span. In addition, commenters supported the flexibility to design and implement programs to meet the needs of the whole child. Many positive comments also focused on the expanded discussion of the involvement of parents in the organization and delivery of education and early childhood development services.

Commenters expressed three overarching concerns regarding the education and early childhood development standards as they appeared in the NPRM: (1) They are not integrated with the disability regulations (45 CFR Part 1308), (2) they over-emphasize the center-based program option, and (3) they are unclear concerning curriculum development. First, a number of commenters questioned why the disability regulations were not integrated within this set of regulations. They felt that a fully integrated set of standards would be more powerful in communicating the message that services for children with disabilities is an integral part of Early Head Start and Head Start. They also suggested that it would be more practical for staff and parents to look at only one document to find a complete set of standards for the education of all children. We have chosen not to more fully integrate the disability standards into this set of standards at this time for the reasons discussed earlier in Part V of the Preamble. However, we have increased the cross-references to 45 CFR part 1308 in this section.

Second, many commenters felt that the standards were too oriented toward the center-based program option and did not fully discuss the delivery of services through other program options. In order to address these concerns, and to underscore the viability of the home-based program option, we have made several types of changes in the standards.

In response, we have added two standards to this section of the final rule to further support program implementation of the home-based program option. In 45 CFR 1304.21(a)(1)(iii) of the NPRM, the standard required a balanced daily program of staff-directed and child-initiated activities in center-based settings (45 CFR 1304.21(a)(1)(iv) in the final rule). A new standard, 45 CFR 1304.40(e)(2), reinforces that the home visitor must " * * * build upon the principles of adult learning to assist, encourage and support parents as they foster the growth and development of their children." This standard makes clear the role of the parent in fostering child development.

The second standard is concerned with the physical development of children in home-based program options. In the NPRM, 45 CFR 1304.21(a)(5) discussed program requirements related to the physical development of children in center-based settings only. In the final rule, we have added 45 CFR 1304.21(a)(6) to support the physical development of children in home-based settings, stating that "grantee and delegate agencies must encourage parents to * * * appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials."

We also changed the wording in other standards in this section to clarify their relevance to the home-based option. In general, these changes have consisted of changing a verb, such as "provide." In the NPRM, the standards frequently required the grantee to "provide" a service. In order to reflect more accurately that grantee and delegate agency staff do not directly provide all of the opportunities and services in the home-based option, but rather work with parents to ensure that the breadth of services is provided, we have changed the language used. For example, in 45 CFR 1304.21(a)(4)(ii) of the NPRM, grantee and delegate agencies were required to support the development of cognitive and language skills by "providing opportunities for creative self-expression through activities such as art, music, movement,

and dialogue." We changed "providing opportunities * * *" to "ensuring opportunities * * *" in the final rule to make clear that the standard applies to home-based as well as center-based options.

The NPRM encouraged comments on the standards related to the development of the curriculum (45 CFR 1304.21(a)(2)(i) and 45 CFR 1304.21(c)(1)). Commenters supported the requirements regarding the developmental and educational needs of young children, and stated that the requirements for the curriculum were strong and age-appropriate. However, many commenters requested clarification of the terms used in this section. The questions asked included: Must a new curriculum be selected each year, since the group of parents will change each year? What exactly is the role of the parents in the development, selection or adaptation of the curriculum? Do the standards require that each agency purchase a pre-packaged curriculum? Must each agency adopt a program-wide curriculum that will be uniformly implemented with each child? The intent of these standards was to ensure that parents, and potentially other persons, such as early childhood education professionals and Tribal elders, are integrally involved in the process of building a curriculum for their children, but the specific tasks in which the parents might be involved were not listed because they are the decision of each grantee or delegate agency.

The intent of the standard was not that agencies must select a new curriculum each year but, rather, that staff and parents work together to modify and individualize the curriculum. These decisions are the local agency's prerogative and these standards, therefore, reflect the flexibility we believe that local agencies should have. In the final rule, we have made clarifying changes in order to eliminate the confusion generated by some of the standards as proposed in the NPRM. We are now requiring in 45 CFR 1304.21(c)(1) that agencies "implement" a curriculum in collaboration with the parents rather than develop or select a curriculum that is adapted for each group and applied consistently in the program as proposed in the NPRM. A number of commenters also requested a definition of curriculum, and a definition applicable to both center-based and home-based options has been added in 45 CFR 1304.3(a)(5) of the final rule.

Based upon the recommendations of several commenters, we amended the standards at 45 CFR 1304.21(a)(1)(ii) (45

CFR 1304.21(a)(1)(iii) in the final rule) and 45 CFR 1304.21(a)(3)(i)(E) to require that grantee and delegate agencies support and respect gender, culture, language, ethnicity, and "family composition." We also have added a new standard at 45 CFR

1304.21(a)(2)(iii) which more clearly links the staff-parent conferences in 45 CFR 1304.40(e)(4) and the home visits in 45 CFR 1304.40(i)(2) with opportunities for parents to discuss their child's development, progress and education.

Several commenters were concerned about the use and possible misuse of some new phrases. First, the heading of 45 CFR 1304.21, "Education and early childhood development," was criticized as inventing a new discipline. We believe that this title appropriately reflects the substance of the section. It is not intended to, nor should it be read to, invent a new discipline.

Second, the requirement of helping children gain the skills and confidence needed to succeed in their present environment as well as later in life, including school, was used in 45 CFR 1304.21(a)(1). Further, the development of cognitive skills to form a foundation for school readiness and later school success was presented in 45 CFR 1304.21(c)(1)(ii). Several commenters felt that these references to the child's upcoming experiences in elementary school suggested that school performance is now the overall goal for Head Start's child development and education program, which is clearly not the case. In introducing this language, we did not intend to restrict or diminish Head Start's overall goal of increasing the social competence of young children. Rather, the intent was to recognize that the benefits of Head Start's attention to social-emotional, physical and cognitive development will be valuable in all settings, including schools. Primary schools require children to demonstrate skills in all of these areas: Not only must they respond to cognitive challenges, but they also are asked to interact with other adults and children, show responsibility and self-help skills, and demonstrate physical competence. Therefore, the language has been retained in the final rule.

Most of the other comments on the individual standards within the Education and Early Childhood Development section dealt with requests for the clarification of terms. In some instances, the commenters requested a change in the language used. For example, several found the phrases "individual preferences" and "individual patterns of development"

and "different ability styles" in 45 CFR 1304.21(a)(1)(i) confusing, and suggested changing them to "individual rates of development" and "individual interests, temperaments, languages, cultural backgrounds, and learning styles." A number of commenters did not support the use of the terms "large muscle" and "small motor" skills in 45 CFR 1304.21(a)(5)(i) and 45 CFR 1304.21(a)(5)(ii), preferring "gross motor" and "fine motor." Because the suggested language is clearer and more consistent with the field of child development, these changes have been made. A few commenters struggled with the use of the term "self-knowledge" in 45 CFR 1304.21(b)(2)(i) in the context of infants and toddlers, noting that infants and toddlers are not at the point of reflecting on their own state of being. Therefore, the term "self-awareness" has been substituted for "self-knowledge."

A few commenters recommended that a balanced daily program (45 CFR 1304.21(a)(1)(iv)) should include activities which are "child-initiated and adult-directed," rather than "staff-directed and child-initiated." The final rule includes this recommended language. Finally, a few commenters recommended that the proposed standard at 45 CFR 1304.21(b)(3)(iii), requiring that infants and toddlers be supported in their toilet training and in their use of toilet facilities, be applied to preschoolers as well. These commenters stated that this issue is important to the development of all young children, regardless of age. We agree with this recommendation, and have organized the section so that this standard now appears in the section that applies to all children at 45 CFR 1304.21(a)(1)(vi).

Section 1304.22 Child Health and Safety

In general, commenters supported the increased emphasis on health and safety in 45 CFR 1304.22. In particular, they praised the addition of standards in the areas of hygiene (45 CFR 1304.22 (f)), short-term exclusion (45 CFR 1304.22(c)), and first aid (45 CFR 1304.22(g)) in the NPRM and (45 CFR 1304.22(e), (b) and (f), respectively, in the final rule). Other commenters indicated that some of the standards in this section would impose additional costs on grantee and delegate agencies or needed to be further clarified.

While some comments indicated support for the section on the conditions of short-term exclusion and admittance (45 CFR 1304.22(c) in the NPRM), the majority found the wording to be confusing and contradictory. Some

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

(d) *Ongoing care.* In addition to assuring children's participation in a schedule of well child care, as described in § 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

(e) *Involving parents.* In conducting the process, as described in §§ 1304.20 (a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

(1) Consult with parents immediately when child health or developmental problems are suspected or identified;

(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;

(3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;

(4) Assist parents in accordance with 45 CFR 1304.40(f)(2) (i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and

(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

(f) *Individualization of the program.*

(1) Grantee and delegate agencies must

use the information from the developmental, sensory, and behavioral screenings, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.

(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part H) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;

(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part H plan to coordinate any needed evaluations, determine eligibility for Part H services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and

(iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

§ 1304.21 Education and early childhood development.

(a) *Child development and education approach for all children.* (1) In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:

(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages,

cultural backgrounds, and learning styles;

(ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 45 CFR 1308.19);

(iii) Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition;

(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and

(v) Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents.

(2) Parents must be:

(i) Invited to become integrally involved in the development of the program's curriculum and approach to child development and education;

(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and

(iii) Encouraged to participate in staff-parent conferences and home visits to discuss their child's development and education (see 45 CFR 1304.40(e)(4) and 45 CFR 1304.40(i)(2)).

(3) Grantee and delegate agencies must support social and emotional development by:

(i) Encouraging development which enhances each child's strengths by:

(A) Building trust;

(B) Fostering independence;

(C) Encouraging self-control by setting clear, consistent limits, and having realistic expectations;

(D) Encouraging respect for the feelings and rights of others; and

(E) Supporting and respecting the home language, culture, and family composition of each child in ways that support the child's health and well-being; and

(ii) Planning for routines and transitions so that they occur in a timely, predictable and un rushed manner according to each child's needs.

(4) Grantee and delegate agencies must provide for the development of each child's cognitive and language skills by:

(i) Supporting each child's learning, using various strategies including experimentation, inquiry, observation, play and exploration;

(ii) Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue;

(iii) Promoting interaction and language use among children and between children and adults; and

(iv) Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.

(5) In center-based settings, grantee and delegate agencies must promote each child's physical development by:

(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills;

(ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child's developmental level; and

(iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.

(6) In home-based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials.

(b) *Child development and education approach for infants and toddlers.* (1) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5)):

(i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52(g)(4));

(ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and

(iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.

(2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:

(i) Encourages the development of self-awareness, autonomy, and self-expression; and

(ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.

(3) Grantee and delegate agencies must promote the physical development of infants and toddlers by:

(i) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and

(ii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.

(c) *Child development and education approach for preschoolers.* (1) Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum (see 45 CFR 1304.3(a)(5)) that:

(i) Supports each child's individual pattern of development and learning;

(ii) Provides for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success;

(iii) Integrates all educational aspects of the health, nutrition, and mental health services into program activities;

(iv) Ensures that the program environment helps children develop emotional security and facility in social relationships;

(v) Enhances each child's understanding of self as an individual and as a member of a group;

(vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning; and

(vii) Provides individual and small group experiences both indoors and outdoors.

(2) Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child (see 45 CFR 1304.20(b), 1304.20(d), and 1304.20(e)).

§ 1304.22 Child health and safety.

(a) *Health emergency procedures.* Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;

(2) Posted locations and telephone numbers of emergency response

systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

(4) Methods of notifying parents in the event of an emergency involving their child; and

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

(b) *Conditions of short-term exclusion and admittance.* (1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

(c) *Medication administration.* Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such

Improving the Quality of the Head Start Program:

NEW PERFORMANCE STANDARDS

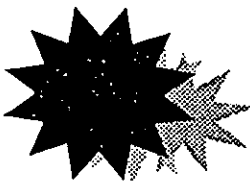
In May 1994, bipartisan Federal legislation was signed into law to amend the Head Start Act. This landmark legislation paved the way for Head Start to meet the current and future needs of America's children and families by both expanding and improving the Head Start program.

A cornerstone of the new law was the requirement to revise the Head Start Program Performance Standards, first published in 1975. As a result, the proposed revisions are easier and more flexible to use, integrate infants and toddlers into the program, promote collaboration with schools and other community programs, address family literacy needs, and draw on emerging research knowledge and medical expertise, in the following significant respects:

◆ FOR THE FIRST TIME, THE STANDARDS

reflect a combination of sound practice, research, and a focus on quality in working to enhance young children's development.

- ◆ THE STANDARDS WILL BE EASIER TO use for training and for program management, and will support interdisciplinary collaboration. They outline Head Start functions in child development and health, family and community partnerships, and program design and management to improve overall accountability at the local level. The standards also eliminate unnecessarily rigid or prescriptive rules not essential to program quality.
- ◆ AGENCIES MUST IMPLEMENT a curriculum that includes goals and experiences for children, is con-



sistent with the Performance Standards, and is based on sound child development principles about how children grow and learn.

- ◆ THE STANDARDS CONTAIN A NEW section on community partnerships, reflecting the goal of Head Start agencies to work collaboratively with other community services. This includes the transition of children into and from Head Start.
- ◆ THE STANDARDS FOCUS ON CORRECTING deficiencies in Head Start programs. They require the development of a Quality Improvement Plan and the initiation of corrective actions within specified time periods.

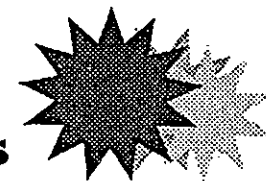
DEVELOPING THE PERFORMANCE MEASURES

In May 1994, the reauthorization of the Head Start Act required the development by DHHS, on consultation with Head Start agencies and others, of methods and procedures for measuring, annually and over longer periods, the quality and effectiveness of programs operated by Head Start agencies. Section 641A.(b) of the Act states that the measures are to be designed to: (a) assess the various services provided by Head Start and administrative and fiscal practices of programs; and (b) be adaptable for use in self-assessment and

peer review by local Head Start programs. DHHS is to use the measures to: (a) identify strengths and weaknesses of Head Start, nationally and regionally; and (b) identify problem areas that require training and technical assistance resources.

The Head Start Bureau has committed to the following tasks over the next two years in implementing the measures:

- Collect and report annually on a core set of measures.
- Develop new and better measures of outcomes and quality.



- Improve ongoing Head Start data systems.
- Develop results-oriented partnerships with grantees to help refine measures and develop approaches for utilizing them to improve local program quality.
- Communicate about results with policy makers and external audiences.
- Develop capacity within ACF to use the measures initiative to improve quality in local programs.



Literacy and Head Start Quality

by Trellis Waxler, Program Specialist, Education Services Branch, Head Start Bureau

Research shows that exposing very young children to print, books, and reading aloud provides them with important concepts about print which prepare them to learn to read. As a result, the Advisory Committee on Head Start Quality and Expansion has encouraged Head Start to place a greater emphasis on the emerging literacy concept to prepare children for reading, and thereby ensure their school readiness.

Through its efforts to enhance literacy acquisition as a vital component of Head Start quality, Head Start has supported several specific literacy initiatives designed to assist local Head Start programs in developing multi-faceted literacy programs.

Special demonstration grants have been awarded to Head Start grantees for literacy enhancement efforts. These Family Service Centers (FSC's) include family literacy as a major component. Early findings show that Head Start grantees with FSC's have twice the rate of adult participation in GED programs as do grantees with no FSC programs.

Additionally, the Emergent Literacy Initiative has been established to design and implement strategies and approaches to support and strengthen the emergent literacy activities carried out by Head Start grantees. Under this demonstration, emergent literacy refers to activities that are conducted with young children during the period when they are beginning to become aware of print, to observe and experiment with reading and writing, and to understand the relationship between the written and spoken word. The cur-

rent emergent literacy grantees are University of Idaho, Moscow, Idaho; Western Illinois University, Macomb, Illinois; and the Children's Literacy Initiative, Philadelphia, Pennsylvania.

The Head Start/Library of Congress Interagency Agreement was developed to demonstrate in communities nationwide how libraries that serve young children can plan and work with Head Start grantees to enhance both learning and parent involvement in children's literacy and language development.

Head Start has also collaborated with Even Start since its inception, specifically with its adult literacy program. The Head Start Bureau has also developed a number of publications and materials for its grantees on recommended practices and resources designed to help programs develop and/or improve their family literacy programs.

Head Start programs have implemented a wide variety of activities to encourage the emergent literacy of the children they serve. These activities include:

- ◆ Integrating books into the daily curriculum and various learning center activities;
 - ◆ Creating an appropriate environment for quiet reading for both children and parents;
 - ◆ Displaying books in an attractive manner with props to attract children;
 - ◆ Providing books that are culturally and developmentally appropriate;
 - ◆ Making and using reading enhancements such as puppets and flannel boards;
 - ◆ Encouraging parents to read to their children and provide family literacy activities;
 - ◆ Training parents and staff to select appropriate books for their children;
 - ◆ Increasing the storytelling skills of staff and parents. Soon to be available from Head Start is a video and materials for "Stories Keep Us Connected" which encourages parents to support their children's growth and learning through shared stories and experiences. Available in English and Spanish; and
 - ◆ Encouraging staff and parents to become reading models for children.
- Additionally, Head Start grantees have played a key role in the family literacy movement by:
- Increasing Head Start families' access to materials, activities, and services which are essential to family literacy development, such as obtaining library cards;
 - Supporting parents in the role of being their child's first teacher by providing encouragement and direction to Head Start families in providing activities which stimulate and sustain their children's interest and potential for future independent success in literacy activities; and
 - Assisting parents as adult learners to recognize and address their own literacy needs by creating environments which are positive, supportive, and offer the promise of benefiting both them and their children.