PLANNING GUIDE AND ORGANIZATIONAL READINESS CHART

FOR EARLY HEAD START AND EARLY HEAD START-CHILD CARE PARTNERSHIPS

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PURPOSE

This resource supports planning teams within organizations as they:

- Understand their readiness to plan and implement Early Head Start (EHS) and/or Early Head Start-Child Care (EHS-CC) Partnership programs; and

- Develop a plan to implement high-quality services for infants, toddlers, and families.

> Throughout this resource, "Early Head Start" or "EHS" refers to Early Head Start and Early Head Start-Child Care Partnerships. Occasionally there is a specific reference to "EHS-CC Partnerships" and "EHS programs partnering with child care" when referring to explicit information pertaining to partnering with child care.

INTENDED AUDIENCE

This resource is for organizational planning teams who oversee the planning process and implementation for EHS and/or EHS-CC Partnership programs.

WHEN TO USE THIS TOOL

There are several opportunities to plan and implement EHS and EHS-CC Partnership programs. They include:

- Existing Head Start (HS) programs converting HS slots to EHS slots (Prior approval required by the Office of Head Start (OHS)).

- Existing EHS programs converting slots to EHS-CC Partnerships slots, or vice versa (Prior approval required by OHS).

- Organizations applying for new EHS and EHS-CC Partnership grants.

- Organizations awarded EHS and EHS-CC Partnership grants.

- Child care settings considering becoming partner sites for EHS and EHS-CC Partnership grants.

> American Indian and Alaskan Native (AIAN) grantees that operate both an EHS and HS program may reallocate funds between programs at its discretion and at any time during the grant period involved, in order to address fluctuations in client populations. AIAN programs that exercise this discretion must notify the regional office. [45 CFR 1302.20(c)(4)]

WELCOME TO THE PLANNING PROCESS

Organizations planning to provide EHS services need to thoughtfully design and implement their program to provide high-quality services. Organizations use strategic planning to ensure successful implementation of their grant. It begins during the grant application process and continues from the time of award through the life of the grant. As consistent with any effective planning process, programs keep key stakeholders engaged throughout the process. The goal is to be fully operational as early as possible and as agreed upon with an EHS program's regional office.

Leadership and governance are the foundation for all EHS programs. Early Head Start leadership consists of three entities and each has a role:

1) Governing body/Tribal Council assumes legal and fiscal responsibility for the program.

2) Policy council and policy committee set direction for the program at the agency and delegate level.

3) Management staff oversees day-to-day operations.

A unique aspect of governance in EHS is that the policy council must include a majority membership of current or former parents of enrolled children. Overall, community members, parents, and program management staff make up this inclusive leadership structure. Together, these entities are a powerful force that provides leadership, oversight, and strategic direction.

To complete activities during the planning process, programs will need to thoroughly review regulations and requirements. Understanding and meeting HS requirements is critical to planning and implementing comprehensive services. Throughout this resource, we reference "requirements," which include:

> In addition to policy council and policy committees, programs may establish parent committees. Parent committees advise program staff on local policies, activities, and services, and communicate with the policy council. It is important for parent committee members to understand the policy council role. Many parent committee members go on to become policy council members.

FEDERAL
- Head Start regulations: - The HS Act   - The Head Start Program Performance Standards (HSPPS)   - The Department of Health and Human Services (HHS) Uniform Administrative Requirements, Cost Principles, and Audit Requirements (45 CFR Part 75)—also called Uniform Guidance   - Child care regulations: - The Child Care and Development Block Grant (CCDBG) Act   - The Child Care and Development Fund (CCDF)   - Early Head Start programs must use and follow the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP)

STATE, TERRITORY, AND TRIBAL
- Licensing rules and regulations   - The CCDF regulations allow states, territories, and tribes to develop certain policies and requirements, so these may differ by state, territory, and tribe

LOCAL
- Local CCDF policies and requirements   - County, city, and municipality rules and regulations (as applicable)   - County, city, and municipality ordinances (as applicable)

> EHS programs that partner with child care or use child care funds to extend service hours, need to review, understand, and incorporate child care requirements into planning and implementing quality services. CCDF policies and requirements:
> - Vary across states, territories, and tribes.
> - May allow counties and cities to develop policies and requirements at the local level.
> - May vary based on facility type and licensing status.

> In addition to necessary requirements, there are also many early care and education (ECE) quality improvement initiatives that support EHS programs. Some include:
> - Quality Rating and Improvement Systems (QRIS)
> - Early Learning Standards and Guidelines (ELS/ELG)
> - National accreditation for ECE programs

When state, territory, tribal, or local requirements vary from HS requirements, programs apply the most stringent provision.

ABOUT EARLY HEAD START

Early Head Start programs provide comprehensive culturally and linguistically responsive services for children and families who qualify. Since children's development happens at a fast pace, beginning with pregnancy and through the toddler years, families benefit from services of the highest quality.

Early Head Start programs use the results of their community assessment to determine which program options best meet families' and children's needs. [45 CFR 1302.11(b)] Regardless of the selected options, EHS programs deliver the full range of high-quality comprehensive services to children and families. They use the following program options to deliver early care and education (ECE) services:

- **Center-Based:** Services provided in classroom settings. [45 CFR 1302.21]

- **Home-Based:** Services provided through weekly home visits with children and families. This option also includes opportunities for group socialization. [45 CRF 1302.22]

- **Family Child Care:** Services provided by a provider in their home. [45 CFR 1302.23]

- **Locally Designed:** Services provided may include a combination of program options for each family to better meet community needs. Programs need to request and obtain approval from their regional office prior to using this program option. [45 CFR 1302.23]

> **Comprehensive services:** 1302.20(b)
> All EHS programs must deliver the full range of services:
> - Education and Child Development
> - Health
> - Family and Community Engagement
> - Services for Children with Disabilities
> - Transitions
>
> All services are culturally and linguistically responsive to the diversity of children and families in the program.

Depending on the community assessment, EHS programs may opt to provide services to pregnant women. 45 CFR Part 1302 Subpart H of the HSPPS specifies the services to enrolled pregnant women and their families. Programs can deliver services to expectant families directly or via referrals. The grant award notes the number of pregnant women a program decides to serve. If an EHS program does enroll pregnant women, then they must plan for continuity of EHS services for the newborn by:

- Enrolling eligible pregnant women into the EHS program, but not into a program option then (or)

- Enrolling the newborn into a program option after a child's birth.

> Early Head Start-Child Care Partnership programs are designed to:
> - Use layered funding models that includes the child care subsidy to support working families or those with family members going to school/in training with seamless full-day and full-year comprehensive services.
> - Address the underserved proportion of subsidy-eligible infants and toddlers and ensure continuity of services when a family loses subsidy eligibility.
> - Improve the quality of child care.

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SIX STEPS OF THE PLANNING PROCESS

This resource describes the planning steps to prepare for implementation:

1. Identifying Resources
2. Planning for Partnerships
3. Planning and Program Oversight
4. Designing and Delivering Services
5. Using Data-Informed Decision Making for Continuous Quality Improvement
6. Assessing the Planning Process

Though distinct, these stages are interrelated and many of the tasks occur simultaneously. Therefore, it is important to plan carefully and thoroughly.

STEP 1: IDENTIFYING RESOURCES

Programs need to identify available human and program resources that can support the planning process. The following steps can help programs understand the requirements and supports available during the planning and implementation process.

- **Grantee Planning Team:** Create a planning team to manage and monitor the planning process. This includes early implementation until the governance and management team systems are fully operational. The team:

  - Determines the status of the systems and services for governance and management; and

  - Creates timelines for all service delivery.

  - Includes key members who can provide program management experience, decision-making authority, knowledge of the community's strengths and needs, and prenatal, infant, toddler, and family engagement expertise. Team members might include:

    - Early Head Start program director;

    - Fiscal manager;

    - Human resources representative;

    - Facility operations coordinator;

    - Program service managers, such as disabilities services, education, family engagement, health, and eligibility, recruitment, selection, enrollment, and attendance (ERSEA) managers;

    - Governance, board, and policy council members;

    - Child care partners, including their board members if applicable; and

    - Key community leaders and partners, including early intervention, prenatal services, and agencies that serve the culturally diverse community.

- **Regional Office Federal Staff:** The Office of Head Start (OHS) and the Office of Grant Management (OGM) assign a program specialist (from OHS) and grants specialist (from OGM) to every EHS grantee. Some EHS-CC Partnership grantees may also have an assigned program specialist from the Office of Child Care (OCC). Federal staff at the regional office are responsible for:

  - Reviewing and approving grant applications;

  - Making funding decisions (including start-up costs, equipment purchases, budget changes, and facility projects);

  - Approving program options and service delivery changes;

  - Scheduling regional training and technical assistance (T/TA); and

  - Supporting an EHS program to meet applicable requirements.

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- **Early Childhood Learning and Knowledge Center (ECLKC):** This OHS website houses valuable information pertinent to EHS and child care programs, including resources from the National T/TA Centers at https://eclkc.ohs.acf.hhs.gov.

- **Early Childhood Training and Technical Assistance System:** This OCC website houses valuable information pertinent to CCDF administrators and child care programs, including resources from the National T/TA Centers at https://childcareta.acf.hhs.gov.

- **Early Educator Central:** This OHS and OCC website houses valuable information pertinent to infant and toddler educators earning degrees and credentials using existing federally funded resources, including little or no cost coursework at https://earlyeducatorcentral.acf.hhs.gov.

- **Administration for Children and Families (ACF) Early Childhood Training and Technical Assistance System:** The HS T/TA system consists of three levels.

  1. **National:** The OCC and OHS fund several National T/TA Centers to develop resources and support the regional T/TA system and grantees.

  2. **Regional:** The OHS regional T/TA has four categories of specialists— early childhood, grantee, health, and systems. These specialists provide T/TA for EHS programs at the direction of the regional office. The regional office ensures that each grantee has a T/TA specialist who serves as the point-of-contact between the grantee and the regional T/TA network. The regional office may also assign more than one T/TA specialist based upon an EHS program request or need, such as when an awarded program is considering converting slots.

     > The web link to OHS T/TA system is *https://www.acf.hhs.gov/ohs/assistance*.
     >
     > The OCC supports CCDF state, territory, and tribal lead agencies with policy, administration, and quality and professional development initiatives. The web link to the OCC T/TA system is *https://childcareta.acf.hhs.gov*.

  3. **Grantee:** Early Head Start programs use awarded T/TA dollars to implement their training plans. Local training plans address specific program needs, such as expanding teachers' qualifications; working with families after a community disaster; improving management systems and learning environments; or helping parents support their child's literacy skills at home.

- **Consultants to Support Implementation and Fiscal Planning:** Early Head Start programs can use consultants to facilitate the planning process. The use of an independent consultant is at the discretion of the individual EHS program. Consultants can help guide programs to:

  - Meet the HSPPS;
  - Develop appropriate policies and procedures; and
  - Support their readiness to be fully operational in a timely manner.

  A select group of independent consultants, referred to as implementation planners and fiscal consultants, have been specifically trained to offer consulting services to EHS-CC Partnership grantees. Contracting with these independent implementation planners is at the discretion of the individual EHS-CC Partnership program.

  Additionally, the National Center for Program Management and Fiscal Operations (PMFO) Fiscal Consultants Initiative (FCI) may deploy fiscal consultants through a regional OHS referral process. The FCI provides consultants to grantees for system fiscal issues, including EHS-CC Partnerships fiscal issues. Contact your regional OHS program specialist for more details.

- **Neighboring Early Head Start and Head Start Programs:** Other local EHS and HS programs that have successfully planned and implemented services can be an excellent resource. They can provide valuable information and community resources. They may also share the successes and challenges they faced.

- **Early Care and Education Leaders and Providers:** Those leading ECE quality efforts and already providing services within the community can provide practical information and valuable resources. Child care programs in a community, including center-based and family child care, can support EHS programs as they support families who are working, in job training, or who are going to school. Partnering or contracting with child care partners often strengthens an EHS program and improves the overall quality of services within a community.

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- **Local Part C Early Intervention Agencies:** Part C agencies support EHS programs as they provide services for infants and toddlers who qualify for services under the Individuals with Disabilities Education Act (IDEA). Early Head Start programs ensure at least 10 percent of their total funded enrollment includes children with disabilities. [45 CFR 1302.14(b)] Programs partner with the local early intervention providers to:

    - Prevent duplication of services; and

    - Provide a coordinated approach to services for infants and toddlers with disabilities and their families.

- **Head Start Collaboration Offices:** These offices are in each state, the District of Columbia, Puerto Rico, and in Regions XI (American Indian and Alaskan Native) and XII (Migrant and Seasonal Head Start). They serve as a conduit of information between regional offices and their respective partners. Collaboration directors can support grantees' work with their:

    - CCDF lead agency;

    - ECE licensing system;

    - Professional development opportunities;

    - Quality Rating and Improvement System (QRIS); and

    - Other systems.

- **Child Care Resource and Referral (CCR&R) Agencies:** These agencies support ECE providers with a variety of resources, including:

    - Family referrals;

    - Support with starting a business; and

    - Ongoing professional development.

- **Other Local Community Partners and Agencies:** Community partners are a valuable resource. Engage community partners in meaningful collaboration to deliver comprehensive services and understand and address the diverse needs of children and families. Community partner staff may also serve on:

    - Governing bodies and policy council;

    - Advisory committees including the health services advisory committee; and

    - The planning team.

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STEP 2: PLANNING FOR PARTNERSHIPS

A key component of EHS programs during the planning process is building and sustaining meaningful partnerships with community agencies and organizations. Partnerships help programs respond to an identified outcome or benefit. Early Head Start programs partnering with other agencies, including child care, must have clear plans to incorporate policies, procedures, and practices. These plans must include EHS and partners in the leadership and management of the program. [45 CFR 1302.53, 1302.34 and 1302.5]

There are many community partners for EHS programs to consider, such as the following:

- Local ECE providers, including child care centers and family child care
- Part C early intervention agencies
- Child Care Resource and Referral agencies
- Higher Education
- Public Schools
- Quality Rating and Improvement Systems
- Local foundations
- Mental health consultants
- Women, Infants, and Children (WIC)
- Health care such as medical homes and oral health providers, prenatal services, mental health professionals, and child care health consultants
- Public health officials
- Social service and child welfare programs
- Refugee resettlements organizations
- Local organizations serving homeless families

For many EHS programs, especially EHS-CC Partnership programs, partnering with local child care providers helps them provide high-quality services. It is important to actively involve child care partners in all program planning, management, and fiscal decisions that support staff as they implement comprehensive services.

Partnerships allow providers to share resources, improve quality, and avoid duplication of effort. These benefits assist everyone—the community, EHS program, each partner, staff, families, and children.

Partnerships are not simple or easy. Developing basic strategies and following a plan help keep it on track. To support successful partnerships, EHS programs work with each partner to:

- Identify strengths and gaps in services;
- Create a shared vision;
- Understand and focus on anticipated results;
- Communicate often;
- Enhance their relationship; and
- Clarify expectations.

Resource related to getting started with an EHS-CC Partnership:

- Starting an EHS-CC Partnership
  https://eclkc.ohs.acf.hhs.gov/starting-partnership

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COMMUNITY PARTNERSHIPS: THE DEVELOPMENTAL CONTINUUM OF COLLABORATION

This developmental continuum has four collaboration stages within a partnership. Each stage encompasses the characteristics of the previous level and benefits the partnership. Communicate to support true collaboration with both internal and external partners. The goal is to reach a level of partnership that strengthens all parties involved.

	NETWORKING	COORDINATION	COOPERATION	COLLABORATION
Exchange Information for Mutual Benefit	X	X	X	X
Alter Activities		X	X	X
Share Resources			X	X
Enhance the Capacity of Another				X

Himmelman, A. 2002. Collaboration for a Change: Definitions, Decision-Making Models, Roles, and Collaboration Process Guide. https://depts.washington.edu/ccph/pdf_files/4achange.pdf.

Networking involves exchanging information for mutual benefit. For example, staff may exchange information about community programs and services.

Coordination involves exchanging information and altering activities to move toward achieving a common purpose. For example, staff might work with other agencies to avoid duplication of efforts or to fill gaps in services.

Cooperation involves exchanging information, altering activities, and sharing resources, as well as moving toward a common purpose. For example, two or more programs may conduct joint activities to meet their individual program goals.

Collaboration involves exchanging information, altering activities, sharing resources, and enhancing the capacity of each party. It is also about moving toward achieving a common purpose. For example, programs might work together toward common goals that they could not achieve by acting alone.

STEP 3: PLANNING AND PROGRAM OVERSIGHT

Early Head Start programs bring a variety of experiences to the planning process, as do their child care partners. Organizations that receive funding to provide EHS programming may be existing HS grantees, community-based organizations, or state, territory, tribal, and local governments. Regardless of the organizational structure or their goals, all EHS programs must have key management systems and procedures in place to support high-quality service delivery. Design and implement coordinated approaches that effectively include a professional development system, full participation of children and families who are dual language learners and children with disabilities, and the management of program data. During the planning process, programs identify management systems already in place and those they need to strengthen. Thoughtful planning is key to successful programming and to achieving desired outcomes.

The HS Program Planning Cycle, Figure 1, depicts an ongoing cycle—planning, implementation, and evaluation. It promotes continuous improvement and allows programs to work toward positive outcomes for children and families.
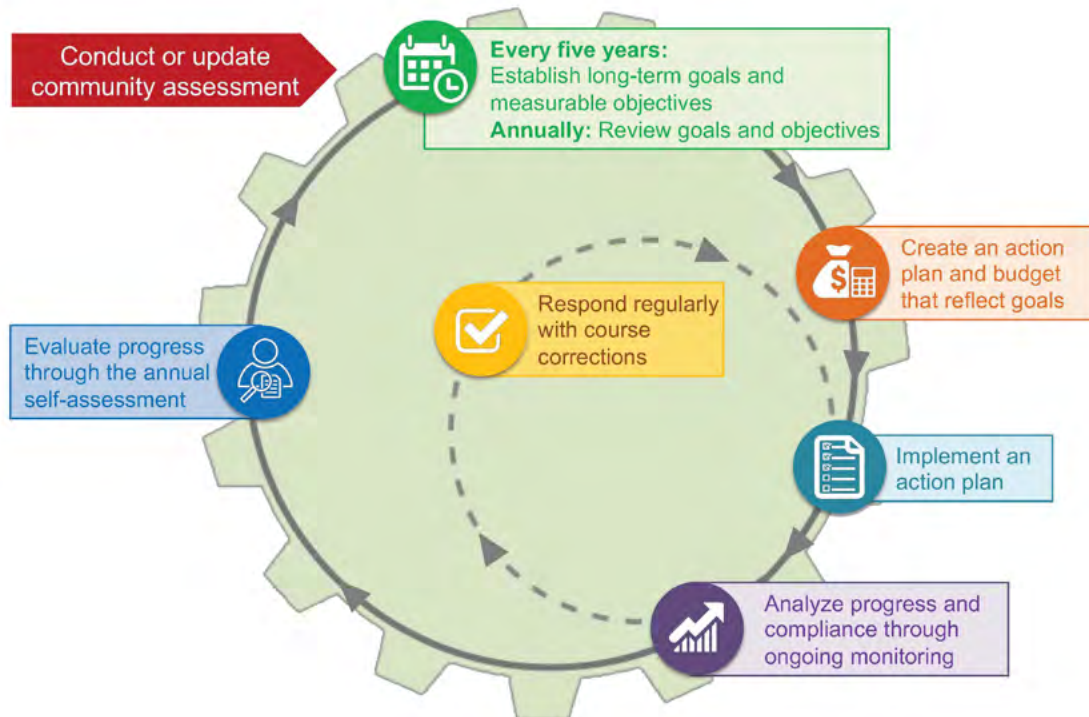
Figure 1: The Program Planning Cycle

The program planning cycle shows how HS management systems are interrelated parts of a predictable planning process. This ongoing process helps programs:

- Develop goals, objectives, and expected outcomes;

- Monitor and evaluate progress toward their program goals, which include school readiness goals; and

- Ensure compliance with all regulations.

Management systems and procedures help EHS programs meet requirements.

School readiness goals are staff's expectations of children's status and progress across language and literacy, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development. [45 CFR 1305.2]

For infants and toddlers, school readiness refers to their developing capacity to self-regulate, demonstrate curiosity, communicate, and develop close, secure relationships. More information can be found at Infant and Toddler Caregivers School Readiness ECLKC page
https://eclkc.ohs.acf.hhs.gov/school-readiness/article/infant-toddler-caregivers

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Furthermore, well-functioning, integrated management systems support high-quality service delivery. The HS Management Systems Wheel, Figure 2, is a visual representation of the 12 systems program management needs to deliver high-quality services.
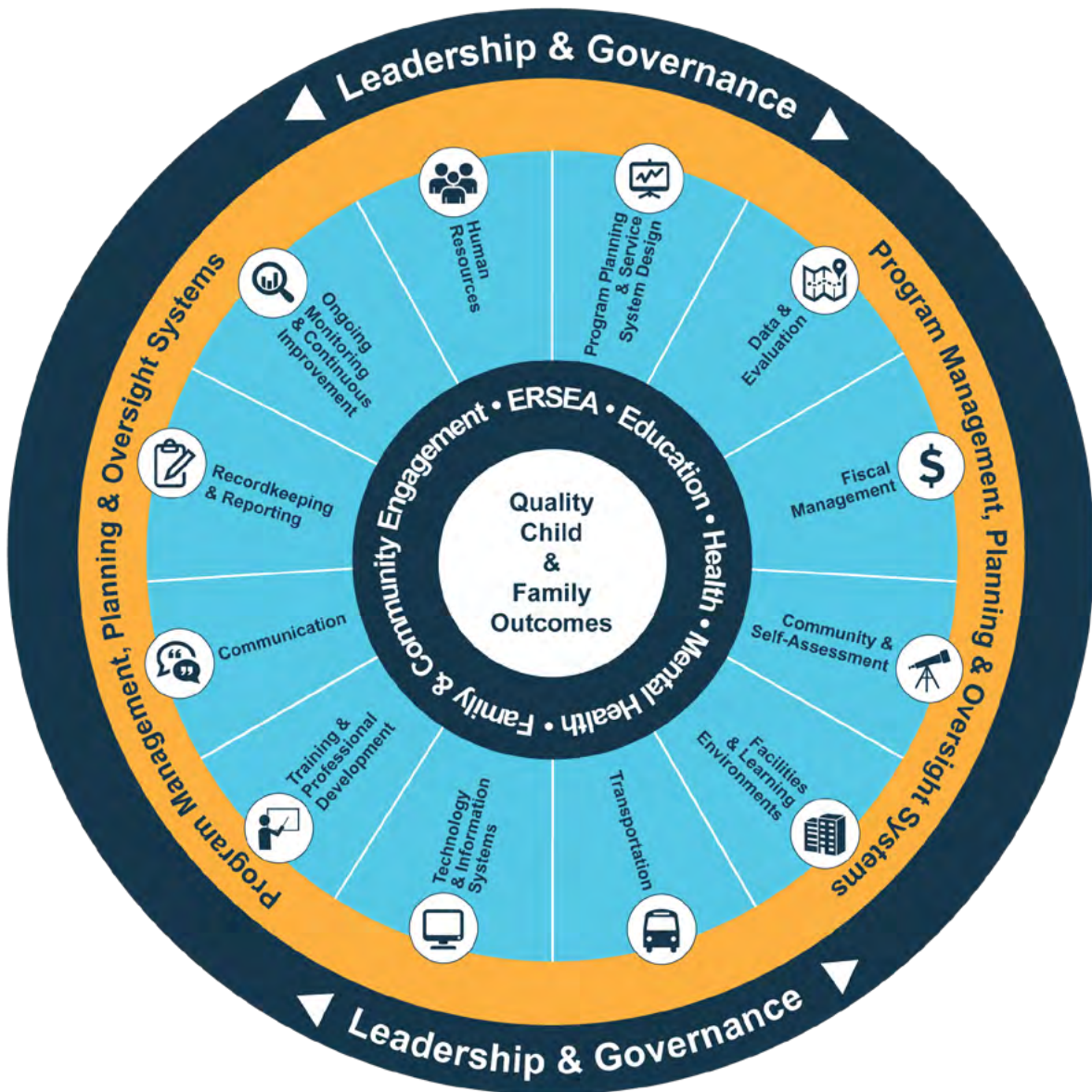

Figure 2: Management Systems Wheel

Key elements in planning include:

- **Community Assessment:** Early Head Start programs use a current community assessment to:

  - Identify resource and service gaps within a community that impact a grantee's services and partnerships with other community organizations; [45 CFR 1302.11(b)]

  - Design services and develop program goals; and

  - Ensure that program options and services meet the needs of culturally and linguistically diverse children and families in the local community. [45 CFR 1302.20]

For more information on the Head Start Management Systems Wheel:

- The Head Start Management Systems Wheel: A Key Resource for Head Start Stakeholders
  https://eclkc.ohs.acf.hhs.gov/video/head-start-management-systems-wheel-key-resource-head-start-stakeholders

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- **An Organizational Structure:** Early Head Start programs determine an organizational structure that includes governing bodies, policy council, and systems design to:

    - Implement services; [45 CFR 1302.101(a)]

    - Achieve goals; [45 CFR 1302.102] and

    - Ensure all staff meet applicable qualifications and competencies. [45 CFR 1302.91(a)]

- **Data that Supports Continuous Improvement:** Early Head Start programs implement a process for using data to:

    - Identify program strengths and needs;

    - Develop plans to address these needs; and

    - Continually evaluate progress implementing regulations and achieving program goals. [45 CFR 1302.102(c)(1)]

STEP 4: DESIGNING AND DELIVERING SERVICES

Planning program services and activities involves multiple, simultaneous tasks. An EHS program's planning team provides structure for program activities and services. When planning to meet your population's needs and implementing the full range of comprehensive services [1302.20(b)], EHS grantees consider the following:

- **Qualified Staff Members:** Early Head Start programs ensure all staff meet required qualifications and have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions to support high-quality comprehensive services.

    - Recruit and hire qualified staff, who have the experience and relevant education to serve expectant families, infants, and toddlers.

    - Ensure staff are familiar with families' ethnic backgrounds and heritages so they can serve and communicate with children who are dual language learners and families with limited English proficiency. [1302.90(d)]

    > "Staff" includes program consultants, contractors and sub recipients who are engaged in the delivery of services.

    - When most children speak the same language, programs ensure that qualified staff who also speak that language are available to facilitate effective communication.

    - Ensure staff receive ongoing support in the form of supervision and professional development opportunities to facilitate continuous quality improvements. [1302.101(a)(2)]

    - For EHS programs partnering with child care, collaborate with partners to understand current and potential staff members' qualifications. Establish a plan to meet expectations within the required timeframe.

    - Consult with your regional office to establish a timeframe when staff need to meet qualification requirements.

- **Comprehensive Staff Development Plans:** Early Head Start programs establish and implement a systemic approach to staff training and professional development. Preparing all staff—such as teachers, family services, home visitors, and health staff—to work with very young children and families is only the start of a continuous staff development process. [45 CFR 1302.92] Early Head Start programs need to:

    > Resources related to staff qualifications and education:
    > - Educational Requirements for Head Start Staff: A Series of Briefs https://eclkc.ohs.acf.hhs.gov/human-resources/article/head-start-staff-qualifications
    > - Credentialing and Degree Programs Database for Head Start Staff Who Work with Families https://eclkc.ohs.acf.hhs.gov/professional-development/article/credentialing-degree-programs-databases-head-start-staff-who-work

    - Help staff gain the knowledge and skills they need to provide high-quality, comprehensive services within the scope of their job responsibilities;

    - Link academic credit to professional development opportunities, as appropriate;

    - Develop a professional development plan with each employee who provides direct services to children and families [HS Act, Sec 648A (f)];

    - Use data to inform and develop individual staff goals, such as classroom, home visit and family interaction observations, curriculum implementation, child assessment, and school readiness goals; and

    - Include child care partners in this process, if partnering with child care.

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- **Safe and Developmentally Appropriate Environments:** Program environment refers to the features of the program and its physical setting that affect interactions and relationships between families and staff. High-quality program environments:

  - Protect the health and safety of children, families, and staff;

  - Make all feel welcomed, valued, and respected;

  - Promote children's well-being, learning, and development;

  - Facilitate cultural and linguistic responsiveness;

  - Promote open and regular communication; and

  - Provide families with a sense of support and create opportunities for them to build relationships with other families and community organizations.

- **Curriculum:** To promote children's development and learning, EHS programs use developmentally appropriate research-based curricula for children. [45 CFR 1302.32(a)]; [1302.35(d)]

  Child development curricula must be:

  - Based on research about standardized testing procedures and materials to support implementation;

  - Developmentally appropriate;

  - Aligned with the Head Start Early Learning Outcomes Framework (ELOF);

  - Designed for the program option(s);

  - Sufficiently content-rich; and

  - Written to include an organized scope and sequence with plans and materials for learning experiences.

  To promote parent child relationships, EHS programs offer a researched-based parenting curriculum to parents. [45 CFR 1302.51(b)] Parenting curricula must:

  - Be based on research;

  - Build on parents' knowledge; and

  - Offer opportunities to practice parenting skills that promote their child's learning and development.

- **Community Partnerships:** Collaborating with community partners provides a vital role in engaging families. These partnerships offer opportunities to:

  - Enhance comprehensive services;

  - Address barriers to children and families accessing services; and

  - Minimize duplication of effort.

Programs can consult the Caring for Our Children (CFOC) Online Standards Database for additional information about health and safety practices at http://nrckids.org/CFOC

EHS programs monitor curriculum implementation and provide support, feedback, and supervision to help staff improve through training and professional development.

Resources related to child development curricula
- Early Childhood Curriculum Resources https://eclkc.ohs.acf.hhs.gov/curriculum/article/early-childhood-curriculum-resources
- Curriculum https://eclkc.ohs.acf.hhs.gov/curriculum
- Curriculum Fidelity Resources https://eclkc.ohs.acf.hhs.gov/curriculum/article/curriculum-fidelity-resources
- Curriculum Consumer Report https://eclkc.ohs.acf.hhs.gov/curriculum/consumer-report

Resources related to parenting curricula:
- Parenting Curricula Review Databases https://eclkc.ohs.acf.hhs.gov/parenting/article/parenting-curricula-review-databases
- Choosing a Parenting Curriculum for Your Program https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/choosing-parenting-curriculum-for-your-program.pdf

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- **Determining an Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Plan:** Recruiting families gives programs the largest pool of eligible children and families and offers opportunities to provide services to those most in need.

  - Consider the factors impacting families with the highest need, when determining eligibility. Include income as well as other criteria that support providing services to families in need. 45 CFR Part 1302 Subpart A of the HSPPS outlines eligibility requirements, such as using data from the community assessment when determining an EHS program's selection criteria.

  - For EHS programs partnering with child care, consider CCDF guidelines for recruitment and enrollment of eligible families. Early Head Start programs and child care partners work together to ensure continuity of services when there are gaps in child care subsidy funding.

  - Maintain a waiting list to ensure the program can serve children as soon as possible when there is an available slot. [45 CFR 1302.14(c)]

- **Governance:** Leadership and governance includes a governance structure, strong communications, and regular reporting. Early Head Start programs ensure that:

  - Governing body performs their legal and fiscal responsibility [as outlined in the 2007 HS Act and 45 CFR Part 1301 of the HSPPS];

  - Policy council and governing body members (and partnership board members, as appropriate) receive T/TA, as needed, to fully participate and perform their responsibilities;

  - Policy council proportionately represents EHS and program options, as appropriate; and

  - Governing body and policy council include community members. (It is a conflict of interest for paid contractors or sub-recipients to serve on governing bodies and policy council; however, for EHS-CC Partnerships, child care partners serve on the governing body. Parents of children enrolled in child care centers and family child care homes can serve on the policy council.)

STEP 5: USING DATA-INFORMED DECISION MAKING FOR CONTINUOUS QUALITY IMPROVEMENT

Once implementation begins, it is important for EHS programs to have systems in place to collect, aggregate, analyze, compare, and use data. This helps programs track progress and determine how well they are fulfilling their commitments to children, families, and the community. Continuous quality improvement is a critical part of ensuring high quality services. Early Head Start programs use the results of data and evaluation systems to support continuous improvement (e.g. ongoing monitoring, annual self-assessment, and QRIS).

Specific systems to address during implementation:

1. **Ongoing Monitoring:** Ongoing monitoring systems assess how well program operations are functioning. EHS programs establish and implement these systems to ensure their program:

   - Meets all requirements;

   - Works toward meeting their established goals and objectives; and

   - Makes timely and appropriate interventions.

   The ongoing monitoring process connects to the annual self-assessment process to make sure that enrolled pregnant women, infants, toddlers, and their families receive high-quality services offered directly by the grantee or through other agreements. Outsourced services pose a unique ongoing monitoring role that requires intentional planning to ensure programs assess and address interventions in a timely manner.

2. **Annual Self-Assessment:** The self-assessment measures the programs' progress in goals and objectives, identifies systemic issues, and considers new innovations annually. It is also a way to examine quality and work towards continuous program improvement.

   The self-assessment process uses a year's worth of program data, including ongoing monitoring data to evaluate the program's progress toward:

   - Meeting established goals;

   - Compliance with requirements; and

   - Determining how effectively the program meets the needs of children, families, and staff.

> Early Head Start programs
> - oversee progress toward meeting program goals on an ongoing basis; and
> - conduct a comprehensive self-assessment of its effectiveness annually. [45 CFR 1302.102(b)(2)(i)]

> For More Information on Self-Assessment, programs can review Self-Assessment: Your Annual Journey at https://eclkc.ohs.acf.hhs.gov/program-planning/article/self-assessment-your-annual-journey

> When partnering with child care, recognize that they may:
> - Have ongoing monitoring and self-assessment systems in place. Blend ongoing monitoring and self-assessment systems of the EHS grantee and child care partner as appropriate.
> - Be a participant in a QRIS. Discuss any supports being received to avoid duplication of quality efforts, such as trainings and material purchases

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Early Head Start programs develop systems to assess the effectiveness of their services. They will need flexibility to adapt and adjust services. This process is a normal and a healthy aspect of any dynamic learning organization. Full implementation of high-quality services is a continuous process. Programs will find themselves moving between the starting point, progressing, and excelling. Knowing where you are on the continuum is important for all stakeholders.

SP Starting Point (SP)

Beginning to implement practices related to the HS Act and HSPPS, as well as other regulations such as CCDF and licensing.

P Progressing (P)

Using data to coordinate and bolster implementation of high-quality practices.

E Excelling (E)

Using data to respond to needs beyond requirements and support high-quality practices that are systemic, integrated, and comprehensive.

ARE YOU READY TO USE THE ORGANIZATIONAL READINESS CHART (ORC)?

WELCOME TO THE ORGANIZATIONAL READINESS CHART

A thorough planning process gives EHS programs a valuable opportunity to develop the highest quality program that meets the diverse needs of children and families served. The planning process eventually merges into ongoing monitoring, continuous improvement, and self-assessment to inform future program planning activities.

Successful program implementation involves the following:

- A thorough understanding of the HS Act and HSPPS, as well as other applicable requirements, such as licensing. Early Head Start programs partnering with child care or using child care funds to extend service hours also need to understand the CCDBG, CCDF, and related requirements.

- Effective communication systems and collaboration between HS regional office and TA, governing bodies and policy council, families, staff, and community partners.

- A focus on a shared vision, goals, and outcomes across all partners. For EHS programs partnering with child care, this includes an integrated management and organizational structure.

The ORC is a planning tool. Experiences from EHS programs and EHS-CC Partnerships programs, OHS and OCC federal staff, and T/TA providers frame the content.

> For further details on federal, state, territory, tribal, and local requirements, review pages 4 of this planning guide.
>
> When state, tribal, or local requirements vary from HS, apply the most stringent provision.

HOW TO COMPLETE THE ORGANIZATIONAL READINESS CHART

An organization's planning team, including child care partners, completes the ORC together. For each section of the ORC, the planning team identifies or checks off activities they already have in place. Once a section is complete, the planning team identifies:

- Strengths and opportunities for growth;

- Available resources;

- Action steps; and

- Where they are on a continuum for that section—starting point (SP), progressing (P), and excelling (E).

Once the entire chart is complete, the planning team:

- Compiles their ratings for all the sections on the Summary of Ratings sheet on page 44, and

- Uses the information to determine and prioritize next steps. A sample planning chart has been included on page 45.

> For more information on this continuum rating, review page 17 of this planning guide.

A. ORGANIZATIONAL READINESS

1. GRANTEE PLANNING TEAM

   a. Identify a planning team to plan and monitor initial services and initial program implementation. Include all appropriate stakeholders such as the following:
      - Early Head Start program director
      - Fiscal manager
      - Human resources representative
      - Facility operations coordinator
      - Program service managers, such as disabilities services, education, ERSEA, family services, and health managers
      - Governance, board and policy council members
      - Child care partners, including their board members
      - Key community leaders and partners
         - Health care and social services providers
         - Local ECE leaders
         - Local EHS and HS program(s)
         - Part C providers
         - Public schools
         - Local boards of health and medical, nutrition, oral, prenatal, and mental health providers

   b. Identify start-up costs, budget, and technical assistance needs, including an orientation as established with the regional office.

   c. Identify a regular, ongoing meeting schedule.

   d. Identify roles and responsibilities of team members.

   e. Discuss the strengths, roles, and regulations of those on the planning team and their partners.

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

2. NEGOTIATE AWARD/BUDGET

a. Work with the regional office federal staff to ensure the proposed budget accurately reflects start-up and operating costs that support program design and comprehensive services. For EHS-CC Partnerships, use the Cost Estimation Tool with child care partners to plan to deliver comprehensive EHS services for children enrolled in family child care and child care centers. Once awarded, continue to review and discuss any needs with regional office.

b. Develop or update memorandums of understanding (MOUs) with child care and community partners, as appropriate. These lay out the relationship and describe what each partner will provide during implementation. Once partnerships are solidified (for child care partners or other paid community partners) and before providing any payments for services, put a performance-based contract into place to ensure ongoing commitment to all standards.

c. Budget to contract with implementation planners and other independent contractors the program will need to successfully begin services in a timely manner. Programs can use fiscal consultants working with the PMFO to support fiscal planning. For more information contact your regional OHS program specialist.

RATING: **SP**   **P**   **E**

Layering of funding allows for programs to individualize cost estimates, reflect the differences in services and costs for each partners, and builds strong, transparent relationships with partners. It includes 3 layers: individual child services, program level enhancements to support comprehensive services, and core child care services. More details can be found in the document "Funding and Payments" on ECLKC.

Related standards, regulations, and resources for this section -

1303 Subpart A – Financial Requirements

1302.101(a)(1)-(4) Implementation (of management system)

Fiscal Management
https://eclkc.ohs.acf.hhs.gov/fiscal-management

The Application Budget
https://eclkc.ohs.acf.hhs.gov/fiscal-management/article/application-budget

The Cost Estimation Tool
https://eclkc.ohs.acf.hhs.gov/local-early-childhood-partnerships/article/layering-early-head-start-services-funds-child-care

The PD Cost Analysis Tool on Early Educator Central
https://earlyeducatorcentral.acf.hhs.gov/pdtool/

Characteristics of Highly Qualified Consultants
https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/qualified-consultant-characteristics.pdf

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STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
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3. ORGANIZATIONAL STRUCTURE

a. Review key positions and qualifications needed to successfully implement the EHS program design and to provide high-quality services. Review and seek approval from your regional office, as needed.

b. Develop or update an organizational chart and staffing pattern that meet the requirements for operating a high-quality program. Promote continuity of care and give staff enough time to participate in training and professional development. For EHS programs partnering with child care, include child care partners so they can understand and adapt their current organizational structures and staffing patterns, as well as assess staff qualifications.

c. Develop or update position descriptions and include needed qualifications that align with all requirements. Early Head Start-Child Care Partnerships programs can support their child care partners as they develop or update position descriptions.

d. Recruit and hire qualified EHS and child care management staff. Early Head Start-Child Care Partnership programs can work with their child care partners to recruit and hire management positions.

e. Recruit and hire qualified EHS direct service staff. Early Head Start-Child Care Partnership programs may want to encourage their child care partners to recruit and hire for needed direct service positions.

f. Determine if there is a need for contractual work to support the program's organizational structure. For instance, some programs contract with local mental health consultants or nutrition consultants.

g. Establish or update an ongoing staff recruitment and retention plan aligned with the program's professional development system and program goals. Include succession planning.

Related standards, regulations, and resources for this section -

Part 1301 – Program Governance

Part 1302 Subpart B Program structure

Part 1302 Subpart I Human resources management

Part 1302 Subpart J Program management and quality improvement

1302.101 Management system

Continuity of Care
https://eclkc.ohs.acf.hhs.gov/learning-environments/article/continuity-care

Characteristics of Highly Qualified Consultants
https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/qualified-consultant-characteristics.pdf

State/Territory Infant/Toddler Credential Overview
https://childcareta.acf.hhs.gov/resource/stateterritory-infanttoddler-credential-overview

Head Start Staff Qualifications
https://eclkc.ohs.acf.hhs.gov/human-resources/article/head-start-staff-qualifications

RATING: **SP** **P** **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

4. CONTRACTS AND PARTNERSHIP AGREEMENTS

a. Develop or update relationships with potential child care partners, community partners, consultants, and other professionals, such as local boards of health, early intervention, Part C, medical, oral health, mental health, nutrition, prenatal, and other providers.

b. Negotiate deliverables and budgets for contracts with child care partners and other professionals.

c. Create a timeline to implement services.

d. Ensure that partners or contracting organizations, including child care partners, are familiar with requirements—including the HS Act and HSPPS.

e. Ensure that the EHS management team, including their partners, is familiar with all applicable requirements by aligning requirements and streamlining oversight.

f. Collaborate with partners to align requirements and streamline oversight processes.

g. Draft, finalize, and sign MOUs, contracts, and partnership agreements with potential partners and consultants. Develop performance-based contracts once partnerships are solidified and before providing payment for any services.

Related standards, regulations, and resources for this section -

Part 1302 Subpart B Program Structure

Part 1302 Subpart H Services to Enrolled Pregnant Women

Developing Partnership Agreements
https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/developing-partnership-agreement.pdf

Partnership Relationships: Resources
https://eclkc.ohs.acf.hhs.gov/local-early-childhood-partnerships/article/partnership-relationships-resources

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

B. MANAGEMENT SYSTEMS

1. FISCAL MANAGEMENT

a. Establish strong relationships between fiscal and program management staff that integrate program and budgetary requirements based on their vision and projected outcomes.

b. Finalize the budget with appropriate line items that reflect goals and objectives and create a cost allocation plan.

c. Develop a procurement policy and procedure that aligns with Uniform Guidance, CCDBG, CCDF, and other state policies and procedures.

d. Develop policies and procedures for regular budget review and reporting based on the requirements of the Uniform Guidance.

e. Develop a child care subsidy procedure that includes information about state fee collection, policies, and schedules.

RATING: **SP** **P** **E**

Related standards, regulations, and resources for this section -

45 CFR Part 75 Uniform administrative requirements, cost principles, and audit requirements of HHS awards

HS Act, Sect. 645(b) Participation in Head Start Programs

1301.2(b) Duties and responsibilities (of governing body)

1302.18 Fees

1302.101(a)(4) Implementation (of management system)

Management Systems
https://eclkc.ohs.acf.hhs.gov/organizational-leadership/article/management-systems

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

2. FACILITIES AND LEARNING ENVIRONMENTS

a. Finalize leases or other agreements to procure facilities and space.

b. Identify appropriate space for program services; working collaboratively with partners.

c. Ensure all classroom and family child care spaces have state licenses if applicable and meet HSPPS requirements for infants and toddlers. Refer to the state QRIS and national accreditation requirements as appropriate.

d. Ensure socialization spaces meet standards for developmentally appropriate practices and safety requirements.

e. Ensure outdoor play spaces are safe and developmentally appropriate for infants and toddlers.

f. Evaluate settings to ensure they meet the needs of all children and families, including those who may require special accommodations.

g. Ensure settings embrace diversity and support children who are dual language learners.

h. Create a budget, if updating the environment, and ensure facilitates meet IDEA requirements.

RATING: **SP**   **P**   **E**

Related standards, regulations, and resources for this section -

Part 1303 Subpart E Facilities

1302.21(d) Licensing and square footage (center-based option)

1302.22(d) Safety requirements (home-based group socializations)

1302.23(b)(4) Ratios and group size (family child care option)

1302.23(d) Licensing requirements (family child care option)

1302.31(c)(1) & (2) Teaching and learning environments (infants and toddlers, and preschool age)

1302.44(a)(2)(viii) Nutrition service requirements (related to breastfeeding)

1302.47(b)(1) Facilities

1302.47(b)(2) Equipment and materials

1302.61(a) Additional services for children (with disabilities)

1303.12 Insurance and bonding

Health and Safety Screener
https://eclkc.ohs.acf.hhs.gov/organizational-leadership/publication/health-safety-screener

Head Start Body Start Infant and Toddler Outdoor Play Space Assessment
https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/infant-toddler-play-space-assessment.pdf

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

3. PROGRAM PLANNING AND SERVICE SYSTEM DESIGN

a. Use goals, objectives, and outcomes from the grant application to plan and measure progress. Compare data to this baseline as you move toward continuous quality improvement. For EHS-CC Partnership programs, ensure goals and objectives reflect work with child care partners.

b. Examine relevant program and community data to clarify and support the direction of the goals.

c. Ensure program goals (and school readiness goals) work together taking into account the demographic changes and diverse populations.

d. Design and implement coordinated approaches that effectively include a professional development system, full participation of children and families who are dual language learners and children with disabilities, and the management of program data.

Related standards, regulations, and resources for this section -

Part 1302 Subpart J Program management and quality improvement

1301.4(b)(1) Requirements of parent committees

1302.11 Determining community strengths, needs, and resources

1302.20 Determining program structure

Foundations for Excellence 2nd edition
https://eclkc.ohs.acf.hhs.gov/program-planning/article/foundations-excellence-guide-five-year-planning-continuous-improvement-2nd

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

4. DATA AND EVALUATION

a. Collect data that is critical to track progress of the services and systems that support the grant and, if applicable, the partnership.

b. Incorporate data into the internal monitoring process (ongoing monitoring and continuous improvement).

c. Aggregate, analyze, and compare data related to the grant and the partnership.

d. Use data to identify program strengths and needs.

RATING: **SP**   **P**   **E**

Related standards, regulations, and resources for this section -

Part 1303 Subpart C Protection for the Privacy of Child Records

1301.4(b)(1) Requirements of parent committees

1302.101(b)(4) Coordinated approaches (of program data)

1302.102 Achieving program goals

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

5. ONGOING MONITORING AND
CONTINUOUS IMPROVEMENT

  a. Develop or update an ongoing monitoring policy or procedure.

  b. Incorporate an ongoing monitoring system into analyzing, aggregating, comparing, and using data.

  c. Ensure that a process is in place to implement appropriate interventions.

RATING: **SP**   **P**   **E**

Related standards, regulations, and resources for this section -

Part 1303 Subpart D Delegation of Program Operations

1302.91 Staff qualifications and competency requirements

1302.102 (b) Monitoring program performance

1302.102 (c) Using data for continuous improvement

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

6. COMMUNITY AND SELF-ASSESSMENT

    a. Use community assessment results to ensure the program options and design are consistent with the application and the needs of children and families.

    b. Use community assessment results to set goals.

    c. Ensure annual self-assessments occur. Include community and child care partners, as applicable.

Related standards, regulations, and resources for this section -

1301.5 Training (for governing body, advisory committee, and the policy council)

1302.102(b)(2) Ongoing assessment of program goals

RATING: **SP**　　**P**　　**E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

7. COMMUNICATION

a. Develop or update communication policies and procedures. Early Head Start-Child Care Partnerships need to develop a communication plan with their partners and align them with their policies and procedures.

b. Ensure involvement of enrolled parents at the local program level.

c. Develop or update a procedure for electing parents from each program to the policy council.

d. Ensure that programs engage with the policy council and governing body or Tribal Council, and that policies and procedures support inclusive decision-making.

e. Establish or update procedures to maintain confidentiality.

f. Establish or update procedures to ensure communication with parents, across sites, and partners if applicable.

Related standards, regulations, and resources for this section -

1301.4(b)(1) & (2) Requirements of parent committees

1302.90(a) Establishing personnel policies and procedures

1302.101(a)(4) Implementation (of management system)

1302.102 Achieving program goals

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

8. RECORDKEEPING AND REPORTING

a. Develop or update internal monitoring protocol for recordkeeping and reporting that meets the HSPPS, Uniform Guidance, CCDBG, CCDF guidelines, state child care licensing regulations, QRIS, and accreditation requirements as applicable.

b. Develop or update child care subsidy procedures to assure appropriate recordkeeping and accounts receivable practices.

c. Develop or update a system for keeping, maintaining, and sharing information; and ensure it meets confidentiality requirements.

d. Identify a process for ensuring the policy council and governing board members receive annual training on their roles and responsibilities. For EHS-CC Partnerships, review the EHS-CC Partnership program and funding structure. Identify procedures that provide the governing body with financial and other reports, related to the EHS-CC Partnership.

> Related standards, regulations, and resources for this section -
>
> Part 1303 Subpart C Protections for the Privacy of Child Records

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

9. TRANSPORTATION

a. Identify a transportation plan and develop policies, as applicable.

b. Review HSPPS requirements for transportation safety, trip routing, driver qualifications, driver training, and bus monitoring training.

c. Create a budget if purchasing buses. Ensure vehicles meet state licensing, HSPPS, CCDBG, CCDF, and Uniform Guidance requirements.

d. If not providing transportation, determine strategies that maximize access to transportation. (Programs not providing transportation must help families arrange transportation to and from its activities and provide information about these transportation options in recruitment announcements.)

> Related standards, regulations, and resources for this section -
>
> Part 1303 Subpart F Transportation

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

Early Childhood
National Centers

10. HUMAN RESOURCES

a. Ensure hiring policies recruit and select qualified staff with education and experience relevant to supporting infants, toddlers, and their families.

b. Develop or update recruitment strategies to make sure staff culturally and linguistically represent the families and community. When the majority of children in a class, group, or home-based program speak the same language, ensure at least one class or group staff member or home visitor speaks such language. [1302.90(d)(4)]

c. Design a staffing structure that ensures continuity of care and secure relationships between staff, children, and families. Meet the strictest teacher-child ratios and group size specifications when state or local licensing requirements vary from HSPPS. Consider using mixed-age groups.

RATING: **SP** **P** **E**

Related standards, regulations, and resources for this section -

HS Act, Sect. 648A(f) Professional development plans

Part 1302 Subpart I Human Resource Management:

1301.4(b) Requirements of parent committees

1302.20 Determining program structure

1302.21(b)(1) & (2) Ratios and group size (center-based option)

1302.101(a)(3) Implementation (of management system)

1305.2 Terms

Using Mixed-Age Groups to Support Continuity of Care in Center-Based Programs
https://eclkc.ohs.acf.hhs.gov/learning-environments/article/using-mixed-age-groups-support-continuity-care-center-based-programs

Continuity of Care Resource page
https://eclkc.ohs.acf.hhs.gov/learning-environments/article/continuity-care

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

11. TRAINING AND PROFESSIONAL DEVELOPMENT

a. Identify professional development procedures to support best practices.

b. Coordinate professional development systems with child care and other community partners.

c. Provide appropriate training to the governing body, any advisory committee members, and the policy council. Include EHS-CC Partnership information.

d. Plan an orientation for staff, including those at partnership sites, which includes the goals and underlying philosophy of the program.

e. Develop professional development plans ensuring that infant and toddler staff meet all required qualifications in the HSPPS and state licensing. Consider QRIS.

f. Provide ongoing support in the form of supervision and professional development to ensure staff have appropriate skills and abilities.

g. Ensure the professional develop system includes a research-based coaching strategy.

Related standards, regulations, and resources for this section -

1301.5 Training

1302.91 Staff qualifications and competency requirements

1302.92 Training and professional development

1302.101(a)(4) Implementation (of management system)

1302.101(b)(1) Coordinated approaches (for training and professional development)

Professional Development Cost Analysis Tool
https://earlyeducatorcentral.acf.hhs.gov/pdtool/

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

12. TECHNOLOGY AND INFORMATION SYSTEMS

   a. Assess the current technology available. Include partners.

   b. Create or update a technology plan, if applicable.

   c. Include technology costs in the budget.

   d. Identify the appropriate hardware and software to enable and monitor progress.

   e. Include technology responsibilities in position descriptions.

   f. Ensure technology protects the personally identifiable information of children, families, and staff.

Related standards, regulations, and resources for this section -

Part 1303 Subpart C Protections for the Privacy of Child Records

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

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C. PROGRAM OPERATIONS AND SERVICES

1. ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, AND ATTENDANCE (ERSEA)

   a. Develop or update the policies and procedures for recruiting pregnant women, infants and toddlers, and families who need services. For EHS programs partnering with child care, these plans need to be developed in collaboration with child care partners.

   b. Identify enrollment policies and procedures. Ensure selection criteria meet appropriate requirements. For EHS-CC Partnerships, enrollment policies and procedures should also ensure compliance with child care subsidy regulations.

   c. Coordinate enrollment and eligibility procedures and requirements with child care partners, as appropriate. For EHS-CC Partnerships, develop or update plan to maintain or exceed required percent of families receiving child care subsidy.

   d. Identify specific staff positions responsible for recruitment and enrollment.

   e. Incorporate ERSEA responsibilities into the job descriptions.

   f. Develop or update the plan for maintaining a wait list.

   g. Develop or update the plan for tracking and following up on attendance.

   h. Assure policies and practices ensure full participation of all children.

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

2. EDUCATION AND CHILD DEVELOPMENT PROGRAM SERVICES

a. Identify program goals, measurable objectives, and action plans about educational and nutrition services based on the community assessment.

b. Identify goals to promote children's school readiness that are aligned with the ELOF, state or tribal early learning guidelines, and local requirements.

c. Align all program options to education and child development service requirements.

d. Develop or update the program policies and procedures for education and child development services, including family engagement. For EHS programs partnering with child care, engage partners in planning and ensuring the delivery of high-quality education.

e. Collaborate with families to ensure that education and child development services are culturally and linguistically responsive, promote children's healthy development, and meet the unique needs of families.

f. Identify data sources to track progress towards school readiness goals and make data-informed decisions.

g. Identify research-based curricula appropriate for all program options. Ensure they align with school readiness goals and the ELOF. Assure developmentally appropriate expectations and practices for infants and toddlers.

h. Develop or update plans to support staff as they implement the curricula with fidelity.

i. Identify valid and reliable developmental screening tools.

j. Develop or update plans to support staff as they implement developmental screening tools with fidelity. Ensure staff complete screening within 45 days (30 days for Migrant and Seasonal programs) of a child's first date of attendance (or first home visit) and make informed decisions using the screening data.

k. Identify research-based ongoing child assessment tools.

l. Develop or update plans to support staff as they implement ongoing assessment tools with fidelity.

RATING: **SP**　　**P**　　**E**

Related standards, regulations, and resources for this section -

Part 1302 Subpart C Education and child development program services

Part 1302 Subpart F Additional services for children with disabilities

Part 1302 Subpart G Transitions services

Part 1302 Subpart H Services to enrolled pregnant women

1302.21(a) Setting (center-based option)

1302.22(a) Setting (home-based option)

1302.23(a) Setting (family child care option)

1302.51 Parent activities to promote child learning and development

1302.53 Community partnerships and coordination with other early childhood and education programs

1302.101 Management systems

1302.102 Achieving program goals

1305.2 Terms

Head Start Early Learning Outcomes Framework
https://eclkc.ohs.acf.hhs.gov/school-readiness/article/head-start-early-learning-outcomes-framework

Curriculum
https://eclkc.ohs.acf.hhs.gov/curriculum

Curriculum Consumer Report
https://eclkc.ohs.acf.hhs.gov/curriculum/consumer-report

Infant/Toddler Teaching Practices
https://eclkc.ohs.acf.hhs.gov/teaching-practices/article/infanttoddler-teaching-practices

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

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3. HEALTH PROGRAM SERVICES

a. Identify program goals, objectives, and action steps about health services based on the community assessment.

b. Align each program option to health service requirements. Early Head Start grantees are required to meet the federal, state, territory, tribal, or local regulation which is the most stringent.

c. Develop or update program policies and procedures for health services for pregnant women, infants and toddlers, and their families. For EHS programs partnering with child care, engage partners in planning and ensuring the delivery of high-quality health services for children and families.

d. Collaborate with families about their child's health. Ensure that health services are culturally and linguistically responsive, promote children's health and well-being, and meet the unique needs of families.

e. Develop and update policies and procedures to ensure safe physical environments for very young children and safe caring practices, including safe sleep and child supervision. Plan to foster appropriate safety and hygiene practices among children, families, and staff.

f. Establish or update a toothbrushing policy and procedure to assist very young children to brush daily with fluoridated toothpaste. Promote effective oral health hygiene program by cleaning an infant's gums before the first tooth appears.

g. Identify protocols for developing individualized healthcare plans for children with special health needs and responding to health emergencies.

h. Develop or update a disaster preparedness plan in response to all types of natural and manmade disasters and emergencies that may happen in or near programs. Include supplies for evacuations and lock downs (such as evacuation cribs, diapers, and formula).

i. Develop or update program policies and procedures to ensure infants and toddlers have access to health insurance, a continuous source of medical and oral health care, and are up-to-date on well-child and oral health care.

j. Ensure staff obtain or complete hearing and vision screening for young children within 45 days (30 days for Migrant and Seasonal programs) of a child's first date of attendance (or first home visit), and make informed decisions using the screening data.

k. Promote breastfeeding through parent education about its benefits. Provide an appropriate area for mothers to breastfeed during program hours and facilities for the safe handling and storage of breast milk.

l. Develop or update policies and procedures to support nutritional needs of infants, toddlers, and their families in all program options, including home-based socializations. Ensure the provision of formula consumed by infants during program hours.

Children must be up-to-date on a schedule of age appropriate preventive and primary medical and oral health care (including immunization recommendations issued by the Centers for Disease Control and Prevention) as determined by the well-child visits and dental periodicity schedules set by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which the program operates. To find EPSDT medical schedules by state, visit the EPSDT page on ECLKC at *https://eclkc.ohs.acf.hhs.gov/physical-health/article/early-periodic-screening-diagnostic-treatment-epsdt*.

Related standards, regulations, and resources for this section -

Part 1302 Subpart D Health Program Services

Part 1302 Subpart E Family and Community Engagement Program Services

Part 1302 Subpart H Services to Enrolled Pregnant Women

1302.20(b) Comprehensive services

1302.21(d) Licensing and square footage requirements (center-based option)

1302.22(d) Safety requirements (home-based group socializations)

1302.30 Purpose (education and child development program services)

1302.31(c) Learning environment

1302.32(e) Promoting learning through approaches to rest, meals, routines, and physical activity

1302.33 Child screenings and assessments

1302.34 Parent and family engagement in education and child development services

1302.91(e)(8) Health professional qualifications requirements

1302.102 Achieving program goals

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m. Participate in the USDA CACFP for reimbursement of meal services.

n. Develop or update policies and procedures to support the social and emotional well-being of infants, toddlers, and their families. Identify a mental health consultant and ensure the consultant can provide the support needed to limit suspension and prohibit expulsion.

o. Establish and maintain a health services advisory committee. Ensure the participation of child care partners and that community members include providers with expertise in the health and wellness needs of infants, toddlers, pregnant women, and expectant families.

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

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4. FAMILY AND COMMUNITY ENGAGEMENT
    PROGRAM SERVICES

    a. Develop or update the program policies and procedures to ensure the delivery of high-quality family and community engagement services for pregnant women, infants and toddlers, and their families. For EHS programs partnering with child care, engage partners in this process.

    b. Identify program goals, objectives, and outcomes about family and community engagement services based on the community assessment and family assessment data.

    c. Implement family and community engagement service requirements for each program option.

    d. Collaborate with families to ensure services are culturally and linguistically responsive, promote children's healthy development, and meet the unique strengths and needs of families.

    e. Engage families in their children's education, development, and health. Ensure they are part of the child assessment process and use information from families to inform teaching practices. Support families in setting goals for themselves and their infant or toddlers.

    f. Ensure practices honor the families' home languages and recognize the important role it plays in their child's overall development.

    g. Conduct family assessments and offer parents the opportunity to work with staff to set goals that support families' interests related to the family outcomes as described in the Parent, Family and Community Engagement Framework.

    h. Identify sources of data to track families' progress over time. Use this data to inform planning and family engagement service improvements.

    i. Develop or update the plan for engaging partners in the program's community engagement services based on family and community assessment data.

    j. Identify community partners to provide and enhance comprehensive services that support pregnant women, infants, toddlers, and their families (e.g., early intervention, WIC, health care, child care, mental health, foster care, social services, etc.). Develop MOUs to clarify roles and expectations.

    k. Develop or update strategies to engage with community partners in ways that strengthen each agency and the families they serve.

RATING: SP   P   E

EHS programs should fully engage with enrolled pregnant women and families in meaningful ways and consider methods that strength individual families. Use the HS Parent, Family, and Community Engagement Framework as a guide.

Related standards, regulations, and resources for this section -

Part 1302 Subpart E Family and Community Engagement

Part 1302 Subpart H Services to Enrolled Pregnant Women

1302.11 Determining community strengths, needs, and resources

1302.30 Purpose (education and child development program services)

1302.31(2)(i) & (iii) Effective teaching practices (for dual language learners)

1302.33 Child screenings and assessments

1302.34 Parent and family engagement in education and child development services

1302.35(a) Purpose (home-based program option

1302.35(c)(4)(ii) Home visit experiences (language development of preschoolers)

1302.61 Additional services for children (with disabilities)

1302.62 Additional services for parents (with children with disabilities)

1302.63 Coordination and collaboration with local agency responsible for implementing IDEA

1302.70 Transitions from Early Head Start

1302.72 Transitions between programs

1302.102(a) Achieving program goals

PFCE Interactive Framework
https://eclkc.ohs.acf.hhs.gov/school-readiness/article/pfce-interactive-framework

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STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

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5. ADDITIONAL SERVICES FOR CHILDREN WITH DISABILITIES

a. Identify program goals, objectives, and action steps about services for children with disabilities based on the community needs assessment.

b. Consider policies and practices to ensure that all children with disabilities, including those who are not eligible for services under IDEA, learn in the least restrictive environment and fully participate in all program activities. Ensure children receive interim services as needed.

c. Align each program option to requirements for serving children with disabilities.

d. Develop or update the program policies and procedures regarding services for infants and toddlers with disabilities, including engaging families in their child's education and development. For EHS programs partnering with child care, engage partners in the process.

e. Collaborate with families to ensure that services for children with disabilities are culturally and linguistically responsive, promote children's healthy development, and meet their unique needs.

f. Develop or update program policies and procedures to ensure that children with disabilities fill at least 10% of enrollment slots.

g. Ensure all infants and toddlers with identified disabilities who qualify for services under IDEA have an Individual Family Service Plan (IFSP) in place.

h. Identify Part C providers and develop MOUs with them.

i. Provide ongoing support and professional development to ensure staff can modify approaches for children with identified or suspected delays.

> **Related standards, regulations, and resources for this section -**
>
> Part 1302 Subpart F Additional Services for Children with Disabilities
>
> 1302.30 Purpose (education and child development program services)
>
> 1302.33 Child screenings and assessments
>
> 1302.34 Parent and family engagement in education and child development services

RATING: **SP**   **P**   **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

6. TRANSITION SERVICES

   a. Identify program goals, objectives, and action steps about transition services based on the community needs assessment.

   b. Align each program option to transition services requirements.

   c. Develop or update the program policies and procedures on transition services for infants and toddlers and their families, including engaging with families about their children's education and development. For EHS programs partnering with child care, engage partners in this process.

   d. Collaborate with families to ensure that transition services are culturally and linguistically responsive, promote children's healthy development, and meet their unique needs.

   e. Ensure individual transition plans include necessary service partners (e.g., child care, early intervention) and support children, families, and staff.

RATING: **SP**   **P**   **E**

Transition services involve planning for children moving between program options, settings, groups or classrooms, and into and out of the program. Plans must prioritize continuity of care to the maximum possible extent. Center-based and family child care settings can consider mixed-age groups as appropriate and staying within requirements.

Related standards, regulations, and resources for this section -

Part 1302 Subpart G Transition Services

The Programs for Infant/Toddler Care (PITC) Six Essential Program Practices for Relationship-Based Care
https://childcareta.acf.hhs.gov/resource/program-infanttoddler-care-pitc-six-essential-program-practices-relationship-based-care-5

Transitions
https://eclkc.ohs.acf.hhs.gov/transitions

Supporting Transitions: Resources for Building Collaboration
https://eclkc.ohs.acf.hhs.gov/transitions/article/supporting-transitions-resources-building-collaboration

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

7. SERVICES TO ENROLLED PREGNANT WOMEN

   a. Identify program goals, objectives, and action steps about services for enrolled pregnant women based on family and community needs assessments.

   b. Develop or update program policies and procedures for enrolled pregnant women and their families.

   c. Ensure that pregnant women have access to health insurance and medical care. Provide prenatal and postpartum information and facilitate referrals to comprehensive services, including nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.

   d. Identify community partners to extend the program's ability to provide comprehensive services that support pregnant women. Develop MOUs to clarify roles and expectations.

   e. Engage pregnant women and expectant fathers in family partnership.

   f. Collaborate with families and engage fathers to ensure that services are culturally and linguistically responsive and meet their unique needs.

   g. Schedule a newborn home visit with each mother within two weeks of the child's birth.

   h. Develop or update plans to transition an infant into a program option after an enrolled pregnant woman has given birth. Ensure enrolled expectant families engage in planning for the infant's enrollment.

RATING: **SP** **P** **E**

STRENGTHS, OPPORTUNITIES FOR GROWTH, RESOURCES, AND ACTION STEPS:

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SUMMARY OF RATINGS

	SP	P	E
A. ORGANIZATIONAL READINESS			
A1: Grantee Planning Team			
A2: Negotiate Award/Budget			
A3: Organizational Structure			
A4: Contracts and Partnership Agreements			
B. MANAGEMENT SYSTEMS			
B1: Fiscal Management			
B2: Facilities and Learning Environments			
B3: Program Planning and Service System Design			
B4: Data and Evaluation			
B5: Ongoing Monitoring and Continuous Improvement			
B6: Community and Self-Assessment			
B7: Communication			
B8: Recordkeeping and Reporting			
B9: Transportation			
B10: Human Resources			
B11: Training and Professional Development			
B12: Technology and Information Systems			
C. PROGRAM OPERATIONS AND SERVICES			
C1: Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)			
C2: Education and Child Development Program Services			
C3: Health Program Services			
C4: Family and Community Engagement Program Services			
C5: Additional Services for Children with Disabilities			
C6: Transition Services			
C7: Services to Enrolled Pregnant Women			

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SAMPLE PLANNING CHART

FOCUS AREA	ACTION AREA	RATING (SP, P, E)	EVIDENCE	HSPPS AND OTHER REQUIREMENTS	NEXT STEPS	RESOURCES
Organizational Readiness	Grantee Planning Team	SP P E				
	Negotiate Aware/Budget	SP P E				
	Organizational Structure	SP P E				
	Contracts and Partnership Agreements	SP P E				

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FOCUS AREA	ACTION AREA	RATING (SP, P, E)	EVIDENCE	HSPPS AND OTHER REQUIREMENTS	NEXT STEPS	RESOURCES
Management Systems	Fiscal Management	SP P E				
	Facilities and Learning Environments	SP P E				
	Program Planning and Service System Design	SP P E				
	Data and Evaluation	SP P E				
	Ongoing Monitoring and Continuous Improvement	SP P E				
	Community and Self-Assessment	SP P E				
	Communication	SP P E				

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FOCUS AREA	ACTION AREA	RATING (SP, P, E)	EVIDENCE	HSPPS AND OTHER REQUIREMENTS	NEXT STEPS	RESOURCES
	Recordkeeping and Reporting	SP P E				
	Transportation	SP P E				
	Human Resources	SP P E				
	Training and Professional Development	SP P E				
	Technology and Information Systems	SP P E				

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FOCUS AREA	ACTION AREA	RATING (SP, P, E)	EVIDENCE	HSPPS AND OTHER REQUIREMENTS	NEXT STEPS	RESOURCES
Program Operations and Services	Eligibility, Recruitment, Enrollment, Selection, and Attendance (ERSEA)	SP P E				
	Education and Child Development Program Services	SP P E				
	Health Program Services	SP P E				
	Family and Community Engagement	SP P E				
	Additional Services for Children with Disabilities	SP P E				
	Transition Services	SP P E				
	Services to Enrolled Pregnant Women	SP P E				

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