

Responses to Questions from the
Visions to Reality: Early Head Start Start-Up & Implementation Webinar
Aired April 6, 2010

Question	Response
T/TA Dollars	
<p>In addition to registration and college expenses what can be charged to a programs' training and technical assistance funds?</p> <p>Can you expand on team building expenses that can be charged to T/TA funds?</p>	<p>The T/TA funds are used to provide training, technical assistance, and professional development for program staff. Allowable activities may include tuition costs for college level courses, CDA classes, CDA review, registration for training or conference events, and/or bringing consultants or trainers to the program site.</p> <p>Some training topics may include curriculum, temperament, team building, cultural sensitivity, hiring a mentor to support staff with attending courses. Sometimes, when programs adopt a new curriculum, tool, or approach, they hire a consultant or trainer to ensure that staff members use it in the way that it was intended. Some programs use T/TA dollars to support their staff through the CDA process, such as by hiring a mentor.</p>
Start-Up Planning Training	
<p>Can you tell us more about the Start-Up Planning Training?</p>	<p>We know that EHS programs who are able to implement the Head Start Program Performance Standards fully and early on in their tenure have better outcomes for children, families, and communities. With this in mind, OHS wants to ensure that start-up planners have best information and are prepared to provide programs with accurate support. Through an 18-month EHS Start-up Planner Project, OHS will create, train, and support a corps of start-up planners to assist grantees through planning and early implementation of new or expanding EHS services. Selected start-up planners will participate in two training events: The first occurs the week of April 26th 2010 and will focus on management systems; the second occurs in May 2010 and will focus on service delivery.</p>
Start-Up Review	
<p>Will the short amount of start-up time be considered during the EHS ARRA review process?</p>	<p>Since many newly funded EHS ARRA programs are preparing to deliver services within several months of receiving their award, it is important that programs communicate with their Regional Office program specialist. OHS and regional offices understand that program planning often involves unforeseen challenges. Programs must demonstrate their ability to provide services, and present new time lines if they encounter unplanned circumstances. Clear, ongoing communication between the program and regional office staff is vital to ensure that both parties have the same expectations regarding the details of service plan, including types of services, ongoing tasks, the timelines for delivering services, and approval from regional office for newly developed and/or interim plans. For example, when facilities are not ready in time to implement a center-based program option, programs might propose interim plans to serve the children and families through a home-based program option. This would be a viable interim plan, and must be communicated to the regional office.</p>

Question	Response
Staff Credentialing	
<p>What can programs do to enhance possibilities for timely CDA credentialing of their staff? There is worry that the national CDA resources are not sufficient to assess and verify all EHS candidates within the timelines required under the Head Start Act of 2007.</p>	<p>To support staff in obtain appropriate credentials in the appropriate timeline, programs should develop ongoing staff development systems and procedures. OHS recognizes that staff and programs are in control of scheduling assessment and/or verification dates. Staff and programs should document and record the dates that they submitted the CDA assessment and/or verification paperwork as well as any ongoing communication regarding the CDA process.</p>
<p>Can programs hire staff without the appropriate credentials as long as they're enrolled in school and in the process of getting credentialed?</p>	<p>When hiring infant / toddler staff, programs must first decide the specific qualities and competencies that they want their EHS staff to have for effective and successful work with babies, toddlers, and their families, knowing you have a short period of time to get a staff person qualified. To ensure that newly hired staff are committed to completing the CDA process and/or necessary course work, some programs discuss this during the hiring process and have staff sign an agreement that they will participate in the appropriate steps for CDA or class work.</p> <p>During the interview and hiring process, programs screen the candidates' specific qualities and competencies for infants and toddlers and assess where in the qualification process the candidate falls (i.e. no infant / toddler courses to having an infant / toddler CDA or a degree in infant / toddler care). Document the specific reasons for hiring the candidate, including innate qualities, specific coursework (and course descriptions) that leads to their competency and/or qualifications, and an individualized professional development plan. The plan should contain the steps of when / where /how the staff member will become qualified.</p> <p>It is possible that a program may decide to hire a candidate who has a preschool CDA and has experience with preschoolers because he/she has the specific qualities and competencies for working with infants and toddlers in that program. The program must document the reasons for hiring the candidate along with existing credentials and include a professional development plan for acquiring the necessary infant / toddler coursework.</p>
<p>What degrees do you request for your infant and toddler home visitors?</p> <p>If they have a B-K certification do they need other work?</p> <p>Also if they had the Infant Toddler certification but it has lapsed, does the <i>Born to Learn</i> curriculum give the staff the infant toddler expertise?</p>	<p>All infant and toddler staff should have degrees or sufficient course work in infant and toddler content.</p> <p>If someone with a B-K certification is hired, then the program must identify what infant and toddler coursework was completed. If coursework is the equivalent to, or more, than an infant and toddler CDA then the staff person is fine. If they are not, then a professional development plan must be developed that includes infant and toddler course work.</p> <p>If the Infant and Toddler CDA has expired, then the staff member must do the work to complete the Infant and toddler, or must complete equivalent college level course work or training.</p>

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Transportation	
<p>What types of vehicles would be in compliance with transporting infants & toddlers with their parent to a center-based option?</p>	<p>Agencies providing transportation services must transport children in school buses or allowable alternate vehicles that have reverse beepers, are equipped with appropriate child restraint systems for infants and toddlers [1310.12] and necessary tools [1310.10(d)].</p> <p>Allowable alternative vehicle means a vehicle designed for carrying 11 or more people (including the driver) that meets all the Federal Motor Vehicle Safety Standards applicable to school buses except 49 CFR 571.108 (Lamps, reflective devices, and associated equipment) and 571.131 (School bus pedestrian safety devices).</p>
Early Intervention	
<p>What is the Early Head Start program's responsibility for providing EI services when the Part C agency is unable to provide early intervention (EI) services or has long wait lists?</p>	<p>OHS encourages programs to work closely with their Local Education Authority (LEA) agency. First, become familiar with what the LEA is legally required to do. Knowledge and information regarding the laws can support EHS programs in getting appropriate EI services for children and families. When working with the LEA around getting services to EHS children, be very clear about the needs of the EHS program as well as the specific needs of the child and family. If all else fails, then EHS funds can and should be used as the payer of last resort to get EI services started. Some programs, because of long waiting lists, have contracted with other agencies for specific services such as speech therapy or occupational therapy; however, have continued to work with the LEA until they could take over the EI services.</p>
Engaging Families	
<p>What are some ways to creatively engage parents program activities - especially home base programs?</p>	<p>Many programs plan special events and activities through out the program year beginning with orientation. For example, hosting a coffee or a lunch hour to dialog with and engage families in some of the ongoing activities in the center such as parent meetings, workshop and volunteering opportunities.</p> <p>Listen to parents and allow opportunities for them to select of the topics that they'd like covered within parent meetings or workshops. This allows them the opportunity to hear and receive pertinent information and resources. Often programs find that when they plan events based from the parents' ideas, these are the best attended venues.</p> <p>Also, utilize parents' interests and hobbies for special activities, such as field trip ideas. EHS children can go on field trips, but it takes a lot of planning and organizing due to the necessary equipment that must be taken along, such as diapers, formula, buggies, etc.</p>

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Engaging Families / Program Governance	
<p>How does a program that is just starting get families involved in the staff hiring process?</p>	<p>Parent orientation or parent meetings are a wonderful opportunity to talk with families about the requirement of parents being involved in the hiring process. Invite and engage parents to attend a small training on the hiring process or how to interview. Many programs find that parents are very excited about the opportunity to select their child’s potential caregiver.</p> <p>When you don’t any families enrolled, engage families from the community who might be potential EHS families to support the hiring process.</p>
<p>Do we need to create a separate parent committee for the families that are going to child care (we contract with one site only) or can we integrate them into the existing parent committees within our home-based program option?</p>	<p>It is recommended to have separate parent committees for families in the varying program option. Separate meetings provide families with the opportunity to identify and address specific interests and needs according to their service delivery. Additionally, separate parent committees provide opportunity to elect parents to represent the varying program options on Policy Council, as required by 1304.50 (b)(7).</p> <p>Programs should provide other opportunities for families across programs to gather and mingle, such as field trips, orientations, or a special meeting or workshop around an area of interest, etc.</p>
Prenatal Services	
<p>How frequent are the home visits with prenatal families?</p>	<p>There are no requirements regarding the frequency or length of prenatal home visits since the services for expectant families are designed through the family partnership agreement process. The idea is to serve each expectant family in the context of providing for a healthy birth for the baby. Home visits should be conducted in coordination with the needs and schedule of expectant families.</p> <p>When planning for pre-natal services, programs should design an individualized schedule to meet with expect families according to the program’s prenatal curriculum and based on each family’s individual needs. Since these plans are individualized, services for each expectant family can look very different for each family within the program. Some families may require frequent meetings or home visits; others may prefer to meet at a clinic or outside of their home.</p>

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Maternal Depression Screening	
How often do you screen for prenatal/postnatal depression?	<p>There are several important opportunities to screen for prenatal/postnatal depression. The program is required to visit the newborn and family 2 weeks after delivery to ensure the well being of the newborn and the mother [1304.40(i)(6)]. Also, programs can create systemic procedures allowing for periodic screenings. For example, that ensure they are able to communicate with physicians early on in the pregnancy and include pertinent screening questions on the mother’s health check and enrollment forms.</p> <p>Programs should ensure that staff members are trained on screening for depression.</p> <p>Also, it is important that if staff are doing any kind of screening for depression, that they're working with mental health professionals to ensure that women are getting the best services for pregnant women that they can.</p>
What tools do you recommend to screen for maternal depression?	<p>Head Start does not recommend a specific tool. Instead, programs review and select the tools that best meet their programmatic and community needs. Head Start requires that staff members who are implementing the tools are appropriately trained to do so.</p> <p>The Office for Planning and Research Evaluation (OPRE) developed a list of screening and assessment tools, including those for maternal depression. This resource contains information about the tools, such as area of focus, intended audience, and training requirements to utilize them. The compendium of Resources for Measuring Services and Outcomes in Head Start Programs Serving Infants and Toddlers is accessible online via http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_title.html</p>

May 10, 2010