

EARLY HEAD START TIP SHEET

No. 25 – 2010 Revision

Birth-to-Five Program & EHS/HS/MSHS

How do we support services for infants and toddlers in a birth-to-five program?

Response:

Early Head Start (EHS), Head Start (HS) and/or Migrant and Seasonal Head Start (MSHS) programs that provide services for children beginning prenatally and throughout the first five years of life offer many advantages and benefits for children and families. Clearly, the continuity of services and the opportunity to maintain ongoing relationships with families during their children's first five years of life is preferable to the multiple transitions and the stressors that accompany change when program services are fragmented between the birth-to-three and preschool programs.

However, a particular challenge in combining infant and toddler programs with preschool age programs is ensuring that the distinct needs of children at each developmental stage – infancy, toddlerhood, and preschool years – are not overlooked. The developmental stage of each time period presents unique challenges and special considerations. For example, in the center-based program option infants and toddlers require smaller group sizes and a lower adult-child ratio. Preschoolers are able to follow set routines for eating, playing, and sleeping, while infants and toddlers follow individual schedules.

Some of the unique and important features for caring for infants and toddlers include:

- **Primary caregiving** – Primary caregiving is a term that refers to the practice of assigning a staff member to be primarily responsible for the care of a child and family during the course of their enrollment in the program. Primary caregiving is a recommended practice for infants and toddlers because it provides infants with an opportunity to develop a close, trusting relationship with a consistent caregiver (e.g. teacher, home visitor, family child care provider, family service staff member) who knows the child and family well. This does not mean that other caregivers don't also provide care and services; rather it means the primary caregiver takes the lead and provides continuity (and stability in a developing relationship) for the child and family.
- **Continuity of care** – Continuity of care is the practice of keeping young children with the same caregiver for as long as possible. This practice recognizes the importance of relationships in the lives of very young children and families, and the negative consequences of repeatedly being moved from one caregiver (or classroom group) to another. For infants and toddlers, continuity builds the trust and security that is paramount during the early months and years of life. Birth-to-five programs have the unique opportunity to maintain that continuity by planning program services that recognize and honor the relationships children and families build with staff members.
- **Cultural continuity, language, and literacy** – All programs recognize the importance of cultural continuity between home and early education settings. Continuity between home and program settings provides children with a feeling of belonging and sense of security; and it has a powerful impact on their identity formation. Parents who are from linguistically diverse backgrounds may have specific literacy goals for their children. For example, some parents may prefer that their infants first become fluent in their native language and learn English

later. Other parents may want their children to learn both languages at the same time. And yet other families may feel that it is preferable for their child to be exposed only to English when outside of the home. Working together, EHS, HS, and MSHS programs can help empower parents to make informed decisions about their child's early language and literacy goals.

- **Environment** – The rapid pace of physical development during infancy means rapidly changing needs for a safe and stimulating physical environment. Young infants need soft places to sit or lie down, and nursing mothers need comfortable accommodations for breastfeeding. Mobile infants need safe places to crawl and surfaces to pull up on, while toddlers require adequate space to run and climb. Outdoor spaces provide a natural learning environment, support gross motor development, and conform to safety standards. Both indoor and outdoor spaces need to be flexible, so that caregivers can respond to a variety of different needs at the same time. And, the program environment needs to be welcoming to and inclusive of parents. Spaces should support the goal of strengthening the parent-child relationship by inviting interaction with their children.
- **Infant and toddler group size and ratio** – Small group size and low child-teacher ratios are important for the individualized care that is required to meet the varied needs of very young children in a group setting. Small group size also facilitates close, nurturing relationships between children and their caregivers. The group size for infants and toddlers in EHS center-based program option is 4 children to 1 teacher with no more than 8 children in a group (note: programs should follow state licensing codes if they are stricter).
- **Socializations** – Socialization experiences for infants and toddlers is to support child development by strengthening the parent-child relationship; socializations for preschoolers are designed to facilitate peer-group interaction. Socializations in birth-to-five offer structured and unstructured learning opportunities for both children and parents; and opportunity for staff members to model successful strategies for engaging children and supporting their development; and a place for parents to share the joys and complexities of parenting.

Elements of Effective Birth-To-Five Programs

A successful birth-to-five program recognizes the changing needs of children and families across the child's age span, and is able to integrate policies and program practices to enhance what EHS, preschool HS, and MSHS can do independently. The following section explores some of the mechanisms program leaders can use to build a strong birth-to-five program.

The integration of prenatal, infant/toddler, and preschool services in a seamless, coordinated birth-to-five program requires open, flexible, and responsive leadership. Management systems (program governance, planning, communication, record-keeping and reporting) are critical components of effective programs. For example, in a birth-to-five EHS/HS or EHS/MSHS program, governing and advisory bodies include adequate representation from both EHS and HS or MSHS to ensure that each entity has a strong and respected voice in program services. Support systems for communicating and record-keeping are key for sharing information, service coordination and follow-up across the whole program. Below are some additional issues to keep in mind when planning and implementing birth-to-five services:

Transition Planning – Transitions occur at many points throughout the years a child is enrolled in EHS, HS, and MSHS; each type of transition requires specific planning.

- The transition from EHS prenatal services to a child development program option. Expectant families are enrolled in EHS make the transition to a center-based, home-based, family child care, or combination program option upon the birth of their baby. Helping families plan for

this transition should begin from the time the expectant family is enrolled in EHS. Program leaders are to plan for how to ensure that space is available in the appropriate program option after birth.

- Transitions from one program option to another. Programs that offer a variety of program options recognize the changing and diverse needs of families during the course of their enrollment. When a child moves from one program option to another, the adjustment to new settings, routines, and relationships is stressful for children and families. These transitions can be eased with joint planning, information-sharing, open communication, and time to adjust.
- The transition from EHS to HS/MSHS. In a preschool HS or MSHS program that has an EHS program, the HS/MSHS program is expected to serve the agency's EHS program [Head Start Act 645A (b)(7)]. HS programs are required to re-verify income eligibility for children who are transitioning from EHS to HS/MSHS. When funded as different grantees, EHS agencies are not required to transition their children into the community's HS/MSHS program, and the HS/MSHS program is not required to "save" spots for the EHS children. However, it is expected that the two programs would work together to develop systems that provide the best possible services to the children and families in their community. Some HS grantees have revised their local enrollment policies and selection criteria to accept three-year-olds in order to accommodate children transitioning out of EHS.
- Transitions for children with disabilities from Part C to Part B services. Infants and toddlers with disabilities who participate in Part C, the federal program for infants and toddlers with disabilities, transition to Part B, the preschool program, when they are three-years-old. Transition services are mandated by the Individuals with Disabilities Education Act (IDEA) and may include meetings, assessments, and coordination with community partners. As such, HS grantees may enroll children as of their third birthday (ACYF-IM-94-16, Disabilities Services, July 27, 1994).

Administrative Planning and Practices. There are a number of things program administrator can do to support birth-to-five programming. Some issues to keep in mind include:

- Grantee with both EHS and HS/MSHS programs are expected to submit one refunding application for both programs. The grantee's EHS and HS/MSHS programs will submit separate budgets; however, since the funding comes from separate program accounts.
- Grantees are allowed a maximum of 15% of the budget for administrative costs which can be calculated across the EHS and HS/MSHS budgets. Similarly, in-kind contributions can be calculated across both the EHS and HS/MSHS budgets.
- *The Head Start Act* (amended 2007) requires that not less than 10% of the total number of enrollment slots is for children with disabilities.
- The federal regulations that require grantees to offer no more than 10% enrollment slots to children from families who are over-income are calculated separately for EHS and HS/MSHS. This is to ensure that the number of enrollment opportunities is equally represented in the EHS and HS/MSHS programs.
- While EHS and HS programs may have distinct budgets, much can be done at the programmatic level to ensure that families experience coordinated and seamless services. For example, program managers may consider (including budget considerations, such as cost allocation) how programs can "share" staff members when a family has an infant in EHS and preschooler in HS. In this case, a home visitor who is qualified in early childhood birth-to-five could provide both EHS and HS services to the family rather than assign different home visitors from each program.

Staff Training. Joint training opportunities between EHS and HS/MSHS allow staff members to be knowledgeable about the policies and procedures of both programs, and feel comfortable and competent working with families in either program. This is a great benefit especially when children transition from EHS to HS/MSHS. The transition is likely to go well when staff members work toward common goals, communicate effectively, and have the information they need to do their jobs well. Staff members from each program benefit when training includes information such as the history of EHS, HS, and MSHS, each program's unique characteristics, child development from prenatal to age 5, and the stages families move through at different times in their development. These training experiences offer an opportunity to build a stronger sense of community between EHS and HS/MSHS; and motivate staff members to work toward common goals.

Honoring the Experience and Expertise of EHS, HS, and MSHS programs. Each of these programs has a unique history and complementary strengths to bring to a collaborative birth-to-five program. HS and MSHS have seasoned staff members, some of whom have been with the program since it's inception over 40 years ago. Also, many MSHS programs have already been providing infant / toddler services and are now expanding to include services for expectant families. EHS, while relatively new, brings a wealth of resources to enhance program quality, including experience serving expectant families, staff training opportunities, technical assistance services, and additional funding. Respecting the knowledge and experience within each program can lead to greater opportunity for building strong, high-quality, coordinated prenatal services and birth-to-five programs.

Questions to Consider for Planning and Programming:

- How does the philosophy and mission of EHS fit with that of the HS/MSHS program?
- How do program policies and practices recognize the unique needs of children, including children with disabilities, at each stage of development across the birth to age 5 span?
- How do staffing patterns and practices ensure continuity of care for infants and toddlers?
- How does the environment for children from birth-to-five, including children with disabilities, support the different needs of children at different stages of development?
- How can EHS and HS/MSHS programs collaborate to strengthen transition efforts between the two programs? How are staff members from each program involved in transitions?
- In what way do transition practices recognize and support the importance of relationships for young children and their families?
- What are the unique needs of children and families for a successful transition from Part C services for infants and toddlers with disabilities to Part B services for preschoolers with disabilities?
- What professional development opportunities do staff members from EHS and HS/MSHS programs need to enhance their understanding of each program and better coordinate services?
- What qualities and characteristics are necessary in the staff members who provide care to infants and toddlers? How do hiring practices and staff development opportunities ensure staff members have those qualities?
- How does the budgeting process and allocations allow for creativity and flexibility to effectively address the needs of a combined birth-to-five program?
- Does the program offer, from prenatal to age five, all of the program service options that families need and enough flexibility to move from one program option to another?

- Do existing community partnerships represent the services and supports needed from prenatal through age five? Are birth-to-five services integrated into community partnership agreements?
- Do the Policy Council and Health Services Advisory Committee have adequate representation for the issues and needs of a combined birth-to-five program?
- Are the unique needs of pregnant women and infants and toddlers taken into consideration?
- How does staff combine case management efforts (birth-to-five) to prevent duplication and enhance the coordination of services for children and families?

Federal Regulations

- Sec. 645A [42 U.S.C. 9840A] (a) IN GENERAL.--The Secretary shall make grants to entities (referred to ... as Early Head Start agencies') in accordance with this section for programs (referred to ... as Early Head Start programs) providing family-centered services for low-income families with very young children designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency. (b) In carrying out a program described in subsection (a), an entity receiving assistance under this section shall-- (7) in the case of a Head Start agency that operates a program and that also provides Head Start services through the age of mandatory school attendance, ensure that children and families participating in the program receive such services through such age.

Performance Standards, Title 45, Code of Federal Regulations:

- 1304.21(b)(1) Child development and education approach for infants and toddlers. Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3 (a)(5) for a definition of curriculum):
 - i. The development of secure relationships in out-of-home care setting for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52 (g)(2);
 - ii. Trust and emotional security so that the child can explore the environment according to his or her developmental level; and
 - iii. Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.
- 1304.21 (b)(2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:
 - i. Encourages the development of self-awareness, autonomy, and self-expression; and
 - ii. Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.
- 1304.21 (b)(3) Grantee and delegate agencies must promote the physical development of infants and toddlers by:
 - i. Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, waling, and climbing; and
 - ii. Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands and feet.
- 1304.41 (c)(1) Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care

programs into Early Head Start or Head Start and from Head Start into elementary school, a Title I of the Elementary and Secondary Education Act preschool program or other child care settings. These must include:

- i. Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start;
 - ii. Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools or other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming;
 - iii. Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and
 - iv. Initiating joint transition-related training for Early Head Start or Head Start staff and school or other child development staff.
- 1304.41 (c)(2) To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in Early Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program.
 - 1304.20(f)(2)(iii) They [grantee and delegate agencies] participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities.
 - 1304.50(b)(1) Each grantee and delegate agency governing body operating an Early Head Start or Head Start program must (except where such authority is ceded to the Policy Council or Policy Committee) propose, within the framework for these regulations, the total size of their respective policy groups (based on the number of centers, classrooms, or other program option units, and the number of children served by their Early Head Start or Head Start program), the procedures for the elections of parent members, and the procedure for the selection of community representatives. These proposals must be approved by the Policy Council or Policy Committee.
 - 1304.52(k)(1) Grantee and delegate agencies must provide an orientation to all new staff, consultants, and volunteers that includes, at a minimum, the goals and underlying philosophy of Early Head Start and/or Head Start and the ways in which they are implemented by the program.
 - 1304.52 (k)(3)(ii) At a minimum, this system must include ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards. This program must also include: ...Methods for planning successful child and family transitions to and from the Early Head Start or Head Start program.

Resources:

Brazelton, T.B. and Stanley Greenspan. **The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish.** Cambridge, MA: Perseus. 2000.

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<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/eecd/Learning%20Environments/Daily%20Routines/What%20Do%20We%20Mean%20by%20Continuity%20of%20Care%20in%20Out-Of-Home%20Settings.htm> (accessed February 26, 2010).

Lally, J.R. and S.M. Signer. **Introduction to Continuity.** Sausalito, CA: WestEd, The Program for Infant Toddler Caregivers. 2003.

Lally, J.R., P. Mangione, S.M. Signer, G.O. Butterfield and S.Gilford. **Essential Connections: Ten Keys to Culturally Sensitive Child Care** [Videotape]. Produced by the California State Dept. of Education and the Center for Child & Family Studies, Far West Laboratory for Educational Research & Development. Sacramento: California Department of Education.1993.

Mangione, P.L. (Ed.). **Infant/Toddler Caregiving: A Guide to Culturally Sensitive Care.** Sacramento: California Department of Education.1995.

Organizational Readiness Chart. HHS/ACF/OHS. 2009.
<http://eclkc.ohs.acf.hhs.gov/hslc/Early%20Head%20Start/Organizational%20Profile%20&%20Community%20Capacity/OrganizationalRe.htm> (accessed March 15, 2010).

Training Guides for the Head Start Learning Community CD-Rom. HHS/ACF/OHS.2007.
http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/Training%20Guides%20for%20the%20Head%20Start%20Learning%20Community%20CD-ROM.htm (accessed March 15, 2010).

- Effective Transition Practices: Facilitating Continuity. 2000.
- Infant and Toddler Transitions. 1999.
- Planning for Transitions. 1997.
- Transitions: Parents Are Key. 2000.

ZERO TO THREE. Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice, 2nd Ed. Washington, D.C. 2003.

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.