

Early Head Start Tip Sheet No. 25

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

Response:

Early Head Start and Head Start programs that provide services for children beginning prenatally and through 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 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 the preschool years – are not overlooked. The developmental stage of each time period presents unique challenges and special considerations. For example, 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 of caring for infants and toddlers in groups include:

- **Infant and toddler group size and ratio** –The group size for infants and toddlers is 4 children to 1 teacher with no more than 8 children in a group. 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.
- **Primary caregiving and continuity of care**– 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 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 who knows the child well. This does not mean that other caregivers don't also provide care; rather it means a qualified teacher takes the lead and provides continuity (and stability in a developing relationship) for the child and family.

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 the negative consequences of repeatedly being moved from one 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 child care settings provides children with a feeling of belonging and sense of security and 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 infant first becomes fluent in their native language and learn English later. Other parents may want to 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. Further, parents' literacy goals often change as their children age. Working together, EHS and HS 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 environments need to be flexible, so that caregivers can respond to a variety of different needs at the same time. And the environment needs to be welcoming to parents and support the goal of strengthening the parent-child relationship by inviting interaction with their children.
- **Socializations** – Socializations in the home-based program option are different for infants and toddlers than for preschoolers. The purpose of 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 birth-to-five offer structured and unstructured learning opportunities for both children and parents; an 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.

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 Early Head Start and preschool Head Start can do independently. The following section explores some of the mechanisms program leaders can use to build a strong birth-to-five program.

Elements of Effective Birth-to-five Programs

The integration of Early Head Start (EHS) and preschool Head Start (HS) 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 Early Head Start/ Head Start program governing and advisory bodies include adequate representation from EHS and HS to ensure that each entity has a strong and respected voice in program services. Systems for communicating and record-keeping support are key for sharing of 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 and HS and each type of transition requires specific planning.

- *The transition from EHS prenatal services to a child development program option.* Expectant families enrolled in EHS make the transition to a center-based, home-based, 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 the 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. In a preschool Head Start program that has an Early Head Start program, the preschool Head Start program is expected to serve the children from the agency's EHS program [Head Start Act 645A (b)(7)]. Head Start programs are required to re-verify income eligibility for children who are transitioning from EHS to HS.

When funded as different grantees, EHS agencies are not required to transition their children into the community's Head Start program, and the HS 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 Head Start grantees have revised their local enrollment policies and selection criteria to accept three year olds in order to accommodate children transitioning out of Early Head Start in their community.

- *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 3 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, Head Start 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 administrators can do to support birth-to-five programming. Some issues to keep in mind include:

- Grantees with both Head Start and Early Head Start programs are expected to submit *one* refunding application for both programs. The grantee's EHS and Head Start programs will submit separate budgets, however, since the funding comes from separate Head Start and Early Head Start program accounts.
- Grantees are allowed a maximum of 15% of the budget for administrative costs which can be calculated across the EHS and HS budgets. Similarly, in-kind contributions can be calculated across both the EHS and HS budgets.
- The federal regulations that require grantees to offer at least 10% of enrollment opportunities to children with disabilities and no more than 10% to children from families who are over-income are calculated separately for EHS and HS. This is to ensure that the number of enrollment opportunities *is* equally represented in the EHS and HS programs.
- While Head Start and EHS programs are legislated and funded separately, much can be done at the programmatic level to ensure that families experience coordinated 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 a preschooler in Head Start. 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

The 1998 reauthorization of the Head Start Act mandated that at least 50 percent of all center based EHS and HS teachers nationwide have at least an associate's degree (AA) in early childhood education or a related field.

Joint training opportunities between EHS and HS allows 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. 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 HS and EHS; 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 and motivate staff members to work toward common goals.

Honoring the experience and expertise of both Early Head Start and Head Start
Head Start and Early Head Start have a unique history and complementary strengths to bring to a collaborative birth-to-five program. Head Start has seasoned staff members, some of whom have been with the program since its inception over 30 years ago. Early Head Start, while a relatively new initiative, brings a wealth of resources to enhance program quality, including staff training opportunities, technical assistance services, and additional funding. The differences in the two programs can also lead to friction and present challenges. Respecting the knowledge and experience of both can lead to greater opportunity for building strong, high-quality, coordinated birth-to-five programs.

Considerations:

- How does the philosophy and mission of EHS fit with that of the preschool Head Start 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 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 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

Head Start Act 645A (b)7

Sec. 645A. [42 U.S.C. 9840A] (a) IN GENERAL.--The Secretary shall make grants, in accordance with the provisions of this section for 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.

Head Start Program Performance Standards Title 45, Code of Federal Regulations:

Education and Early Childhood Development Approach for Infants and Toddlers

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 settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture

and, whenever possible, speak the child's language (see 45 CFR 1304.52 (g) (2));

- (ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and
- (iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.

1304.21 (b) (2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:

- (iv) Encourages the development of self-awareness, autonomy, and self-expression; and
- (v) 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:

- (vi) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and
- (vii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.

Transition Services

1304.41 (c) Transition services.

- (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 and 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.
- (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.

Policy Group Composition and Formation.

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.

Training and Development

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 Greenspan, S.I. (2000). *The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish*. Cambridge, MA: Perseus.

EHS Tip Sheet #21: *What do we mean by continuity of care in out-of-home care settings?*
Available online at http://www.headstartinfo.org/infocenter/ehs_tipsheet/index.htm

Lally, J.R., Griffin, A., Fenichel, E., Segal, M., Szanton, E.S. and Weissbourd, B. (2003). *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice*. Washington, D.C.: ZERO TO THREE.

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

Lally, J.R., Mangione P.L. Signer, S. Butterfield, G.O. , & Gilford, S. (1993). *Essential connections: Ten keys to culturally sensitive child care* [Videotape]. United States: The Program for Infant/Toddler Caregivers (Developed collaboratively by the California Department of Education and WestEd).

Mangione, P.L. (Ed.). (1995). *Infant/toddler caregiving: A guide to culturally sensitive care*. Sacramento, CA: California Department of Education.

Head Start Training Guides

[Effective Transition Practices: Facilitating Continuity - 2000](http://www.headstartinfo.org/publications/effective_transitions/index.htm)
http://www.headstartinfo.org/publications/effective_transitions/index.htm

[Infant and Toddler Transitions - 1999](http://www.headstartinfo.org/publications/infant-toddler_transitions/index.htm)
http://www.headstartinfo.org/publications/infant-toddler_transitions/index.htm

[Planning for Transitions - 1997](http://www.headstartinfo.org/publications/Planning_Transitions/index.htm)
http://www.headstartinfo.org/publications/Planning_Transitions/index.htm

[Transitions: Parents are Key - 2000](http://www.headstartinfo.org/publications/transitions_parents_key/index.htm)
http://www.headstartinfo.org/publications/transitions_parents_key/index.htm

Early Head Start Organizational Readiness Chart
http://www.headstartinfo.org/publications/im99/im99_12a1.htm

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The Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among the Head Start Bureau, Regional Offices, T & TA consultants, and grantees.