

## PART I B SERVICES FOR CHILDREN FROM BIRTH TO AGE 3

### HEAD START PERFORMANCE STANDARD

#### Purpose and Scope

These new regulations define standards and minimum requirements for the entire range of Early Head Start services, including those specified in the authorizing legislation. They are applicable to both Head Start and Early Head Start programs, with the exceptions noted, and are to be used in conjunction with the regulations at 45 CFR parts 1301, 1302, 1303, 1305, 1306, and 1308. **(1304.1)**

### IDEA INFANTS/TODDLERS REGULATIONS

#### Purpose

The purpose of this part is to provide financial assistance to States to:

§ Maintain and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;

§ Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);

§ Enhance the States= capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and

§ Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations. **(303.1)**

Funds under this part may be used for the following activities:

§ To maintain, and implement a statewide system of early intervention services for children eligible under this part and their families.

§ For direct services for eligible children and their families that are not otherwise provided from other public or private sources.

§ To expand and improve on services for eligible children and their families that are otherwise available, consistent with payor of last resort provisions under this part.

§ To provide a free appropriate public education, in accordance with part B of the Act, to children with disabilities from their third birthday to the beginning of the following school year.

§ To strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, and personnel for the purpose of:

B Identifying and evaluating at-risk infants and toddlers;

B Making referrals of the infants and toddlers identified and evaluated under of this section; and

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### Definitions

§ **Assessment** means the ongoing procedures used by appropriate qualified personnel throughout the period of a child=s eligibility to identify:

B The child=s unique strengths and needs and the services appropriate to meet those needs; and

B The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family=s capacity to meet the developmental needs of their child. **(1304.3(a)(1))**

§ **Infants and toddlers with disabilities** are those from birth to three years, as identified under the Part C Program (Individuals with Disabilities Education Act) in their State. **(1304.3(a)(2))**

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### Definitions

B Conducting periodic follow-up on each referral under this section to determine if the status of the infant or toddler involved has changed with respect to the eligibility of the infant or toddler for services under this part. **(303.3)**

§ **Assessment** means the ongoing procedures used by appropriate qualified personnel throughout the period of a child=s eligibility under this part to identify:

B The child=s unique strengths and needs and the services appropriate to meet those needs; and

B The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family=s capacity to meet the development needs of their infant or toddler with a disability. **(303.322(b)(2))**

§ **Infants and toddlers with disabilities** means individuals from birth through age two who need early intervention services because they:

B Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

B Cognitive development.

B Physical development, including vision and hearing.

B Communication development.

B Social or emotional development.

B Adaptive development; or

B Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

§ The state shall define developmental delay by:

B Describing for each of the areas listed, the procedures, including the use of informed clinical opinion, that will be used to measure a child=s development; and

B Stating the levels of functioning or other criteria that constitute a developmental delay in each of those areas.

The State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to determine the existence of a condition that has a high probability of resulting in developmental delay **(303.300(a)&(b))**.

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### § **Collaboration and collaborative relationships:**

B With other agencies, means planning and working with them in order to improve, share and augment services, staff, information and funds; and

B With parents, means working in partnership with them **(1304.3(a)(3))**

§ **Contagious** means capable of being transmitted from one person to another.

**(1304.3(a)(4))**

§ **Curriculum** means a written plan that includes:

B The goals for children=s development and learning;

B The experience through which they will achieve these goals;

B What staff and parents do to help children achieve these goals; and

B The materials needed to support the implementation of the curriculum. The curriculum is consistent with the Head Start Program Performance Standards and is based on sound child development principles about how children grow and learn.

**(1304.3(a)(5))**

§ **Developmentally appropriate** means any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental levels and cultural backgrounds of individual children. **(1304.3(a)(7))**

§ **Early Head Start program** means a program that provides low-income pregnant women and families with children from birth to age 3 with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency. **(1304.3(a)(8))**

## IDEA INFANTS/TODDLERS REGULATIONS

§ The term may also include, at a State=s discretion, children from birth through age two who are at-risk of having substantial developmental delays if early intervention services are not provided. **(303.16)**

§ If the State elects to include in its system children who are at risk, the State shall describe the criteria and procedures, including the use of informed clinical opinion, that will be used to identify those children **(303.300(c))**

§ **Early intervention program** means the total effort in a State that is directed at meeting the needs of children eligible under this part and their families. **(303.11)**

§ **Early intervention services.** Early intervention services means services that:

B Are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child=s development:

B Are selected in collaboration with the parents:

B Are provided:

B Under public supervision;

B By qualified personnel, including the types of personnel listed in this part;

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- B In conformity with an individualized family service plan; and
  - B At no cost, unless, subject to this part, Federal or State law provides for a system of payments by families, including a schedule of sliding fees; and
  - B Meet the standards of the State, including the requirements of this part. **(303.12(a))**
- § **Types of Services.** Types of early intervention services include: assistive technology device/service; audiology; family training, counseling, and home visits; health services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services; occupational therapy; physical therapy; psychological services; service coordination services; social work services; special instruction; speech/language pathology; transportation and related costs; and vision services. **(303.12(d))**

- § **Family** means for the purposes of the regulations in this part all persons:
- B Living in the same household who are:
  - B Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program; or
  - B Related to the child by blood, marriage, or adoption; or
  - B Related to the child enrolling or participating in the program as parents or siblings, by blood, marriage, or adoption. **(1304.3(a)(9))**
- § **Guardian** means a person legally responsible for a child. **(1304.3(a)(10))**

- § **Parent** means:
- B A natural or adoptive parent of a child;
  - B A guardian;
  - B A person acting in the place of a parent (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare);
- or
- B A surrogate parent who has been assigned in accordance with this part.
- § **Foster parent.** Unless State law prohibits a foster parent from acting as a parent, a State may allow a foster parent to act as a parent under Part C of the Act if:
- B The natural parents' authority to make the decisions required of parents under the Act has been extinguished under State law; and
  - B The foster parent
  - B Has an ongoing, long-term parental relationship with the child;
  - B Is willing to make the decisions required of parents under the Act; and
  - B Has no interest that would conflict with the interests of the child. **(303.19)**

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§ **Health** means medical, dental, and mental well-being. (1304.3(a)(11))

§ **Home visitor** means the staff member in the home-based program option assigned to work with parents to provide comprehensive services to children and their families through home visits and group socialization activities (1304.3(a)(12))

§ **Individualized Family Service Plan (IFSP)** means a written plan for providing early intervention services to a child eligible under Part C of the Individuals with Disabilities Education Act (IDEA). (See 34 CFR 303.340-303.346 for regulations concerning IFSPs)(1304.3(a)(13))

§ **Policy group** means the formal group of parents and community representatives required to be established by the agency to assist in decisions about the planning and operation of the program. (1304.3(a)(15))

§ **Referral** means directing an Early Head Start or Head Start child or family member(s) to an appropriate source or resource for help, treatment or information. (1304.3(a)(17))

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§ **Individualized family service plan and IFSP** mean a written plan for providing early intervention services to a child eligible under this part and the child=s family.

The plan must:

- B Be developed in accordance with requirements for IFSPs in this part;
- B Be based on the evaluation and assessment described in this part; and
- B Include the IFSP content specified in this part (303.340(b))

§ **Referral procedures.** The child find system must include procedures for use by primary referral sources for referring a child to the appropriate public agency within the system for:

- B Evaluation and assessment, in accordance with requirements in this part; or
- B As appropriate, the provision of services in accordance with this part.

The procedures required for referral must:

- B Provide for an effective method of making referrals by primary referral sources;
- B Ensure that referrals are made no more than two working days after a child has been identified; and
- B Include procedures for determining the extent to which primary referral sources, especially hospitals and physicians, disseminate public awareness information, prepared by the lead agency on the availability of early intervention services to parents of infants and toddlers with disabilities.

Primary referral sources includes:

- B Hospitals, including prenatal and postnatal care facilities;
- B Physicians;
- B Parents;
- B Day care programs;
- B Local educational agencies;
- B Public health facilities;
- B Other social service agencies; and
- B Other health care providers. (303.321(d))

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§ **Staff** means paid adults who have responsibilities related to children and their families who are enrolled in Early Head Start or Head Start programs. **(1304.3(a)(18))**

§ **Teacher** means an adult who has direct responsibility for the care and development of children from birth to 5 years of age in a center-based setting **(1304.3(a)(19))**

§ **Volunteer** means an unpaid person who is trained to assist in implementing ongoing program activities on a regular basis under the supervision of a staff person in areas such as health, education, transportation, nutrition, and management. **(1304.3(a)(20))**

**In addition, the definitions in 1308.3 also apply.**

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§ **Day** means calendar days. **(303.9)**

§ **Natural environments** means settings that are natural or normal for the child=s age peers who have no disabilities. **(303.18)**

§ To the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate. **(303.12(b))**

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§ **Assistive technology device** means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. **(303.12(d)(1))**

§ **Assistive technology service** means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

Assistive technology services include:

- B The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child=s customary environment;
  - B Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
  - B Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
  - B Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
  - B Training or technical assistance for a child with disabilities or, if appropriate, that child=s family; and
  - B Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities. **(303.12(d)(1))**
- § **Special instruction** includes:
- B The design of learning environments and activities that promote the child=s acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
  - B Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child=s individualized family service plan;
  - B Providing families with information, skills, and support related to enhancing the skill development of the child; and
  - B Working with the child to enhance the child=s development. **(303.12(d)(13))**

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### Child Health and Developmental Services

#### Determining Child Health Status

§ In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in this section) from the child=s entry into the program, (Aentry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

B Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;

B Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

-- For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-toBdate;

-- For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and

-- Grantee and delegate agencies must establish procedures to track the provision of health care services.

-- Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and

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§ **Other services.** To the extent appropriate, the IFSP must include:

B Medical and other services that the child needs, but that are not required under this part; and

B The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

B The requirement in this section does not apply to routine medical services (e.g., immunizations and Awell-baby" care), unless a child needs those services and the services are not otherwise available or being provided **(303.344(e))**

§ **Medical services only for diagnostic or evaluation purposes** means services provided by a licensed physician to determine a child=s developmental status and need for early intervention services. **(303.12(d)(5))**



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B Develop and implement a follow-up plan for any condition identified above so that any needed treatment has begun. **(1304.20(a)(1))**

§ Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those described below within 30 calendar days from the child=s entry into the program. **(1304.20(a)(2))**

### Screening for Developmental, Sensory and Behavioral Concerns

§ In collaboration with each child=s parent, and within 45 calendar days of the child=s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child=s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 1308 for additional information on developmental screening). To the greatest extent possible, these screening procedures must be sensitive to the child=s cultural background. **(1304.20(b)(1))**

§ Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs **(1304.20(b)(2))**

§ Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child=s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child=s typical behavior. **(1304.20(b)(3))**

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§ **Public Awareness.** Each system must include a public awareness program that focuses on the early identification of children who are eligible to receive early intervention services under this part and includes the preparation and dissemination by the lead agency to all primary referral sources, especially hospitals and physicians, of materials for parents on the availability of early intervention services. The public awareness program must provide for informing the public about:

B The State=s early intervention program;

B The child find system, including:

B The purpose and scope of the system;

B How to make referrals; and

B How to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and

B The central directory. **(303.320)**

§ **Child Find Procedures.** The child find system must include the policies and procedures that the State will follow to ensure that:

B All infants and toddlers in the State who are eligible for services under this part are identified, located, and evaluated; and

B An effective method is developed and implemented to determine which children are receiving needed early intervention services. **(303.321(b))**

§ **Child Find Coordination.** The lead agency, with the assistance of the Council, shall ensure that the child find system under this part is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for administering the various education, health, and social service programs relevant to this part, tribes and tribal organizations that receive payments under this part, and other tribes and tribal organizations as appropriate, including efforts in the:

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- B Program authorized under part B of the Act;
  - B Maternal and Child Health program under title V of the Social Security Act;
  - B Early Periodic Screening, Diagnosis and Treatment (EPSDT) program under title XIX of the Social Security Act;
  - B Developmental Disabilities Assistance and Bill of Rights Act;
  - B Head Start Act; and
  - B Supplemental Security Income program under title XVI of the Social Security Act.
- B The lead agency, with the advice and assistance of the Council, shall take steps to ensure that:
- B There will not be unnecessary duplication of effort by the various agencies involved in the State=s child find system under this part; and
  - B The State will make use of the resources available through each public agency in the State to implement the child find system in an effective manner. **(303.321(c))**

### Extended Follow-up and Treatment

§ Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan. **(1304.20(c)(1))**

§ Grantee and delegate agencies must provide assistance to the parents, as needed, or enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions. **(1304.20(c)(2))**

§ Dental follow-up and treatment must include:

B Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and

B Other necessary preventive measures and further dental treatment as recommended by the dental professional **(1304.20(c)(3))**

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§ Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP). **(1304.20(c)(4))**

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§ **Health Services** means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services.

B The term includes:

B Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and

B Consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following:

B Services that are:

B Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or

B Purely medical nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose);

B Devices necessary to control or treat a medical condition.

B Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children. **(303.13)**

§ **Nursing services** includes:

B The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;

B Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and

B Administration of medications, treatments, and regimens prescribed by a licensed physician. **(303.12(d)(6))**

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§ Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding. **(1304.20(c)(5))**

### Ongoing Care

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

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§ **Payor of last resort.** Except as provided below funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program administered by the Secretary of Defense, but for the enactment of part C of the IDEA. Therefore, funds under this part may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

If necessary to prevent a delay in the timely provision of services to an eligible child or the child=s family, funds under this part may be used to pay the provider for services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

Payments under this section may be made for:

B Early intervention services, as described in ' 303.12:

B Eligible health services (see ' 303.13); and

B Other functions and services authorized under this part, including child find and evaluation and assessment.

The provisions of this section do not apply to medical services or "well-baby" health care.

Nothing in this part may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (SSA) (relating to maternal and child health) or title XIX of the SSA (relating to Medicaid for children eligible under this part) within the State. **(303.527)**

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### Involving Parents

§ In conducting the process, as described, and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

B Consult with parents immediately when child health or developmental problems are suspected or identified;

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

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

B Assist parents in accordance with these standards to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children=s health care process; and

B If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal. **(1304.20(e))**

### Individualization of the Program

§ Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child=s parents to help staff and parents determine how the program can best respond to each child=s individual characteristics, strengths and needs. **(1304.20(f)(1))**

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

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

§ **IFSP implementation.** Each Part C application must include: An assurance that a current IFSP is in effect and implemented for each eligible child and the child=s family: **(303.167(a))**

*[See also **AContent of IFSP@ in right column of page 18]***

§ **General role of service providers.** To the extent appropriate, service providers in each area of early intervention services included in this section are responsible for:

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

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B Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;  
B Training parents and others regarding the provision of those services; and  
B Participating in the multidisciplinary team=s assessment of a child and the child=s family, and in the development of integrated goals and outcomes for the individualized family service plan. **(303.12(c))**

§ **Responsibility and accountability.** Each agency or person who has a direct role in the provision of early intervention services is responsible for making a good faith effort to assist each eligible child in achieving the outcomes in the child=s IFSP. However, part C of the IDEA does not require that any agency or person be held accountable if an eligible child does not achieve the growth projected in the child=s IFSP. **(303.346)**

§ **Lead agency responsibility.** If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the lead agency shall resolve the dispute or assign responsibility **(303.340)**

### § **Timelines for public agencies to act on referrals.**

B Once the public agency receives a referral, it shall appoint a service coordinator as soon as possible.

B Within 45 days after it receives a referral, the public agency shall:

B Complete the evaluation and assessment activities in this part; and

B Hold an IFSP meeting, in accordance with this part. **(303.321(e))**

*[Also, see "Referral Procedures" in right column of page 5]*

§ **Evaluation** means the procedures used by appropriate qualified personnel to determine a child=s initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities", including determining the status of the child in each of the developmental areas in this section.

The evaluation and assessment of each child must:

B Be conducted by personnel trained to utilize appropriate methods and procedures;

B Be based on informed clinical opinion; and

B Include the following:

B A review of pertinent records related to the child=s current health status and medical history.

B An evaluation of the child=s level of functioning in each of the following developmental areas:

B Cognitive development.

B Physical development, including vision and hearing.

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B Communication development.

B Social or emotional development.

B Adaptive development.

B An assessment of the unique needs of the child in terms of each of the developmental areas in this section, including the identification of services appropriate to meet those needs. **(303.322(b)&(c))**

*[See also "Family Assessments" in right column of page 29]*

§ **Exceptional circumstances.** The lead agency shall develop procedures to ensure that in the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), public agencies will:

B Document those circumstances; and

B Develop and implement an interim IFSP, to the extent appropriate and consistent with this part. **(303.322(e)(2))**

§ **Services before evaluation/assessment completed.** Early intervention services for an eligible child and the child=s family may commence before the completion of the evaluation and assessment if the following conditions are met:

B Parental consent is obtained.

B An interim IFSP is developed that includes:

B The name of the service coordinator who will be responsible, consistent with this part, for implementation of the interim IFSP and coordination with other agencies and persons; and

B The early intervention services that have been determined to be needed immediately by the child and the child=s family.

B The evaluation and assessment are completed within the time period required in this part. **(303.345)**

§ **Nondiscriminatory procedures.** Each lead agency shall adopt nondiscriminatory evaluation and assessment procedures. The procedures must provide that public agencies responsible for the evaluation and assessment of children and families under this part shall ensure, at a minimum that:

B Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so;

B Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

B No single procedure is used as the sole criterion for determining a child=s eligibility under this part; and

B Evaluations and assessments are conducted by qualified personnel. **(303.323)**

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B They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities. **(1304.20(f)(2))**

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§ **Transition to preschool programs.** Each application must include a description of the policies and procedures to be used to ensure a smooth transition for children receiving early intervention services under this part to preschool or other appropriate services, including:

B A description of how the families will be included in the transition plans;

B A description of how the lead agency under this part will:

B Notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the IDEA, as determined in accordance with State law;

B In the case of a child who may be eligible for preschool services under Part B of the IDEA, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency at least 90 days, and at the discretion of the parties, up to 6 months, before the child is eligible for the preschool services, to discuss any services that the child may receive; or

B In the case of a child who may not be eligible for preschool services under Part B of the Act, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive:

B Review the child=s program options for the period from the child=s third birthday through the remainder of the school year; and

B Establish a transition plan; and

B If the state educational agency which is responsible for administering preschool programs under Part B of IDEA, is not the lead agency under this part, an interagency agreement between the two agencies to ensure coordination on transition matters.

**(303.148)**



## HEAD START PERFORMANCE STANDARD

### Education and Early Childhood Development

#### Child Development and Education Approach for All Children

§ In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies= approach to child development and education must:

- B Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;

- B Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) consistent with 1308;
- B Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition;
- B Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and
- B Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents. **(1304.21(a)(1))**

§ Parents must be:

- B Invited to become integrally involved in the development of the program=s curriculum and approach to child development and education;
- B Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and
- B Encouraged to participate in staff-parent conference and home visits to discuss their child=s development and education consistent with the standards for "Family Partnerships" in this part. **(1304.21(a)(2))**

## IDEA INFANTS/TODDLERS REGULATIONS

§ **Traditionally underserved groups.** A statement of assurance must be made by the state that is satisfactory to the U.S. Secretary of Education that policies and practices have been adopted to ensure:

- B That traditionally underserved groups, including minority, low-income, and rural families, are meaningfully involved in the planning and implementation of all the requirements of this part; and
- B That these families have access to culturally competent services within their local geographical areas. **(303.128)**

§ **Natural environments policies and procedures.** State policies and procedures must ensure that:

- B To the maximum extent appropriate, early intervention services are provided in natural environments; and
- B The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. **(303.167(c))**

§ **Participants in IFSP meetings and periodic reviews.** Each initial meeting and each annual meeting to evaluate the IFSP must include the following participants:

- B The parent or parents of the child;
- B Other family members, as requested by the parent, if feasible to do so;
- B An advocate or person outside of the family, if the parent requests that the person participate.
- B The service coordinator who has been working with the family since the initial referral of the child for evaluation, or who has been designated by the public agency to be responsible for implementation of the IFSP.

## HEAD START PERFORMANCE STANDARD

- § Grantee and delegate agencies must support social and emotional development by:
  - B Encouraging development which enhances each child=s strengths by:
    - B Building trust;
    - B Fostering independence;
    - B Encouraging self-control by setting clear, consistent limits, and having realistic expectations;
    - B Encouraging respect for the feelings and rights of others; and
    - B Supporting and respecting the home language, culture, and family composition of each child in ways that support the child=s health and well-being; and
    - B Planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child=s needs. **(1304.21(a)(3))**
  - § Grantee and delegate agencies must provide for the development of each child=s cognitive and language skills by:
    - B Supporting each child=s learning, using various strategies including experimentation, inquiry, observation, play and exploration;
    - B Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue;
    - B Promoting interaction and language use among children and between children and adults; and
    - B Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child. **(1304.21(a)(4))**
  - § In center-based settings, grantee and delegate agencies must promote each child=s physical development by:
    - B Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills;
    - B Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child=s developmental level; and

## IDEA INFANTS/TODDLERS REGULATIONS

- B A person or persons directly involved in conducting the evaluations and assessments in this part.
- B As appropriate, persons who will be providing services to the child or family.
- If a person listed in this section is unable to attend a meeting, arrangements must be made for the person=s involvement through other means, including:
  - B Participating in a telephone conference call;
  - B Having a knowledgeable authorized representative attend the meeting or
  - B Making pertinent records available at the meeting.
- § Each periodic review must provide for the participation of persons in this section. If conditions warrant, provisions must be made for the participation of other representatives identified in this section **(303.343)**  
*[See also "Periodic Review", "Annual Meeting to Evaluate IFSP", and "Accessibility and Convenience of Meetings" in right column of page 33]*
- § **Content of IFSP.** The IFSP must include a statement of the child=s present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development.
  - § The statement in this section must be based on professionally acceptable objective criteria.
  - § With the concurrence of the family, the IFSP must include a statement of the family=s resources, priorities, and concerns related to enhancing the development of the child.
  - § The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine:
    - B The degree to which progress toward achieving the outcomes is being made; and
    - B Whether modifications or revisions of the outcomes or services are necessary.
- The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in this section, including:
  - B The frequency, intensity, (the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis), and method (how a service is provided) of delivering the services;

## HEAD START PERFORMANCE STANDARD

B Providing an appropriate environment and adult guidance for the participation of children with special needs. **(1304.21(a)(5))**

§ In home-based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children=s outdoor and indoor active play, and guide children in the safe use of equipment and materials. **(1304.21(a)(6))**

## IDEA INFANTS/TODDLERS REGULATIONS

B The natural environments, as described in this part in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;

B The location (the actual place or places where a service will be provided); and

B The payment arrangements if any.

The IFSP must include:

B The projected dates for initiation of the services in this section as soon as possible after the IFSP meetings described in this part; and

B The anticipated duration of those services.

The IFSP must include the name of the service coordinator from the profession most immediately relevant to the child=s or family=s needs (or who is otherwise qualified to carry out all applicable responsibilities under this part), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.

In meeting the requirements in this section, the public agency may:

B Assign the same service coordinator who was appointed at the time that the child was initially referred for evaluation to be responsible for implementing a child=s and family=s IFSP; or

B Appoint a new service coordinator.

§ As used in this section, the term profession includes Aservice coordination."

The IFSP must include the steps to be taken to support the transition of the child, in accordance with this part to:

B Preschool services under Part B of the IDEA, to the extent that those services are appropriate; or

B Other services that may be available, if appropriate.

The steps required in this section include:

B Discussions with, and training of, parents regarding future placements and other matters related to the child=s transition;

B Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and

B With parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluation and assessment information required in this part, and copies of IFSPs that have been developed and implemented in accordance with this part. **(303.344)**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

### Child Development and Education Approach for Infants and Toddlers

§ Grantee and delegate agencies= program of services for infants and toddlers must encourage (see definition of curriculum in this part):

B 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));

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

B 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)(1))**

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

B Encourages the development of self-awareness, autonomy, and self-expression; and

B 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)(2))**

§ Grantee and delegate agencies must promote the physical development of infants and toddlers by:

B 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

B Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet. **(1304.21(b)(3))**

*[See Also AContent of IFSP@ in right column page 18]*

**Child Health and Safety**

Health Emergency Procedures

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

- B Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;
  - B Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;
  - B Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see Standards for "Facilities, Materials, and Equipment" in this part);
  - B Methods of notifying parents in the event of an emergency involving their child; and
  - B Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State or Tribal laws.
- (1304.22(a))**

Conditions of Short-Term Exclusion  
and Admittance

§ Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child. **(1304.22)(b)(1))**

§Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency=s policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

**(1304.22(b)(2))**

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

**(1304.22(b)(3))**

### Medication Administration

§ Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child.

Grantee and delegate agencies may

modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:

B Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

B Designating a trained staff member(s) or school nurse to administer, handle and store child medications;

B Obtaining physicians= instructions and written parent or guardian authorizations for all medications administered by staff;

B Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child=s parents;

B Recording changes in a child=s behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and

B Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication. **(1304.22(c))**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

### Injury Prevention

§ Grantee and delegate agencies must:

- B Ensure that staff and volunteers can demonstrate safety practices; and
- B Foster safety awareness among children and parents by incorporating it into child and parent activities. **(1304.22(d))**

### Hygiene

§ Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

- B After diapering or toilet use;
- B Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);
- B Whenever hands are contaminated with blood or other bodily fluids; and
- B After handling pets or other animals. **(1304.22(e)(1))**

§ Staff and volunteers must also wash their hands with soap and running water:

- B Before and after giving medications;
- B Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and
- B After assisting a child with toilet use. **(1304.22(e)(2))**

§ Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids **(1304.22(e)(3))**

§ Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie. **(1304.22(e)(4))**

## HEAD START PERFORMANCE STANDARD

§ Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures. **(1304.22(e)(5))**

§ Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose. **(1304.22(e)(6))**

§ Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child. **(1304.22(e)(7))**

### First Aid Kits

§ Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children. **(1304.22(f)(1))**

§ First aid kits must be restocked after use, and an inventory must be conducted at regular intervals. **(1304.22(f)(2))**

## Child Nutrition

### Identification of Nutritional Needs

§ Staff and families must work together to identify each child=s nutritional needs, taking into account staff and family discussions concerning:

B Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under these standards;

B Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities under these standards;

## IDEA INFANTS/TODDLERS REGULATIONS



## HEAD START PERFORMANCE STANDARD

B For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns, new foods introduced; food intolerances and preferences; voiding patterns, and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and

B Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department **(1304.23(a))**

### Nutritional Services

§ Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child=s food experience.

## IDEA INFANTS/TODDLERS REGULATIONS

§ **Nutrition services** includes:

B Conducting individual assessments in:

B Nutritional history and dietary intake;

B Anthropometric, biochemical, and clinical variables;

B Feeding skills and feeding problems; and;

B Food habits and food preferences;

B Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on assessment findings; and

B Making referrals to appropriate community resources to carry out nutrition goals.

**(303.12(d)(7))**

## HEAD START PERFORMANCE STANDARD

B All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.

B Each child in a part-day center-based setting must receive meals and snacks that provide at least  $\frac{1}{3}$  of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide  $\frac{1}{2}$  to  $\frac{2}{3}$  of the child's daily nutritional needs, depending upon the length of the program day.

B All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.

B Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.

-- Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible or at appropriate intervals. **(1304.23(b)(1))**

§ Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).

**(1304.23(b)(2))**

§ Staff must promote effective dental hygiene among children in conjunction with meals **(1304.23(b)(3))**

§ Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services. **(1304.23(b)(4))**

### Meal Service

§ Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:

B A variety of food is served which broadens each child's food experiences;

## IDEA INFANTS/TODDLERS REGULATIONS

## **HEAD START PERFORMANCE STANDARD**

- B Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;
- B Sufficient time is allowed for each child to eat;
- B All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;
- B Infants are held while being fed and are not laid down to sleep with a bottle;
- B Medically-based diets or other dietary requirements are accommodated; and
- B As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities. **(1304.23(c))**

### Family Assistance with Nutrition

§ Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills. **(1304.23(d))**

### Food Safety and Sanitation

§ Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws. **(1304.23(e)(1))**

§ For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula. **(1304.23(e)(2))**

## **Child Mental Health**

### Mental Health Services

§ Grantee and delegate agencies must work collaboratively with parents in accordance with the standards for "Family Partnerships" in this part for issues related to parent education) by:

- B Soliciting parental information, observations, and concerns about their child's mental health;

## **IDEA INFANTS/TODDLERS REGULATIONS**

*[See also "Family Training, Counseling, and Home Visits" in right column page 32]*

## HEAD START PERFORMANCE STANDARD

- B Sharing staff observations of their child and discussing and anticipating with parents their child=s behavior and development, including separation and attachment issues;
- B Discussing and identifying with parents appropriate responses to their child=s behaviors;
- B Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;
- B Helping parents to better understand mental health issues; and
- B Supporting parents= participation in any needed mental health interventions.

### **(1304.24(a)(1))**

§ Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child=s mental health. **(1304.24(a)(2))**

§ Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:

- B Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;
- B Promote children=s mental wellness by providing group and individual staff and parent education on mental health issues;
- B Assist in providing special help for children with atypical behavior or development; and
- B Utilize other community mental health resources; as need. **(1304.24(a)(3))**

## Family Partnerships

### Family Goal Setting

§ Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family=s readiness and willingness to participate in the process **(1304.40(a)(1))**

## IDEA INFANTS/TODDLERS REGULATIONS

§ **Psychological services** includes:

- B Administering psychological and developmental tests and other assessment procedures;
- B Interpreting assessment results;
- B Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- B Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs. **(303.12(d)(10))**

§ **Social work services** includes:

- B Making home visits to evaluate a child=s living conditions and patterns of parent-child interaction;
- B Preparing a social or emotional developmental assessment of the child within the family context;
- B Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- B Working with those problems in a child=s and family=s living situation (home, community, and any center where early intervention services are provided) that affect the child=s maximum utilization of early intervention services; and
- B Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services. **(303.12(d)(12))**

§ Each system must include the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child=s family to appropriately assist in the development of the child. **(303.322(a)(1))**

## HEAD START PERFORMANCE STANDARD

§ As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).

**(1304.40(a)(2))**

§ To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans. **(1304.40(a)(3))**

§ A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year. **(1304.40(a)(4))**

§ Meetings and interactions with families must be respectful of each family=s diversity and cultural and ethnic background. **(1304.40(a)(5))**

### Accessing Community Services and Resources

§ Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family=s interests and goals, including:

B Emergency or crisis assistance in areas such as food, housing, clothing, and transportation;

B Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and

## IDEA INFANTS/TODDLERS REGULATIONS

§ **Family assessments.** Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family=s capacity to meet the developmental needs of the child.

§ Any assessment that is conducted must be voluntary on the part of the family.

§ If an assessment of the family is carried out, the assessment must:

- B Be conducted by personnel trained to utilize appropriate methods and procedures;
- B Be based on information provided by the family through a personal interview; and
- B Incorporate the family=s description of its resources, priorities, and concerns related to enhancing the child=s development. **(303.322(d))**

§ **General.** As used in this part, service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child=s family to receive the rights, procedural safeguards, and services that are authorized to be provided under the State=s early intervention program.

§ Each child eligible under this part and the child=s family must be provided with one service coordinator who is responsible for:

B Coordinating all services across agency lines; and

B Serving as the single point of contact in helping parents to obtain the services and assistance they need.

Service coordinators may be employed or assigned in any way that is permitted under state law, so long as it is consistent with the requirements of this part.

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

A State=s policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed in section.

Service coordinators must be persons who have demonstrated knowledge and understanding about:

B Infants and toddlers who are eligible under this part;

B Part C of the IDEA and the regulations in this part;

B The nature and scope of services available under the State=s early intervention program, the system of payments for services in the State and other pertinent information. **(303.23(a)(c)&(d))**

§ **Service coordination** is an active, ongoing process that involves:

B Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;

B Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

B Facilitating the timely delivery of available services; and

B Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child=s eligibility.

**(303.23(a)(3))**

*[Also, see AOther Services" in right column page 8]*

B Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community **(1304.40(b)(1))**

§ Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families= expectations and circumstances. **(1304.40(b)(2))**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

### SERVICES TO PREGNANT WOMEN WHO ARE ENROLLED IN PROGRAMS SERVING PREGNANT WOMEN, INFANTS AND TODDLERS

§ Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

B Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

B Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

B Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed **(1304.40(c)(1))**

§ Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression). **(1304.40(c)(2))**

§ Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as necessary **(1304.40(c)(3))**

### Parent Involvement B General

§ In addition to involving parents in program policy-making and operations in accordance with standards for "Program Governance" in this part, grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs **(1304.40(d)(1))**

## HEAD START PERFORMANCE STANDARD

§ Early Head Start and Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child=s enrollment. **(1304.40(d)(2))**

§ Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers in accordance with standards for "Human Resources Management" in this part for additional requirements about hiring parents. **(1304.40(d)(3))**

### Parent Involvement in Child Development and Education

§ Grantee and delegate agencies must provide opportunities to include parents in the development of the program=s curriculum and approach to child development and education (see these standards for a definition of curriculum). **(1304.40(e)(1))**

§ Grantee and delegate agencies operating home-based program options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children **(1304.40(e)(2))**

§ Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff (see the standards in "Education and Early Childhood Development" in this part for additional requirements related to parent involvement). **(1304.40(e)(3))**

§ Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:

B Increasing family access to materials, services, and activities essential to family literacy development; and

B Assisting parents as adult learners to recognize and address their own literacy goals. **(1304.40(e)(4))**

## IDEA INFANTS/TODDLERS REGULATIONS

§ The parents of a child eligible under this part may determine whether they, their child, or other family members will accept or decline any early intervention service under this part in accordance with State law, and may decline such a service after first accepting it, without jeopardizing other early intervention services under this part. **(303.405)**

*[See also, "Family Training, Counseling, and Home Visits, Below"]*

§ **Parental consent.** The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services to which parental consent is obtained must be provided. **(303.342(e))**

§ **Family training, counseling, and home visits** means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child=s development. **(303.12(d)(3))**

*[See also, "A Comprehensive System of Personnel Development" in right column page 61]*



## HEAD START PERFORMANCE STANDARD

§ In addition to the two-home visits, teachers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program (see the standards in "Educational and Early Childhood Development" and "Family Partnerships" in the part for additional requirements about staff-parent conferences and home visits).  
**(1304.40(e)(5))**

## IDEA INFANTS/TODDLERS REGULATIONS

§ **Periodic review.** A review of the IFSP for a child and the child's family must be conducted every six months, or more frequently if conditions warrant, or if the family requests such a review. The purpose of the periodic review is to determine:  
B The degree to which progress toward achieving the outcomes is being made; and  
B Whether modification or revision of the outcomes or services is necessary.  
The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

§ **Annual meeting to evaluate the IFSP.** A meeting must be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and, as appropriate, to revise its provisions. The results of any current evaluations conducted under this part and other information available from the ongoing assessment of the child and family, must be used in determining what services are needed and will be provided. **(303.342(b)&(c))**

§ **Accessibility and convenience of meetings.** IFSP meetings must be conducted:  
B In settings and at times that are convenient to families; and  
B In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

B Meeting arrangements must be made with, and written notice provided to, the family and other participants early enough before the meeting date to ensure that they will be able to attend **(303.342(d))**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

### Parent Involvement in Health, Nutrition and Mental Health Education

§ Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families **(1304.40(f)(1))**

§ Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:

B Assists parents in understanding how to enroll and participate in a system of ongoing family health care.

B Encourages parents to become active partners in their children=s medical and dental health care process and to accompany their child to medical and dental examinations and appointments; and

B Provides parents with the opportunity to learn the principles of preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics (e.g., maternal and child health and the prevention of Sudden Infant Death Syndrome), information specific to the health needs of individual children must also be made available to the extent possible. **(1304.40(f)(2))**

§ Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum:

B Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and

B Parent discussions with program staff about the nutritional status of their child **(1304.40(f)(3))**

§ Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see standards in AChild Mental Health in this part for issues related to mental health education):

B A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;

B Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and

B The active involvement of parents in planning and implementing any mental health interventions for their children. **(1304.40(f)(4))**

## HEAD START PERFORMANCE STANDARD

### Parent Involvement in Community Advocacy

§ Grantee and delegate agencies must:

B Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs; and  
B Establish procedures to provide families with comprehensive information about community resources (see standards in "Community Partnerships" in this part for additional requirements). **(1304.40(g)(1))**

§ Parents must be provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest. **(1304.40(g)(2))**

### Parent Involvement in Transition Activities

§ Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting. **(1304.40(h)(1))**

§ Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start. **(1304.40(h)(2))**

§ To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must:

B Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and  
B Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education. **(1304.40(h)(3))**

• See standards in "Community Partnerships" for additional requirements related to children's transition to and from Early Head Start or Head Start.

- Parent involvement in home visits.

## IDEA INFANTS/TODDLERS REGULATIONS

§ Specific service coordination activities include:

B Coordinating the performance of evaluations and assessments;  
B Facilitating and participating in the development, review, and evaluation of individualized family service plans;  
B Assisting families in identifying available service providers;  
B Coordinating and monitoring the delivery of available services;  
B Informing families of the availability of advocacy services;  
B Coordinating with medical and health providers; and  
B Facilitating the development of a transition plan to preschool services, if appropriate. **(303.23(a)&(b))**

*[See also, "Transition to Preschool Programs", in right column page 16]*

## HEAD START PERFORMANCE STANDARD

- Grantee and delegate agencies must not require that parents permit home visits as a condition of the child=s participation in Early Head Start or Head Start center-based program options. Every effort must be made to explain the advantages of home visits to the parents.
- The child=s teacher in center-based programs must make no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8). Other staff working with the family must make or join home visit, as appropriate.
- Grantee and delegate agencies must schedule home visits at times that are mutually convenient for the parents or primary caregivers and staff.
- In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Star site or at another safe location that affords privacy. Home visits in home-based program options must be conducted in the family=s home. (See 45 CFR 1306.33 regarding the home-based program option.)
- In addition, grantee and delegate agencies operating home-based program options must meet the requirements of 45 CFR 1306.33(a)(1) regarding home visits.
- Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant=s birth to ensure the well-being of both the mother and the child. **(1304.40(h)(4))**

## IDEA INFANTS/TODDLERS REGULATIONS

## HEAD START PERFORMANCE STANDARD

### Community Partnerships

#### Partnerships

§ Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see standards in "Management Systems and Procedures" in this part for additional planning requirements). **(1304.41(a)(1))**

§ Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children with families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including:

- B Health care providers, such as clinics, physicians, dentists, and other health professionals;
- B Mental health providers;
- B Nutritional service providers;
- B Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements);
- B Family preservation and support services;
- B Child protective services and any other agency to which child abuse must be reported under State or Tribal law;
- B Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;
- B Providers of child care services; and
- B Any other organizations or businesses that may provide support and resources to families. **(1304.41(a)(2))**

§ Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs. **(1304.41(a)(3))**

## IDEA INFANTS/TODDLERS REGULATIONS

#### § **Establishment of Council.**

B A State that desires to receive financial assistance under this part shall establish a State Interagency Coordinating Council.

B The Council must be appointed by the Governor. The Governor shall ensure that the membership of the Council reasonably represents the population of the State.

B The Governor shall designate a member of the Council to serve as the chairperson of the Council or require the Council to do so. Any member of the Council who is a representative of the lead agency designated under this part may not serve as the chairperson of the Council. **(303.600)**

#### § **Composition.**

The Council must be composed as follows:

B At least 20 percent of the members must be parents, including minority parents of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities.

B At least one member must be a parent of an infant or toddler with a disability or a child with a disability aged six or younger.

B At least 20 percent of the members must be public or private providers of early intervention services.

B At least one member must be from the State legislature.

B At least one member must be involved in personnel preparation.

B At least one member must:

B Be from each of the State agencies involved in the provisions of, or payment for, early intervention services to infants and toddlers with disabilities and their families; and

B Have sufficient authority to engage in policy planning and implementation on behalf of these agencies.

B At least one member must:

B Be from the State educational agency responsible for preschool services to children with disabilities; and

B Have sufficient authority to engage in policy planning and implementation on behalf of that agency.

B At least one member must be from a Head Start agency or program in the State.

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

B At least one member must be from the agency responsible for the State governance of health insurance.

B At least one member must be from a State agency responsible for child care.

The Council may include other members selected by the Governor, including a representative from the BIA or, where there is no school operated or funded by the BIA, from the Indian Health Service or the tribe or tribal council. **(303.601)**

§ **Functions of council.** Each Council shall:

B Advise and assist the lead agency in the development and implementation of the policies that constitute the statewide system;

B Assist the lead agency in achieving the full participation, coordination, and cooperation of all appropriate public agencies in the State;

B Assist the lead agency in the effective implementation of the statewide system, by establishing a process that includes:

B Seeking information from service providers, service coordinators, parents, and others about any Federal, State, or local policies that impede timely service delivery; and

B Taking steps to ensure that any policy problems identified under this section are resolved; and

B To the extent appropriate, assist the lead agency in the resolution of disputes.

B Each Council may advise and assist the lead agency and the State educational agency regarding the provision of appropriate services for children aged birth to five, inclusive.

B Each Council may advise appropriate agencies in the State with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services in the State. **(303.650)**

In addition each council shall advise and assist the lead agency in the:

B Identification of sources of fiscal and other support for services for early intervention programs under this part;

B Assignment of financial responsibility to the appropriate agency; and

B Promotion of the interagency agreements under this part.

B Advise and assist the lead agency in the preparation of applications under this part and amendments to those applications.

B Advise and assist the State educational agency regarding the transition of toddlers with disabilities to services provided under part B of the IDEA, to preschool and other appropriate services **(303.651-653)**

## HEAD START PERFORMANCE STANDARD

§ To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency=s service area (see standards in 1308 listed below for specific requirements concerning interagency agreements). **(1304.41(a)(4))**

§ The disabilities services plan must include commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee=s service area. If no agreement can be reached, the grantee must document its efforts and inform the Regional Office. The agreements must address:

- B Head Start participation in the public agency=s Child Find plan under Part B of IDEA;
- B Joint training of staff and parents;
- B Procedures for referral for evaluations, IEP meetings and placement decisions;
- B Transition;
- B Resource sharing;

## IDEA INFANTS/TODDLERS REGULATIONS

### § **Interagency agreements.**

B Each lead agency is responsible for entering into formal interagency agreements with other State-level agencies involved in the State=s early intervention program. Each agreement must meet the requirements of this section.

B Financial responsibility. Each agreement must define the financial responsibility, in accordance with this part, of the agency for paying for early intervention services (consistent with State law and the requirements of this part).

B Procedures for resolving disputes. Each agreement must include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to the State=s early intervention program. Those procedures must include a mechanism for making a final determination that is binding upon the agencies involved.

The agreement with each agency must:

B Permit the agency to resolve its own internal disputes (based on the agency=s procedures that are included in the agreement), so long as the agency acts in a timely manner; and

B Include the process that the lead agency will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.

B Additional components. Each agreement must include any additional components necessary to ensure effective cooperation and coordination among all agencies involved in the State=s early intervention program. **(303.523)**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

B Head Start commitment to provide the number of children receiving services under IEPs to the LEA for the LEA Child Count report by December 1 annually; and  
B Any other items agreed to by both parties. Grantees must make efforts to update the agreements annually. **(1308.41)**

### Advisory Committees

§ Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Service Advisory Committee which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs. **(1304.41(b))**

### Transition Services

§ Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care program 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 procedures must include:  
B 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;  
B 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;  
B 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



## HEAD START PERFORMANCE STANDARD

B Initiating joint transition-related training for Early Head Start or Head Start staff and school or other child development staff. **(1304.41(c)(1))**

- 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 **(1304.41(c)(2))**

§ See standards in "Family Partnerships" for additional requirements related to parental participation in their child's transition to and from Early Head Start or Head Start. **(1304.41(c)(3))**

### Program Governance

#### Policy Council, Policy Committee, and Parent Committee Structure

§ Grantee and delegate agencies must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program. This structure must consist of the following groups, as required:

B Policy Council. This Council must be established at the grantee level.

B Policy Committee. This Committee must be established at the delegate agency level when the program is administered in whole or in part by such agencies (see 45 CFR 1301.2 for a definition of a delegate agency).

B Parent Committee. For center-based programs, this Committee must be established at the center level. For other program options, an equivalent Committee must be established at the local program level. When programs operate more than one option from the same site, the Parent

## IDEA INFANTS/TODDLERS REGULATIONS

*[See also, "A Comprehensive System of Personnel Development", in right column page 61]*

*[See also, "A Transition to Preschool Programs," in right column page 16]*

§ **Lead agency establishment or designation.** Each system must include a single line of responsibility in a lead agency that:

B Is established or designated by the Governor; and

B Is responsible for the administration of the system, in accordance with the requirements of this part. **(303.500)**

§ **Designation regarding financial responsibility.** Each application must include a designation by the State of an individual or entity responsible for assigning financial responsibility among appropriate agencies. **(303.143)**

§ **Public agency.** As used in this part, public agency includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families. **(303.21)**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

Committee membership is combined unless parents choose to have a separate Committee for each option. **(1304.50(a)(1))**

§ Parent Committees must be comprised exclusively of the parents of children currently enrolled at the center level for center-based programs or at the equivalent level for other program options (see 45 CFR 1306.3(h) for a definition of a Head Start parent). **(1304.50(a)(2))**

§ All Policy Councils, Policy Committees, and Parent Committees must be established as early in the program year as possible. Grantee Policy Councils and delegate Policy Committees may not be dissolved until successor Councils or Committees are elected and seated. **(1304.50(a)(3))**

§ When a grantee has delegated the entire Head Start program to one delegate agency, it is not necessary to have a Policy Committee in addition to a grantee agency Policy Council. **(1304.50(a)(4))**

§ The governing body (the group with legal and fiscal responsibility for administering the Early Head Start or Head Start program) and the Policy Council or Policy Committee must not have identical memberships and functions. **(1304.50(a)(5))**

### Policy Group Composition and Formation

§ 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 of 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 election of parent members, and the procedure for the selection of community representatives. These proposals must be approved by the Policy Council or Policy Committee. **(1304.50(b)(1))**

§ Policy Councils and Policy Committees must be comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51 percent of the members of these policy groups must be the parents of currently enrolled children (see 45 CFR 1306.3(h) for a definition of a Head Start parent). **(1304.50(b)(2))**

§ Community representatives must be drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including for example the parents of formerly enrolled children. **(1304.50(b)(3))**

## HEAD START PERFORMANCE STANDARD

§ All parents members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be selected annually. **(1304.50(b)(4))**

§ Policy Councils and Policy Committees must limit the number of one-year terms any individual may serve on either body to a combined total of three terms. **(1304.50(b)(5))**

§ No grantee or delegate agency staff (or members of their immediate families) may serve on Policy Councils or Policy Committees except parents who occasionally substitute for regular Early Head Start or Head Start staff. In the case of Tribal grantees, this exclusion applies only to Tribal staff who work in areas directly related to or which directly impact upon any Early Head Start or Head Start administrative, fiscal or programmatic issues. **(1304.50(b)(6))**

§ Parents of children currently enrolled in all program options must be proportionately represented on established policy groups. **(1304.50(b)(7))**

### Policy Group Responsibilities B General

§ At a minimum policy groups must be charged with the responsibilities described in the next four sections and described in Appendix A of 1304. **(1304.50(c))**

#### The Policy Council or The Policy Committee

§ Policy Councils and Policy Committees must work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the following policies and procedures:

B All funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantee (in the case of Policy Committees) or to HHS (in the case of Policy Councils);

B Procedures describing how the governing body and the appropriate policy group will implement shared decision-making;

B Procedures for program planning in accordance with this part and the requirements of 45 CFR 1305.3;

B The program=s philosophy and long- and short-range program goals and objectives (see AProgram Planning" standards in this part and 45 CFR 1305.3 for additional requirements regarding program planning);

## IDEA INFANTS/TODDLERS REGULATIONS

## HEAD START PERFORMANCE STANDARD

B The selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively) (see 45 CFR 1301.33 and 45 CFR 1305.3(a) for additional requirements about delegate agency and service area selection, respectively);

B The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen;

B Criteria for defining recruitment, selection, and enrollment priorities, in accordance with the requirements of 45 CFR part 1305;

B The annual self-assessment of the grantee or delegate agency=s progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review (see AProgram Self-Assessment and Monitoring" standards in this part for additional requirements about the annual self-assessment);

B Program personnel policies and subsequent changes to those policies, in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants, and volunteers;

B Decisions to hire or terminate the Early Head Start or Head Start director of the grantee or delegate agency; and

B Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee or delegate agency. **(1304.50(d)(1))**

§ In addition, Policy Councils and Policy Committees must perform the following functions directly:

B Serve as a link to the Parent Committee, grantee and delegate agency governing bodies, public and private organizations, and the communities they serve;

B Assist Parent Committees in communicating with parents enrolled in all program options to ensure that they understand their rights, responsibilities, and opportunities in Early Head Start and Head Start and to encourage their participation in the program;

B Assist Parent Committees in planning, coordinating, and organizing program activities for parents with the assistance of staff, and ensuring that funds set aside from program budgets are used to support parent activities;

B Assist in recruiting volunteer services from parents, community residents, and community organizations, and assist in the mobilization of community resources to meet identified needs; and

## IDEA INFANTS/TODDLERS REGULATIONS

## HEAD START PERFORMANCE STANDARD

B Establish and maintain procedures for working with the grantee or delegate agency to resolve community complaints about the program. **(1304.50(d)(2))**

## IDEA INFANTS/TODDLERS REGULATIONS

**§ Adopting Complaint Procedures.** Each lead agency shall adopt written procedures for:

- B Resolving any complaint, including a complaint filed by an organization or individual from another State, that any public agency or private service provider is violating a requirement of Part C of the IDEA or this Part by:
- B Providing for the filing of a complaint with the lead agency; and
- B At the lead agency=s discretion, providing for the filing of a complaint with a public agency and the right to have the lead agency review the public agency=s decision on the complaint; and
- B Widely disseminating to parents and other interested individuals, including parent training centers, protection and advocacy agencies, independent living centers, and other appropriate entities, the State=s procedures.

**Remedies for denial of appropriate services.** In resolving a complaint in which it finds a failure to provide appropriate services, a lead agency, pursuant to its general supervisory authority under Part C of the IDEA must address:

- B How to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child=s family; and
- B Appropriate future provision of services for all infants and toddlers with disabilities and their families. **(303.510)**

An individual or organization may file a written signed complaint. The complaint must include:

- B A statement that the State has violated a requirement of Part C of the Act or the regulations in this part; and
  - B The facts on which the complaint is based.
- The alleged violation must have occurred not more than one year before the date that the complaint is received by the public agency unless a longer period is reasonable because:

- B The alleged violation continues for that child or other children; or
- B The complainant is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the complaint is received by the public agency **(303.511)**

Each lead agency shall include in its complaint procedures a time limit of 60 calendar days after a complaint is filed to:

- B Carry out an independent on-site investigation, if the lead agency determines that such an investigation is necessary;
- B Give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint;

## HEAD START PERFORMANCE STANDARD

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B Review all relevant information and make an independent determination as to whether the public agency is violating a requirement of Part C of the IDEA or of this Part; and

B Issue a written decision to the complainant that addresses each allegation in the complaint and contains:

B Findings of fact and conclusions; and

B The reasons for the lead agency=s final decision.

**Time extension; final decisions; implementation.** The lead agency=s procedures described in this section also must:

B Permit an extension of the time limit under this section only if exceptional circumstances exist with respect to a particular complaint; and

B Include procedures for effective implementation of the lead agency=s final decision, if needed, including:

B Technical assistance activities;

B Negotiations; and

B Corrective actions to achieve compliance.

**Complaints filed under this section, and due process hearings.**

B If a written complaint is received that is also the subject of a due process hearing under this part, or contains multiple issues, of which one or more are part of that hearing, the State must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar-day timeline using the complaint procedures described in this section.

B If an issue is raised in a complaint filed under this section that has previously been decided in a due process hearing involving the same parties:

B The hearing decision is binding; and

B The lead agency must inform the complainant to that effect.

B A complaint alleging a public agency=s or private service provider=s failure to implement a due process decision must be resolved by the lead agency. **(303.512)**

§ **Mediation.** Each State shall ensure that procedures are established and implemented to allow parties to disputes involving any matter related to the identification, evaluation, or placement of the child, or the provision of appropriate early intervention services to the child and child=s family, to resolve the disputes through a mediation process which at a minimum, must be available whenever a hearing is requested. The lead agency may either use the mediation system established under Part B of the IDEA or establish its own system.

The procedures must meet the following requirements:

B The procedures must ensure that the mediation process:

- - Is voluntary on the part of the parties;

- - Is not used to deny or delay a parent=s right to a due process hearing, or to deny any other rights afforded under Part C of the Act; and

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- - Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
- B The State shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
- B The State shall bear the cost of the mediation process, including the costs of meetings described in this section.
- B Each session in the mediation process must be scheduled in a timely manner and must be held in a location that is convenient to the parties to the dispute.
- B An agreement reached by the parties to the dispute in the mediation process must be set forth in a written mediation agreement.
- B Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings, and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of the process. **(303.419(a)&(b))**
- § **Meeting to Encourage Mediation.** A State may establish procedures to require parents who elect not to use the mediation process to meet, at a time and location convenient to the parents, with a disinterested party:
- B Who is under contract with a parent training and information center or community parent resource center in the State established under IDEA or an appropriate alternative dispute resolution entity and
- B Who would explain the benefits of the mediation process and encourage the parents to use the process. **(303.419(c))**
- § **Impartial Due Process Hearings.** A state must ensure the following:
  - B An impartial person must be appointed to implement the complaint resolution process in this subpart. The person must:
    - - Have knowledge about the provisions of this part and the needs of, and services available for, eligible children and their families; and
    - - Perform the following duties:
      - - Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint.
      - - Provide a record of the proceedings, including a written decision.
  - B As used in this section, impartial means that the person appointed to implement the complaint resolution process:
    - - Is not an employee of any agency or other entity involved in the provision of early intervention services or care of the child; and
    - - Does not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

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B A person who otherwise qualifies under this section is not an employee of an agency solely because the person is paid by the agency to implement the complaint resolution process. **(303.421)**

§ **Parent Rights.** Each lead agency shall ensure that the parents of children eligible under this part are afforded the rights in this section in any administrative proceedings under this subpart. Any parent involved in this administrative proceedings has the right to:

B Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under Part C;

B Present evidence and confront cross-examine, and compel the attendance of witnesses;

B Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;

B Obtain a written or electronic verbatim transcription of the proceeding; and

B Obtain written findings of fact and decisions. **(303.422)**

§ **Convenience of Proceedings; Timelines.** Any proceeding for implementing the complaint resolution process in this subpart must be carried out at a time and place that is reasonably convenient to the parents.

Each lead agency shall ensure that, not later than 30 days after the receipt of a parent=s complaint, the impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties **(303.423)**

§ **Civil Action.** Any part aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court under IDEA. **(303.424)**

§ **Status of a Child During Proceedings.** During the pendency of any proceeding involving a complaint under this subpart, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.

If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute. **(303.425)**

**NOTE: A state may choose to use the above ADue Process Hearing Procedures" or may use the state=s special education Part B Due Process Hearing Procedures.**



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### Parent Committee

The Parent Committee must carry out at least the following minimum responsibilities:

§ Advise staff in developing and implementing local program policies, activities, and services; **(1304.50(e)(1))**

§ Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff; **(1304.50(e)(2))**

§ Within the guidelines established by the governing body, Policy Council, or Policy Committee, participate in the recruitment and screening of Early Head Start and Head Start employees. **(1304.50(e)(3))**

### Policy Council, Policy Committee, And Parent Committee Reimbursement

§ Grantee and delegate agencies must enable low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursements for reasonable expenses incurred by the members. **(1304.50(f))**

### Governing Body Responsibilities

§ Grantee and delegate agencies must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program. **(1304.50(g)(1))**

§ Grantee and delegate agencies must ensure that appropriate internal controls are established and implemented to safeguard Federal funds in accordance with 45 CFR 1301.13 **(1304.50(g)(2))**

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### Internal Dispute Resolution

§ Each grantee and delegate agency and Policy Council or Policy Committee jointly must establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group. **(1304.50(h))**

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§ **Resolution of Disputes.** Each lead agency is responsible for resolving individual disputes, in accordance with the procedures in this part.

-- During a dispute, the individual or entity responsible for assigning financial responsibility among appropriate agencies under "a financial designee" shall assign financial responsibility to:

B An agency, subject to the provisions in this section; or

B The lead agency, in accordance with the "payor of last resort" provisions.

If during the lead agency's resolution of the dispute, the financial designee determines that the assignment of financial responsibility under this section was inappropriately made:

B The financial designee shall reassign the responsibility to the appropriate agency; and

B The lead agency shall make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

To the extent necessary to ensure compliance with its action in this section, the lead agency shall:

B Refer the dispute to the Council or the Governor; and

B Implement the procedures to ensure the delivery of services in a timely manner in accordance with this part. **(303.524)**

Each lead agency is responsible for the development of procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among public agencies or service providers. **(303.525)**

## HEAD START PERFORMANCE STANDARD

### Management Systems and Procedures

#### Program Planning

§ Grantee and delegate agencies must develop and implement a systematic, ongoing process of program planning that includes consultation with the program=s governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children. Program planning must include:

B An assessment of community strengths, needs and resources through completion of the Community Assessment, in accordance with the requirements of 45 CFR 1305.3;

B The formulation of both multi-year (long-range) program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Early Head Start and Head Start, and reflect the findings of the program=s annual self-assessment; and

B The development of written plan(s) for implementing services in each of the program areas covered by this part (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management). See the requirements of 45 CFR parts 1305, 1306, and 1308.

#### **(1304.51(a)(1))**

§ All written plans for implementing services, and the progress in meeting them, must be reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and must be revised and updated as needed. **(1304.51(a)(2))**

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§ **Policies.** As used in this part, policies means State statutes, regulations, Governor=s orders, directives by the lead agency, or other written documents that represent the State=s position concerning any matter covered under this part.

§ State policies include:

B A State=s commitment to maintain the statewide system;

B A State=s eligibility criteria and procedures;

B A statement that, consistent with this part, provides that services under this part will be provided at no cost to parents, except where a system of payments is provided for under Federal or State law.

B A State=s standards for personnel who provide services to children eligible under this part;

B A State=s position and procedures related to contracting or making other arrangements with service providers under this part; and

B Other positions that the State has adopted related to implementing any of the other requirements under this part. **(303.20)**

§ **General.** A State=s application under this part must contain information and assurance demonstrating and assurance demonstrating to the satisfaction of the Secretary that:

B The statewide system of early intervention services required in this part is in effect; and

B A State policy is in effect that ensures that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State **(303.140)**

§ **Identification and coordination of resources.** Each lead agency is responsible for:

B The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources; and

B Updating the information on the funding sources in this section, if a legislative or policy change is made under any of those sources.

The Federal funding sources in this section include:

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- B Title V of the Social Security Act relating to Maternal and Child Health;
- B Title XIX of the Social Security Act (relating to the general Medicaid Program, and EPSDT);
- B The Head Start Act;
- B Parts B and C of the Act;
- B The Developmental Disabilities Assistance and Bill of Rights Act (Pub. L. 94-103); and
- B Other Federal programs **(303.522)**

§ **Policy for contracting or otherwise arranging for services.** Each system must include a policy pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. The policy must include:

- B A requirement that all early intervention services must meet the State standards and be consistent with the provisions of this part;
- B The mechanisms that the lead agency will use in arranging for these services, including the process by which awards or other arrangements are made; and
- B The basic requirements that must be met by an individual or organization seeking to provide these services for the lead agency. **(303.526)**

### Communications B General

§ Grantee and delegate agencies must establish and implement systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community. **(1304.51(b))**

### Communication with Families

§ Grantee and delegate agencies must ensure that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year. **(1304.51(c)(1))**

§ Communication with parents must be carried out in the parents= primary or preferred language or through an interpreter, to the extent feasible **(1304.51(c)(2))**

*[See also ~~A~~Accessibility and Convenience of Meetings in right column of page 33]*

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### Communication with Governing Bodies and Policy Groups

§ Grantee and delegate agencies must ensure that the following information is provided regularly to their grantee and delegate governing bodies and to members of their policy groups:

- B Procedures and timetables for program planning;
- B Policies, guidelines, and other communications from HHS;
- B Program and financial reports; and
- B Program plans, policies, procedures, and Early Head Start and Head Start grant applications. **(1304.51(d))**

### Communication Among Staff

§ Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families. **(1304.51(e))**

### Communication with Delegate Agencies

§ Grantees must have a procedure for ensuring that delegate agency governing bodies, Policy Committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner. **(1304.51(f))**

### Record-Keeping Systems

§ Grantee and delegate agencies must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families and staff and must ensure appropriate confidentiality of this information. **(1304.51(g))**

Each system must include the procedures that the State uses to compile data on the statewide system. The procedures must:

- B Include a process for:
  - B Collecting data from various agencies and service providers in the State;
  - B Making use of appropriate sampling methods, if sampling is permitted; and
  - B Describing the sampling methods used, if reporting to the Secretary; and
- B Provide for reporting data required under section 618 of IDEA that relates to this part.

The information required above must be provided at the time and in the manner specified by the Secretary. **(303.540)**

## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

**§ Confidentiality of Information.** Each state shall adopt or develop policies and procedures that the State will follow in order to ensure the protection of any personally identifiable information collected, used or maintained under this part, including the right of parents to written notice of and written consent to the exchange of this information among agencies consistent with Federal and State law.

These policies and procedures must meet the requirements in 34 CFR 300.560 through 300.576 including:

- B Definitions,
- B Notice to parents,
- B Access rights,
- B Record of access,
- B Records on more than one child,
- B Lists of types and locations of information
- B Fees,
- B Amendment of records at parents request,
- B Opportunity for a hearing,
- B Result of hearing,
- B Hearing procedures,
- B Consent,
- B Safeguards,
- B Destruction of information, and
- B Enforcement. **(303.460)**

**§ Opportunity to Examine Records.** In accordance with the confidentiality procedures in the above regulations (34 CFR 300.560 through 300.576), the parents of a child eligible under this part must be afforded the opportunity to inspect and review records relating to the evaluations and assessments, eligibility determinations, development and implementation of IFSPs, individual complaints dealing with the child, and any other area under this part involving records about the child and the child=s family. **(303.402)**

## HEAD START PERFORMANCE STANDARD

### Reporting Systems

§ Grantee and delegate agencies must establish and maintain efficient and effective reporting systems that:

- B Generate periodic reports of financial status and program operations in order to control program quality, maintain program accountability, and advise governing bodies, policy groups, and staff of program progress; and
- B Generate official reports for Federal, State, and local authorities, as required by applicable law. **(1304.51(h))**

### Program Self-Assessment and Monitoring

§ At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations. **(1304.51(i)(1))**

§ Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal regulations. **(1304.51(i)(2))**

§ Grantees must inform delegate agency governing bodies of any deficiencies in delegate agency operations identified in the monitoring review and must help them develop plans, including timetables, for addressing identified problems. **(1304.51(i)(3))**

## IDEA INFANTS/TODDLERS REGULATIONS

§ **Supervision and Monitoring of Programs.** Each lead agency is responsible for:

- B The general administration and supervision of programs and activities receiving assistance under this part; and
- B The monitoring of programs and activities used by the State to carry out this part, whether or not these programs or activities are receiving assistance under this part, to ensure that the State complies with this part.

§ **Methods of administering programs.** In meeting the requirement above, the lead agency shall adopt and use proper methods of administering each program, including:

- B Monitoring agencies, institutions, and organizations used by the State to carry out this part;
- B Enforcing any obligations imposed on those agencies under part C of IDEA and these regulations;
- B Providing technical assistance, if necessary, to those agencies, institutions, and organizations; and
- B Correcting deficiencies that are identified through monitoring. **(303.501)**

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### Human Resources Management

#### Organizational Structure

§ Grantee and delegate agencies must establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure must address the major functions and responsibilities assigned to each staff position and must provide evidence of adequate mechanisms for staff supervision and support.

**(1304.52(a)(1))**

§ At a minimum, grantee and delegate agencies must ensure that the following program management functions are formally assigned to and adopted by staff within the program:

B Program management (the Early Head Start or Head Start director);

B Management of early childhood development and health services, including child development and education; child medical, dental, and mental health; child nutrition; and, services for children with disabilities; and

B Management of family and community partnerships, including parent activities

**(1304.52(a)(2))**

#### Staff Qualifications B General

§ Grantee and delegate agencies must ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly. **(1304.52(b)(1))**

§ In addition, grantee and delegate agencies must ensure that only candidates with the qualifications specified in this part and in 45 CFR 1306.21 are hired. **(1304.52(b)(2))**

§ Current and former Head Start and Head Start parents must receive preference for employment vacancies for which they are qualified. **(1304.52(b)(3))**

§ Staff and program consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency. **(1304.52(b)(4))**

§ **Qualified.** As used in this part, qualified means that a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services. **(303.22)**

§ **Qualified Personnel.** Early intervention services must be provided by qualified personnel, including:

B Audiologists;

B Family therapists;

B Nurses;

B Nutritionists;

B Occupational therapists;

B Orientation and mobility specialists;

B Pediatricians and other physicians;

B Physical therapists;

B Psychologists;

B Social workers;

B Special educators; and

B Speech and language pathologists. **(303.12(e))**



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### Early Head Start or Head Start Director Qualifications

§ The Early Head Start or Head Start director must have demonstrated skills and abilities in a management capacity relevant to human services program management. (1304.52(c))

### Qualifications of Content Area Experts

§ Grantee and delegate agencies must hire staff or consultants who meet the qualifications listed below to provide content area expertise and oversight on an ongoing or regularly scheduled basis. Agencies must determine the appropriate staffing pattern necessary to provide these functions.

B Education and child development services must be supported by staff or consultants with training and experience in areas that include: The theories and principles of child growth and development, early childhood education, and family support. In addition, staff or consultants must meet the qualifications for classroom teachers, as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.

B Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.

B Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.

B Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.

B Family and community partnership services must be supported by staff or consultants with training and experience in field(s) related to social, human, or family services.

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§ **Personnel standards.** As used in this part:

Appropriate professional requirements in the State means entry level requirements that:

B Are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing early intervention services; and

B Establish suitable qualifications for personnel providing early intervention services under this part to eligible children and their families who are served by State, local, and private agencies.

B Highest requirement in the State applicable to a specific profession or discipline means the highest entry-level academic degree needed for any State approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline.

B Profession or discipline means a specific occupational category that:

B Provides early intervention services to children eligible under this part and their families;

B Has been established or designated by the State; and

B Has a required scope of responsibility and degree of supervision.

B State approved or recognized certification, licensing, registration, or other comparable requirements means the requirements that a State legislature either has enacted or has authorized a State agency to promulgate through rules to establish the entry-level standards for employment in a specific profession or discipline in that State.

Each statewide system must have policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of this part are appropriately and adequately prepared and trained.

The policies and procedures required in this section must provide for the establishment and maintenance of standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.

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B Parent involvement services must be supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.

B Disabilities services must be supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

B Grantee and delegate agencies must secure the regularly scheduled or ongoing services of a qualified fiscal officer. **(1304.52(d))**

### Home Visitor Qualifications

§ Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and motivating people. In addition, they must have knowledge of community resources and the skills to link families with appropriate agencies and services. **(1304.52(3))**

## IDEA INFANTS/TODDLERS REGULATIONS

To the extent that a State=s standards for a profession or discipline, including standards for temporary or emergency certification, are not based on the highest requirements in the State applicable to a specific profession or discipline, the State=s application for assistance under this part must include the steps the State is taking, the procedures for notifying public agencies and personnel of those steps, and the timelines it has established for the retraining or hiring of personnel that meet appropriate professional requirements in the State.

In meeting the requirements in this section, a determination must be made about the status of personnel standards in the State. That determination must be based on current information that accurately describes, for each profession or discipline in which personnel are providing early intervention services, whether the applicable standards are consistent with the highest requirements in the State for that profession or discipline.

The information required in this section must be on file in the lead agency, and available to the public.

In identifying the "highest requirements in the State" for purposes of this section, the requirements of all State statutes and the rules of all State agencies applicable to serving children eligible under this part and their families must be considered.

A State may allow paraprofessionals and assistants who are appropriately trained and supervised, in accordance with State law, regulations, or written policy, to assist in the provision of early intervention services to eligible children under this part.

In implementing this section, a State may adopt a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to eligible children, including, in a geographic area of the State where there is a shortage of personnel that meet these qualifications, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in this section, consistent with State law, within 3 years. **(303.361)**

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### Infant and Toddler Staff Qualifications

§ Early Head Start and Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential that addresses comparable competencies within one year of the effective date of the final rule or, thereafter, within one year of hire as a teacher of infants and toddlers. In addition, infants and toddler teachers must have the training and experience necessary to develop consistent, stable, and supportive relationships with very young children. The training must develop knowledge of infant and toddler development, safety issues in infant and toddlers care (e.g., reducing the risk of Sudden Infant Death Syndrome), and methods for communicating effectively with infants and toddlers, their parents, and other staff members. **(1304.52(f))**

### Classroom Staffing and Home Visitors

§ Grantee and delegate agencies must meet the requirements of 45 CFR 1306.20 regarding classroom staffing. **(1304.52(g)(1))**

§ When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language. **(1304.52(g)(2))**

§ For center-based programs, the class size requirements specified in 45 CFR 1306.32 must be maintained through the provision of substitutes when regular classroom staff are absent. **(1304.52(g)(3))**

§ Grantee and delegate agencies must ensure that each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers are placed in any one group. However, if State, Tribal or local regulations specify staff: child ratios and group sizes more stringent than this requirement, the State, Tribal or local regulations must apply. **(1304.52(g)(4))**

§ Staff must supervise the outdoor and indoor play areas in such a way that children=s safety can be easily monitored and ensured. **(1304.52(g)(5))**

§ Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program=s standards of conduct. These standards must specify that:

**HEAD START PERFORMANCE STANDARD**

- B They will respect and promote the unique identify of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
- B They will follow program confidentially policies concerning information about children, families, and other staff members;
- B No child will be left alone or unsupervised while under their care; and
- B They will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs. **(1304.52(h)(1))**

Standards of Conduct

- § Grantee and delegate agencies must ensure that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors **(1304.52(h)(2))**
- § Personnel policies and procedures must include provision for appropriate penalties for violating the standards of conduct. **(1304.52(h)(3))**

Staff Performance Appraisals

- § Grantee and delegate agencies must, at a minimum, perform annual performance reviews of each Early Head Start and Head Start staff member and use the results of these reviews to identify staff training and professional development needs, modify staff performance agreements, as necessary, and assist each staff member in improving his or her skills and professional competencies. **(1304.52(i))**

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### Staff and Volunteer Health

§ Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do

not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start program that cannot be eliminated or reduced by reasonable accommodation This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act. **(1304.52(j)(1))**

§ Regular volunteers must be screened for tuberculosis in accordance with State, Tribal or local laws. In the absence of State, Tribal or local law, the Health Services Advisory Committee must be consulted regarding the need for such screenings (see "Definitions" section in this part for a definition of volunteer). **(1304.52(j)(2))**

§ Grantee and delegate agencies must make mental health and wellness information available to staff with concerns that may affect their job performance. **(1304.52(j)(3))**

### Training and Development

§ 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)(1))**

§ Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23. **(1304.52(k)(2))**

§ 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:

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### **§ Comprehensive System of Personnel Development.**

§ Each system must include a comprehensive system of personnel development.

§ The personnel development system under this part must:

B Be consistent with the comprehensive system of personnel development required under Part B of IDEA;

B Provide for preservice and inservice training to be conducted on an interdisciplinary basis, to the extent appropriate;

B Provide for the training of a variety of personnel needed to meet the requirements of this part, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as service coordinators; and Ensure that the training provided relates specifically to:

B Understanding the basic components of early intervention services available in the State;

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B Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers; and  
B Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program. **(1304.52(k)(3))**  
§ Grantee and delegate agencies must provide training or orientation to Early Head Start and Head Start governing body members. Agencies must also provide orientation and ongoing training to Early Head Start and Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively. **(1304.52(k)(4))**

### Facilities, Materials, and Equipment

#### Head Start Physical Environment and Facilities

§ Grantee and delegate agencies must provide a physical environment and facilities conducive to learning and reflective of the different stages of development of each child. **(1304.53(a)(1))**  
§ Grantee and delegate agencies must provide appropriate space for the conduct of all program activities (see part 1308 A Purpose and Scope of Disabilities Service Plan" for specific access requirements for children with disabilities. **(1304.53(a)(2))**  
§ The center space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions. **(1304.53(a)(3))**  
§ The indoor and outdoor space in Early Head Start or Head Start centers in use by mobile infants and toddlers must be separated from general walkways and from areas in use by preschoolers. **(1304.53(a)(4))**

## IDEA INFANTS/TODDLERS REGULATIONS

B Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under this part; and  
B Assisting families in enhancing the development of their children, and in participating fully in the development and implementation of IFSPs.  
§ A personnel development system under this part may include:  
B Implementing innovative strategies and activities for the recruitment and retention of early intervention service providers;  
B Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part;  
B Training personnel to work in rural and inner-city areas; and  
B Training personnel to coordinate transition services for infants and toddlers with disabilities from an early intervention program under this part to a preschool program under part B of the Act or to other preschool or other appropriate services. **(303.360)**

## HEAD START PERFORMANCE STANDARD

§ Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child. **(1304.53(a)(5))**

§ Facilitate owned or operated by Early Head Start and Head Start grantee or delegate agencies must meet the licensing requirements of 45 CFR 1306.30. **(1304.53(a)(6))**

§ Grantee and delegate agencies must provide for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials and equipment. **(1304.53(a)(7))**

§ Grantee and delegate agencies must provide a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. Agencies must ensure that no child is present during the spraying of pesticides or herbicides. Children must not return to the affected area until it is safe to do so. **(1304.53(a)(8))**

§ Outdoor play areas at center-based programs must be arranged so as to prevent any child from leaving the premises and getting into unsafe and unsupervised areas.

Enroute to play areas, children must not be exposed to vehicular traffic without supervision. **(1304.53(a)(9))**

§ Grantee and delegate agencies must conduct a safety inspection, at least annually, to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:

B In climates where such systems are necessary, there is a safe and effective heating and cooling system that is insulated to protect children and staff from potential burns;

B No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are used;

B Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons. All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children;

B Rooms are well lit and provide emergency lighting in the case of power failure;

B Approved, working fire extinguishers are readily available;

B An appropriate number of smoke detectors are installed and tested regularly;

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## HEAD START PERFORMANCE STANDARD

B Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable (see "Child Health and Safety" standards in this part for additional emergency procedures);

B Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions;

B Paint coatings on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead;

B The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children;

B Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs;

B Windows and glass doors are constructed, adapted, or adjusted to prevent injury to children;

B Only sources of water approved by the local or State health authority are used;

B Toilets and handwashing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas must be separated from areas used for cooking, eating, or children's activities;

B Toilet training equipment is provided for children being toilet trained;

B All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored in a safe and sanitary manner; and

B Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation. **(1304.53(a)(10))**

## IDEA INFANTS/TODDLERS REGULATIONS



## HEAD START PERFORMANCE STANDARD

## IDEA INFANTS/TODDLERS REGULATIONS

### Head Start Equipment, Toys Materials and Furniture

§ Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be:

§ Infant and toddler toys must be made of non-toxic materials and must be sanitized regularly. **(1304.53(b)(2))**

§ To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys. **(1304.53(b)(3))**

B Supportive of the specific educational objectives of the local program;

B Supportive of the cultural and ethnic backgrounds of the children;

B Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities;

B Accessible, attractive, and inviting to children;

B Designed to provide a variety of learning experiences and to encourage each child to experiment and explore;

B Safe, durable, and kept in good condition; and

B Stored in a safe and orderly fashion when not in use. **(1304.53(b)(1))**