



# Supervisor's Manual

For the Head Start Home-Based Program Option



The Home-Based Supervisor's Manual for the Head Start Home-Based Program Option

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### Table of Contents

	<b>Introduction</b>	<b>2</b>
Part 1	<b>Overview of the Head Start Home-Based Program Option</b>	<b>4</b>
Part 2	<b>Supervising Home Visitors</b>	<b>6</b>
Part 3	<b>Supporting Child and Family Development Services</b>	<b>17</b>
Part 4	<b>Program Management and Continuous Improvement</b>	<b>24</b>
Appendix A	<b>Child Development Services During Home Visits and Socializations in the Early Head Start Home-Based Program Option</b>	<b>29</b>
Appendix B	<b>Home-Based Supervisor Self-Assessment</b>	<b>38</b>
Appendix C	<b>Sample Home Visitor Job Description</b>	<b>40</b>
Appendix D	<b>Sample Home Visitor Applicant Interview</b>	<b>41</b>
Appendix E	<b>Sample Home Visit Crisis Protocol</b>	<b>42</b>
Appendix F	<b>Sample Home Visit Checklist</b>	<b>43</b>
Appendix G	<b>Sample Home Visitor Performance Evaluation</b>	<b>44</b>
Appendix H	<b>Participant Flow Chart</b>	<b>46</b>
Appendix I	<b>Program Self-Assessment Checklist</b>	<b>47</b>

# The Home-Based Supervisor's Manual

## Introduction

As a supervisor in a Head Start home-based program, you play a pivotal role in the quality of the home visiting services your agency provides. You are a liaison between the agency and the home visiting staff. You support, teach, and advocate, and you are a role model for your home visitors. You attend to the needs and resources of families and how to best help them. You work with your agency's administrators to ensure that adequate systems are in place to support the work of the home visitors. You plan, evaluate, and coordinate many facets of the home-based program.

The *Home-Based Supervisor's Manual for the Head Start Home-Based Program Option* was designed to help you understand and do your job well. This manual is part of a set of materials for the Head Start home-based program option: (1) *The Program Administrator's Checklist for the Head Start Home-Based Program Option* (2) *The Home-Based Supervisor's Manual for the Head Start Home-Based Program Option* (3) *The Home Visitor's Handbook for the Head Start Home-Based Program Option*; (4) *A Parent's Guide to the Home-Based Program for the Head Start Home-Based Program Option*; (5) *The Beginning at Home* video for the Head Start Home-Based Program Option; and (6) *The Beginning at Home Video Guide for the Head Start Home-Based Program Option*.

**The Program Administrator's Checklist for the Head Start Home-Based Program Option** is a tool for program administrators to consider how community needs and resources make the home-based program option the best choice for their community. The *Program Administrator's Checklist* provides a number of questions that program leaders should address as they plan home-based services.

**The Home-Based Supervisor's Manual for the Head Start Home-Based Program Option** provides information, materials, and strategies to support supervisors' work with home visitors. First, it provides background information on the history of home visiting and the requirements of the Head Start home-based program option. In addition, it provides tools for selecting, supervising, and supporting home-based staff; examines how to help home visitors develop family partnerships and promote child development; discusses the importance of the supervisor's own professional development; and addresses the supervisor's role in program self-assessment and continuous improvement.

**The Home Visitor's Handbook for the Head Start Home-Based Program Option** is a valuable resource for supervisors to use with home visitors. This handbook explains why home visiting is an effective strategy for families and how to determine whether home visiting is the right option for the families in your program. A section on "frequently asked questions" addresses the topics that often challenge home visitors. In addition, the handbook explores the relationship-building process with families and what to do on a home visit; what home visitors can expect

from their supervisor; and the home visitor's role in community partnerships. An extensive resource section lists books, Web sites, and national home visiting programs.

***A Parent's Guide to the Home-Based Program Option for the Head Start Home-Based Program Option*** is designed for home visitors to use with the families in your program. It is written for parents to help them better understand how home visits work, what they can expect from their home visitors, the role that parents play as the child's first teacher, and how the home is a learning environment. The *Parent's Guide* is interactive, providing space for home visitors to personalize the information for each family and space for families to write their own thoughts about parenting and how they support their child's development.

***The Beginning at Home*** video offers 5 vignettes that demonstrate different aspects of a home visitor's relationship with a family, and how those relationships are having an impact on the children and families with whom they work. ***The Beginning at Home Video Guide*** offers viewers an opportunity to deepen their understanding of the video content through discussion questions and training exercises.

Although each of these publications is designed with a particular audience in mind, they work best when used in a collaborative process. Program administrators, home-based supervisors, home visitors, and participating families each play an equally important role in meeting the goals of home-based Head Start services.

## Part 1 | Overview of the Head Start Home-Based Program Option

Home visiting programs have been a part of various American social service systems for more than a century. Head Start recognized the utility of a home-based approach early in its own history. In 1972, only 7 years after the first Head Start summer program, a demonstration project called Home Start was initiated at 16 sites. The positive results that emerged from the evaluation of this demonstration led to the Head Start home-based option, which was made available to all agencies in 1973.

The inception in 1995 of the Early Head Start program, which provides Head Start services to infants, toddlers, and expectant families, led to new questions and issues for home visitors. The federal regulations for the Head Start home-based program option (**45 CFR 1306.33**) were developed before the Early Head Start initiative. Thus, Information Memorandum **ACYF-IM-HS-00-22** (see Appendix A) was developed to clarify and support the existing regulations as they apply to infants, toddlers, and their families.

In addition, changes in federal policies such as Temporary Assistance for Needy Families (TANF, or welfare reform) changed the social context of low-income families. More low-income families have entered the workforce, and consequently, the demand for high-quality child care has increased. Yet, for many families, the home environment provides the ideal place to focus on child development, parenting education, and family support. The Head Start home-based option provides a unique opportunity to provide needed services to:

- ▶ families who do not need or want center-based child care;
- ▶ families who want and are able to use the home environment and everyday routines as the child's primary learning environment;
- ▶ families who are experiencing life circumstances that prevent them from participating in more structured settings, families such as those suffering from health problems or who require more intensive parent-child intervention; or
- ▶ families who live in rural communities where center-based services are not feasible.

### ***Federal Regulations***

The Head Start home-based option is a method of service delivery that capitalizes on the home as the young child's primary learning environment. Similar to other Head Start options, home-based services have a primary goal of promoting the development of children from birth to age 5 in all areas of development. Home visitors provide to children and families comprehensive

services that cover all the elements of Head Start programming. Services delivered in the home must adhere to the revised *Head Start Program Performance Standards* in **45 CFR Part 1304**. Staffing and program option requirements are specified in **45 CFR Part 1306** and are clarified in **ACYF-IM-HS-00-22** for Early Head Start programs.

The home-based program option is one of several program options available to families in Head Start. In addition to the home-based program option, your agency may also offer center-based services, a combination option that includes center- and home-based services, or a locally designed option such as family child care. Families may move from one program option to another depending on changing family circumstances and needs. Box 1 summarizes the federal regulations for the Head Start home-based program option.

### Box 1 | **Summary of the Federal Regulations for the Head Start Home-Based Program Option**

- ▶ Each family should receive one home visit per week for a minimum of 90 minutes duration.
- ▶ Visits should be conducted in the home and cannot be replaced by medical or social service appointments.
- ▶ Programs must offer two group socialization experiences per month in a developmentally appropriate setting.
- ▶ Staff members must reschedule and complete home visits or socializations that were cancelled by program staff people to meet the required number of yearly home visits and socializations.
- ▶ Home visitors should work with an average of 10–12 families, with a maximum of 12 families per home visitor.
- ▶ Home-based supervisors should supervise an average of 10–12 home visitors.
- ▶ Trained home visitors conduct the home visits, which are jointly planned by the home visitor and the parents. Home visitors conduct the visit with the parent or primary caregiver (e.g., foster mother, custodial grandmother). Child-care providers or temporary caregivers cannot substitute for the parent during the home visit.

The *Program Performance Standards* and program option regulations provide a framework for your Head Start home visiting program. Within these regulations, you have the flexibility to design your program according to the needs and resources of the families in your community. This manual will provide you with information, tools, and resources to achieve the goals of your program.

## Part 2 | Supervising Home Visitors

This part of the manual explores (a) the roles and functions you assume as a home-based supervisor, including hiring, training, and evaluating staff members; and (b) techniques for supervising and supporting home visitors.

### *The Roles and Functions of Home-Based Supervisors*

Supervision defined literally is the “ability to see in an overarching manner.” Thus, supervisors in the Head Start home-based program option should be able to envision the “big picture” of home visiting programs: what the children need, what the families bring to the relationship, what the home visitors do to support families, and how your agency supports the home-based services. Some of the roles you take on in this process include the following:

- ▶ **Teacher** who shares expertise about the Head Start program, child development, and home visiting with the home-based staff.
- ▶ **Support person** who is a trusted authority figure, providing home visitors with an experience of being cared about and supported in their work.
- ▶ **Model** who demonstrates respectful, development-promoting relationships with others that can be emulated by the home visitor in his or her work with families and children.
- ▶ **Ombudsperson** who advocates for home visitors and families in the home-based option and encourages program leaders to meet family and staff needs.
- ▶ **Program planner** who is an essential contributor to the design and continuous improvement of the services offered to families and children in the home-based option.
- ▶ **Accountability person** who maintains the integrity of the program by holding home visitors responsible for delivering high-quality services.
- ▶ **Leader** whose vision and commitment to build and maintain a high-quality home-based program are internalized by home-based staff.

In addition to these roles, you perform certain functions to ensure that the home-based program option is operating effectively as well as meeting the requirements of the *Program Performance Standards* and other regulations. The functions of the Head Start home-based supervisor are many and varied. Use the supervisory checklist in Appendix B to help you assess your capacity to fulfill the complex functions that are part of your job. Some of these functions include staff selection; staff development; clinical expertise; program coordination, monitoring, and assessment; and program integration.

**Staff selection.** An important first step for staff selection is to conceptualize a thorough and accurate job description. To seek a qualified candidate, you must know of appropriate outlets for recruitment, and you must have the ability to craft an interview that provides you with the information you need to evaluate the candidate's capacity to do the job. See Appendix C for a sample job description and Appendix D for an interview protocol.

**Staff development.** An assessment of staff members' needs provides valuable information with respect to their knowledge base and skill level as well as their perceptions of their work and the program. You can assess training and professional development needs through individual staff evaluations or through a staff survey. You can develop collective and individual training plans directly from this assessment.

**Clinical expertise.** You share your knowledge about child development, family support intervention, and the *Program Performance Standards* with staff in many ways such as through individual staff supervision, formal and informal training experiences, and in-depth reviews of participant families. You can also use mental health experts and other consultants to educate staff about pertinent issues (e.g., substance abuse, family violence, or depression). In addition, you can initiate innovative intervention strategies such as the use of videotape into the work, which is invigorating for both staff and families.

**Program coordination, monitoring, and assessment.** As the supervisor, you are involved in many facets of program management. You participate in programmatic and budgetary planning. You also ensure that services are being delivered appropriately to families by monitoring documentation and by engaging in the continuous improvement process. Finally, you help make the connection between how services are delivered to families and the outcomes that are expected to occur, thus, helping children, families, and the program to reach their goals.

**Integration of multiple levels of program.** One of the most important tasks of a supervisor is team building. You are in a pivotal position in the program to enhance communication between staff members at different levels and to help direct-service staff understand administrative mandates. You can also advocate for the home-based program in many ways, for example, by seeking more financial resources to provide incentives for home visitors and to enhance their work environment. You are in a unique position to champion the home-based option in general, for example, by ensuring an equitable share of programmatic resources and full representation on the policy council and other governing bodies.

### *Recruiting Qualified Staff*

The first step in building a quality home visiting program is to select the right people to do the job. The *Program Performance Standards* require home visitors to 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” [45 CFR 1304.52(e)].

Certainly, home visitors should possess the interpersonal skills that are necessary to discuss sensitive topics, adapt to cultural differences, and promote developmentally appropriate practices.

In addition to the home visitor qualifications required by the *Program Performance Standards*, you are able to establish the specific educational, professional, and personal experiences necessary to do the job in your community to achieve the goals of your program. For example, some agencies require the Child Development Associate (CDA)<sup>1</sup> credential for home visitors. You should also consider the knowledge and work experiences that would meet the needs of the families in your program. For example, if your program works with teenage parents, the home visitors should be knowledgeable about teen development and the dynamics operating in multigeneration families.

Use creative hiring practices to identify job applicants who are most suitable for the work. Often, watching the candidate “in action” is a helpful way to assess the less tangible characteristics you might be seeking. For example, part of the interview process might involve having the candidate role-play specific situations, participate in a socialization experience, or critique a videotape of a home visit.

The staff selection process should be as thorough and thoughtful as possible. Many organizations form a hiring team or selection committee for this process. The team should consist of individuals who are familiar with the position and the organization, and able to evaluate the “fit” between the job and the candidate. Gather information about potential candidates both before and during the interview. Carefully screen references, and take the time to speak with former employers. The actual interview may take several hours and should include a variety of formats. Do not worry if a programmatic emergency arises during the course of the interview; in fact, a situation such as that provides an opportune time to observe how the candidate might react in a crisis.

You can observe a candidate’s behavior and emotional response to families and children during socializations or while taking the candidate on a tour of your facility. Watch the individual around families and children to gain information about his or her comfort level with the families with whom you work, his or her social skills, and his or her response to unexpected experiences. Of course, the candidate is a stranger to your families. Use extreme care and maintain confidentiality guidelines whenever you allow potential staff members to interact with families.

Parents, in their governance roles, have the opportunity to meet potential candidates before they are hired by the program. Encourage parents to ask questions with respect to the home visitor’s approach with families so they can screen for the qualities that they believe make a quality home visitor. Assisting parents to be participants in this process also is an important parent development intervention.

Ask potential home visitors to respond to hypothetical situations that present particularly thorny issues (e.g., working with parents who maltreat their children or who are hostile with the

<sup>1</sup> The CDA is a national credential for early care and education professionals that is administered by the Council for Early Childhood Recognition.

home visitor; working with children who are autistic or who have significant behavior problems; going into neighborhoods in which there is violence, extreme poverty, or both). By asking candidates specific questions about how they would respond in specific situations, you may gain knowledge about their problem-solving skills, their judgments about families, and their capacity to empathize with difficult family situations.

Often, informal discussions offer more insight into a person's personality and perceptions than formal interviews. When candidates feel more comfortable after the formal process is over, they may be more open to sharing who they are and how they may interact with families. Obviously, these questions cannot cross the boundaries of what is fair and legal to ask (e.g., questions about age and marriage are not appropriate). Consult with your agency personnel officer to determine the specific kinds of questions that are not permissible by law.

The home visiting staff can provide valuable insight with respect to whether a candidate would be a good fit in a particular program. Observe how candidates interact with current staff members and respond to their queries. Current home visitors can address questions to candidates that explore their work style, how they interface with peers, and their experience interacting with specific types of families. All home visitors do not have to be part of the process; one or two home visitors who are in the office that day can suffice. This strategy also enhances the professional development of the home visiting staff.

### **Staff Orientation and Training**

After you hire your staff, one of your primary responsibilities is to provide ongoing training and professional development. This support can occur through formal learning experiences such as classes and workshops as well as through supervision, reviews of participant families, and observations. The *Program Performance Standards* require a structured approach to staff training and development [45 CFR 1304.52(k)(2)]. A first step in the training process is to assess staff skills and knowledge relative to the needs of the program. At a minimum, training must include (a) ongoing opportunities for staff members to acquire the knowledge and skills they need to carry out the *Program Performance Standards*, (b) the appropriate methods for identifying and reporting child abuse and neglect (see Appendix E), and (c) the skills to plan successful transitions to and from Early Head Start or Head Start programs [45 CFR 1304.52(k)(3)]. Box 2 lists potential training topics for you to consider.

### **Observation and Evaluation**

Observation is a powerful tool to assess home visitors' work with families, to track home visitors' development over time, and to contribute to the staff performance appraisal. In addition, you can use observation as a training tool through which you reflect jointly with home visitors on their strengths and weaknesses. Finally, observations can be used to examine family competencies and needs, to determine how best to handle problematic situations in the family, and to develop strategies for intervention.

## Box 2 | Potential Training Topics

- ▶ Home as a child development environment
- ▶ Child development
- ▶ Observation skills
- ▶ Developmental screening and assessment
- ▶ Activities that promote development
- ▶ Parent-child interaction
- ▶ Children with disabilities
- ▶ Health and sensory issues in children
- ▶ Nutrition issues and young children
- ▶ Mental health of young children
- ▶ Mental health of adults
- ▶ Role of home visitor
- ▶ Family-centered practice
- ▶ Program management issues
- ▶ Crisis intervention
- ▶ Basic counseling skills
- ▶ Parent education techniques
- ▶ Ways to work with high-risk families
- ▶ Home visitor safety
- ▶ Home visitor self-care

Observations can be made during a live interaction between the home visitor and family, or an interaction can be recorded on videotape and observations can be made later. When you accompany home visitors on a regular basis, you can most effectively observe and provide feedback on the home visitors' performance (see Appendix F for a sample home visit checklist). Videotaped observations can be used over time to help home visitors see their progress. These tapes can also be used as staff training tools. For example, they can be shown in a staff meeting (with the home visitor's and family's permission) to illustrate how to work with a specific kind of family or on a specific issue. Peer observation and feedback become prominent parts of the training process.

You are required to evaluate home visiting staff members at least annually [**45 CFR 1304.52(i)**]. You should evaluate home visitors on their relationship with families, their ability to meet the requirements of the *Program Performance Standards*, their comfort with the home visiting process, their skills in engaging and intervening with families around specific issues, and their integration of child development principles and activities into the home visits. Each home visit should appropriately balance the needs of participating family members. Some home visitors are challenged to incorporate child development work into the home visit in the face of family crises. Other home visitors might focus solely on child development and neglect to assist the families with their concrete needs or goals. Skilled home visitors learn to meet these multiple, and sometimes competing, needs.

An example of a home visitor evaluation protocol is provided in Appendix G. Each performance evaluation is an opportunity to assess staff training needs and long-term professional development goals. Ideally, you and the home visitor should jointly complete the evaluation so the home visitor is actively involved in assessing his or her own strengths and challenges. Many of your staff development experiences will focus on helping home visitors reach the appropriate balance between child and family needs.

### *Techniques for Supportive Supervision*

Supervision was defined above as the capacity to see the program and staff in an overarching manner. In this section, we address your supervisory role as you interact directly with the home visitor. This approach has its roots in the mental health field, which advocates that a clear priority in the supervisory relationship is to support the person who works directly with program participants.

Supportive, or reflective, supervision demonstrates the following characteristics.<sup>2</sup>

- ▶ **Relationship-based.** The supervisor and supervisee are engaged in a reciprocal process in which they grow to trust each other over time; the supervisor’s empathy for and validation of the supervisee leads to a solid supervisory relationship.
- ▶ **Reflective.** Supervision is used as an opportunity to reflect on what home visitors are doing during home visits, their reactions and feelings in relation to their work, and their challenges and accomplishments.
- ▶ **Regular.** Supervision has to occur on a consistent basis; scheduling a regular meeting time is preferable. It should be an uninterrupted time when you do not take phone calls, accept visitors, or perform other tasks.
- ▶ **Collaborative.** The supervisee and supervisor have mutual respect for each other and benefit from each other’s expertise.
- ▶ **Safe.** You provide a supportive environment for the supervisee, respond to the home visitors in a nonjudgmental manner, and maintain confidentiality.

Reflective supervision includes a variety of factors that distinguish it from supervision that focuses solely on accountability. Reflection provides an opportunity to

- ▶ take time away from the immediate, intense experience of direct service;
- ▶ bring a different perspective to the home visitor’s problem or issue;
- ▶ help the home visitor tolerate the experience of ambiguity or feelings of helplessness that can occur when you cannot provide an easy answer or when a problem has no apparent resolution;

*“Something that has been significantly helpful for me during this past year is the willingness and availability of my supervisor to partner with me on some home visits...it has been a powerful learning experience for me because my supervisor sees what I am doing with families firsthand and is then available to offer very specific support and feedback.”*

—Home Visitor, Southern Oregon  
Child and Family Council,  
Central Point, OR

<sup>2</sup> Fenichel, E. (Ed.). (1992). *Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A source book*. Washington, DC: ZERO TO THREE.

- ▶ explore the strong emotions that are elicited when working with young children and families;
- ▶ examine how the home visitor's values, culture, upbringing, personality, and life experiences influence his or her work with families; and
- ▶ conceptualize and question what the home visitor is observing and doing so he or she can use this knowledge to better meet the needs of families.

Collaboration is another essential component of supportive supervision that distinguishes it from supervision that is focused only on accountability. Collaboration involves mutuality, respect, and open communication between the supervisor and home visitor. You should articulate clear expectations and a supervisory contract (verbal or written) to identify the responsibilities of each party. Power is shared in this process; it is mutual but not necessarily equal. This power is manifested in joint decision making about the home visitor's work and mutual performance assessments. Supervision is a developmental process in which the balance of power shifts over time as the home visitor becomes more experienced.

The ideal supervisory session should integrate the principles and strategies articulated above. The session generally lasts one hour per week and should occur weekly on the same day and at the same time. Box 3 provides a sample format for a model supervisory session. This approach to supervision may be challenging for you to carry out. You may face barriers such as other responsibilities that demand your time, lack of funding, and a limited understanding on the part of peers and administrators about what supervision entails. One way to confront these obstacles is to help staff members on all levels see the relationship among good supervision, good practice, and ultimately better services for children and families. Your modeling of good supervisory practice can influence others and help your program progress to a point of comfort with the reflective supervision process.

## Box 3 | A Model Supervisory Session

- ▶ **Prepare.** Take time to get ready for the meeting. Anticipate the topics that might be on the home visitor's mind.
- ▶ **Greet and reconnect.** Set the tone for your time together by making the effort to tune into how the home visitor is doing.
- ▶ **Set the agenda.** Plan together for how you will spend the supervisory time. Use open-ended questions and prioritize what needs to be accomplished.
- ▶ **Gather information.** Explore with the home visitor how he or she is approaching the work. You might use verbal anecdotes, videotape of home visits, or exploratory questions to view all sides of an interaction, event, or situation. You want to create an objective assessment with the home visitor. You should listen for content (what happened), process (how it happened), and unspoken issues (feelings or experiences that may be affecting the home visitor or family).
- ▶ **Reflect on the meaning of the issue.** Notice the home visitor's emotional response to the issue. Explore the child's and family's contribution to the home visit experience. Help the home visitor identify subjective responses and unspoken issues that might be affecting the home visit.
- ▶ **Enlighten through "teachable moments."** Look for the unplanned opportunities for professional development such as education on child development, discussion of boundary issues, or lessons from research. Use role plays or open-ended questions to enhance skills.
- ▶ **Resolve issues raised by the home visitor.** Help the home visitor formulate hypotheses about the situation and do some joint problem solving. Focus on the particular skills the home visitor brings to the situation. Provide information such as concrete resources or clinical interventions. In some cases, your goal will be to create comfort with ambiguity when no clear answer to a problem is apparent.
- ▶ **Address accountability issues.** Has the home visitor completed the required number of home visits? How did the content of home visits address the families' goals? Is the home visitor able to attend to all the families with whom he or she is working? Is the home visitor maintaining appropriate documentation?
- ▶ **Reach closure.** Review the session and set a potential agenda for the next meeting. Provide the home visitor with "homework" to enhance skills. End with a positive affirmation of the home visitor, for example, empathy in the face of a challenging home visit, praise for a job well done, or acknowledgment of his or her commitment to the work.

The concept of “nurturing the nurturer” recognizes two important dynamics: supporting others who are in a nurturing role and caring for yourself when your professional role is largely focused on the needs of others. Being a home visitor or a home-based supervisor is intensive and challenging work. One vitally important requirement is that you and your staff members have the opportunity to replenish your physical and emotional energy to meet the daily demands of the job.

For your staff members, you can create a work environment in which home visitors feel safe, validated, embraced, supported, and cared for in a number of concrete ways. Staff development, for example, is important for meeting the needs of program participants, but it also gives staff members the message that they are important to the program. You can provide training workshops, arrange for mental health consultation on a regular basis, and conduct home visits with home visitors.

Another important need is to celebrate the work of home-based staff. You can acknowledge their accomplishments in a staff meeting or on a bulletin board, or you can give out certificates that mark progress in a certain area. Provide opportunities for peer support so home visitors can share with and care for one another. In addition, staff mental health activities (e.g., bringing in a massage therapist, exercise trainer, or meditation coach to work with staff members) demonstrate that you care about staff members’ development and functioning.

One of the strongest messages you can send to home visitors to affirm that they are cared about is the expression of concern for their safety. Some of the things you can do to ensure the safety of home visitors is to be on call when home visitors are working after hours, provide safety and basic self-defense training to staff members, develop a relationship with the local police, devise protocols for handling crises, create teams to conduct home visits jointly, establish clear rules about safety practices, and provide home visitors with technological aids such as cell phones.

The concept of “nurturing the nurturer” is a particularly effective way to avoid burnout in home visiting staff members. However, even in the most nurturing environments, staff members can become disengaged from the work of the program. Notice the signs of stress or burnout (see Box 4) in your home visiting staff and either increase your nurturing efforts or help individual home visitors decide how to address the issues with which they are struggling.

*“Meeting with my own supervisor on an ongoing basis gives me some much needed support, encouragement, and feedback on my work. It provides a safe time and space to grapple with difficult issues and questions and to speak honestly about what is or isn’t going well with my work. This type of regular, intensive supervision is what makes it possible for all of us to continue to do challenging work with minimum stress and burnout, and maximum amount of satisfaction and effectiveness.”*

—Early Head Start Supervisor,  
Southern Oregon Child and  
Family Council, Central Point, OR

### Box 4 | **Signs of Burnout**

- ▶ Emotional exhaustion
- ▶ Physical exhaustion
- ▶ Feelings of being overextended
- ▶ Loss of caring for families and children
- ▶ Decrease in level of accomplishment
- ▶ Withdrawal from social and peer groups
- ▶ Loss of hope and optimism
- ▶ Feelings of cynicism and fatalism
- ▶ Decreased sense of pleasure in work
- ▶ Feelings of incompetence

Performing these supervisory functions well takes its toll on even the most experienced supervisor. One of the most challenging supervisory functions, and one that is easy to neglect, is managing your own professional development. In your role of supporting and nurturing others, you can have difficulty recognizing and taking the time to meet your own needs for support and nurturance. However, you have a responsibility to your program, to your staff, and to yourself to engage in experiences that enhance your capacity to be a high-quality supervisor. You must feel supported yourself if you are to supervise home visitors in a way that enhances program quality. You need time to reflect on your work, develop your professional skills, and recuperate from the demands of your job. You should have a repertoire of several strategies that you use to stay energized and motivated in your work. Identifying your personal strategies and training needs is an important step in this process. Ask yourself how often you engage in the following activities. Then, identify additional strategies that you find helpful.

**Acknowledge your need for nurturance.** Remember that supervisors need support as much as direct-service staff. Seeking assistance from others to accomplish programmatic tasks is important for you to do. In addition, you need to receive psychological support, especially from peers, administrators, mentors, and direct-service staff. Seek out quality supervision for your self. Reflective supervision can help you identify your challenges and resources and support you in the many facets of your job.

**Improve your supervisory skills.** Just as you provide training for home visiting staff, ensure that you receive the training you need. Box 5 identifies potential professional development topics for supervisors. Another equally effective way to enhance your supervisory skills is to observe and learn from your supervisory peers and mentors in the field.

**Focus on time management.** As a supervisor, you have a daunting set of tasks you have to complete. Managing your time well is an important gift to yourself. For example, to avoid overextending yourself, make thoughtful decisions about which meetings you need to attend and which you do not. To help yourself structure your schedule, set aside specific time for particular tasks (and do not change the time!). Learn to delegate smaller tasks to preserve your time for the essential duties of your job.

## Box 5 | Professional Development for Supervisors

- ▶ Human resource management
- ▶ Performance appraisals
- ▶ Team building
- ▶ Reflective supervision
- ▶ Self-care
- ▶ Program assessment
- ▶ Continuous improvement
- ▶ Strategic planning
- ▶ Advanced clinical intervention skills
- ▶ Adult education and development
- ▶ Observation skills
- ▶ Data management and use
- ▶ Leadership skills

**Address boundary issues.** Because you are responsible for so many things and so many people, you can easily overextend yourself. Understand that you cannot be all things to your home visitors or to your program administrators. At times, you will have to set limits on others and be clear about what you can and cannot do. Seek assistance from other supervisory staff and administrators when possible.

If you were promoted from home visitor to supervisor, your relationships with your colleagues will change. There may be some challenges to work through if there was competition from your coworkers for the job, or other issues that arise as you move into a position of authority. It is not uncommon to feel isolated or lonely as you adjust to these changes. It is especially important to have the support of your own supervisor or mentor during this transition.

**Take time out from taking care of others.** As a supervisor, much of your time is spent caring for others—your staff, the families and children you serve, and sometimes your own family and friends. It is essential that you maintain reasonable working hours so you have time to replenish yourself. Take time to give yourself experiences in which you feel nurtured.

## Part 3 | Supporting Child and Family Development Services

Head Start is a child development program in which home visitors support families so they in turn can create the best possible environment for their children. One of the biggest challenges facing home visitors is balancing the needs of children and other family members. In this section, we explore how you can prepare and support home visitors to deliver high-quality child and family development services during home visits and socialization experiences. Child and family development experiences are at the heart of the home visits and socializations. Observe, listen to, and reflect with your home visitors on how children and families are developing and growing in your program. Be a source of support and knowledge, and help your home visitors use it well.

### *Promoting a Comprehensive Approach to Child Development*

Use all of the opportunities you have—supervision, observation, training—to emphasize the primary focus of Head Start—the development of the child. The following strategies ensure that your program maintains a comprehensive child development approach.

**Focus on the whole child.** Help home visitors recognize how all areas of development are interrelated and influence one another, especially during the first years of life. Point out child behaviors in each domain of development during home visits and socializations. Use supervisory sessions to ask about each area of a specific child's development. Use the screening and assessment process to examine each domain of development and how they influence one another.

**Prioritize child development experiences.** Home visitors have difficulty remaining focused on child development when the family is facing crises, the parent is focused on other needs, or the home environment is not conducive to child development activities. You can ensure that home visitors deliver child development services by (a) brainstorming how to use home materials and parent-child routines to promote child development, (b) exploring what child development activities work for each family, and (c) helping home visitors to connect child development goals with the activities they are conducting in the home.

*“When we first interviewed for the program there was two ladies that come out to the house to meet me and D., and when they asked me what my stress level was I broke down crying and we talked for a good hour about what was stressing me out. I just think that was so wonderful that they took the time because that’s what I needed at that time, feeling so isolated, alone, and exhausted.”*

—Mother, Children’s Therapy Center of Pettis County, Inc., Sedalia, MO

**Use the developmental screening and assessment process to individualize services.** Home visitors are required to perform or obtain developmental screenings within 45 days of a child's entry into the program [45 CFR 1304.20(b)]. The screening process is used only to determine whether a child's development is progressing as expected or whether a concern warrants further evaluation. Developmental assessment, however, is an ongoing process to observe and evaluate a child's needs and resources throughout the child's participation in the program.

The *Program Performance Standards* do not require that a particular tool or strategy be used for screening and assessment. Rather, they emphasize an approach to screening and assessment that is systematic, valid, and reliable. Your agency may choose to use a commercially available tool for screening and assessment. It is imperative that you familiarize yourself with the appropriate use of these instruments and that home visitors receive adequate training in the use and interpretation of these tools. A supervisory flow chart (see Appendix H) can help you track the screening timeline to ensure that home visitors meet the 45-day deadline specified in the *Program Performance Standards*.

**Individualize curricula.** Home visitors look to you for guidance related to curriculum planning. Use the *Program Performance Standards* definition of curriculum to develop a comprehensive, written developmental plan for each child. Provide resources such as prepackaged curricula, books with developmental activities, and training on the use of home materials and routines. Emphasize the role of parents in designing and carrying out home-based developmental curricula during your supervisory sessions and in training.

**Establish partnerships to serve children with disabilities.** You must ensure that at least 10% of the children enrolled in your home-based program have diagnosed disabilities (according to your state's definition of disabilities). Use your participant flow chart (see Appendix H) to monitor the number of children with disabilities that your program serves. Ensure that your home visitors are adequately trained to work with children with disabilities. Establish and maintain strong partnerships with your local early intervention providers to ensure that children with disabilities receive appropriate intervention.

### ***Promoting Partnerships With Families***

You have an opportunity to emphasize the importance of family partnerships during supervision, observation, training, and other staff development and support sessions. Home visitors should be well informed about the family partnership agreement process, family support services, and parent involvement activities.

The family partnership agreement process documents the partnering that occurs between families and their Head Start program. The *Program Performance Standards* do not require a specific written agreement; you can devise any method of documenting this partnership between families and home visitors that reflects the needs of your program and your families. Your task is to support this process through staff training and supervision, thus, helping home visitors to achieve the tasks described in the following sections.

**Build relationships with families.** The overarching goal of the family partnership agreement is to build relationships with families that allow home visitors to work intimately with these families toward the optimal development of their children. Help staff to be empathic with families and to provide an experience of unconditional caring. You may have to make staff assignments (and change assignments) based on the home visitors' capacities to engage particular families in a positive relationship.

**Assess family strengths and needs.** At times, home visitors can be so overwhelmed by the needs of families that they have difficulty identifying the resources that families have at their disposal. Supervision and training sessions should include exercises in which home visitors are asked to identify family strengths and discuss how family members can use their strengths to accomplish goals. An important message for you to express to staff is that they are to help families assess their own strengths and needs.

**Incorporate family goals.** Home visitors must help parents and other caregivers with the essential task to articulate the goals they have for themselves and their children. Supervision and training should highlight listening to the "family's voice" and reflecting their articulated goals in the family partnership agreement. The family's developmental goals for their children also should be included and reflected in the curriculum.

**Link family needs with services.** The family partnership agreement should connect family needs with the specific services that address those needs. Home visitors should have access to supervision and resources that help them identify services that families need.

**Link services with desired outcomes.** Teach home visitors to think explicitly about the type and intensity of service that would allow them to reach the outcomes they are attempting to achieve. Use supervision sessions to review ongoing assessments of family progress and whether services are configured in ways that allow families to achieve their goals.

**Establish partnerships with community service providers.** Head Start is able to provide comprehensive services to families through strong community collaboration. The informal relationships you develop with specific community providers often provide the foundation for formal, collaborative agreements. Keep an up-to-date list of community service providers available for home visitors, and encourage home visitors to develop respectful, professional relationships with the service providers with whom they regularly interact.

### ***Family Support Services***

The services that home visitors provide in accordance with the family partnership agreement are many and varied. Help home visitors achieve the appropriate balance between child-centered and parent-centered services. The services should be linked to the family partnership agreement as well as to the desired outcomes of the family and the program.

Each home visitor brings different knowledge and skills in the area of family support services. You should ensure that each staff person has a basic knowledge of family entitlements (e.g., income assistance, child care, medical assistance), and what families must do (e.g., obtain work mandates) to receive this kind of assistance. Include basic family support strategies during pre-service and in-service training for home visitors, and review these in supervision. Provide staff with constant feedback and support to attain skills such as the following:

- ▶ Basic communication (e.g., active listening)
- ▶ Ability to empathize with adults
- ▶ Family engagement
- ▶ Problem solving
- ▶ Crisis management
- ▶ Observation
- ▶ Ability to recognize signs and symptoms of mental health difficulties
- ▶ Family-centered practice (e.g., focusing on family strengths)

### **Parent Involvement**

Parent involvement is a cornerstone of the Head Start program. Home visitors work as collaborative partners with parents. For example, through a parent advisory committee, through efforts by individual parents, or both, parents help select the general curriculum for the program and the individual curricular experiences for their children. Parents are expected to commit to carrying out their individual curricula throughout the week by recreating and building on the child development experiences that are offered during home visits. Head Start parents also have a pivotal role in program governance.

Equip home visitors with the knowledge and skills they need to ensure parent representation on the program's policy council, advisory committees, and parent committees. As you and your staff plan activities and special events for program participants, invite parents to participate in the planning process or to volunteer to coordinate activities such as field trips or cultural experiences.

An important component of parent involvement in Head Start focuses on engaging fathers. You can provide leadership in this area (a) by encouraging each staff person to reach out to the fathers or father figures in their work and (b) by monitoring their involvement of fathers in home visits. You might hire a male home visitor to staff your fatherhood initiatives, or you might develop an assessment tool to evaluate the needs of fathers in the program.

### **Group Socialization**

Group socialization services provide children in the home-based program option with an array of experiences that promote development in a group setting. The purpose and goals of the socialization experiences vary depending on the age and the developmental level of the child.

*“The goals for children are to be able to fall in love with their fathers, to really see their dads as one of those sacred teachers in their lives... and that dad then becomes a role model for other dads.”*

—Director of Fatherhood Project,  
Family Star, Denver, Colo.

(See the *Home Visitor's Handbook* for a more thorough discussion of the purpose and process for socialization experiences.)

Conducting a socialization group requires home visitors to use a different set of skills than the ones they use in home visiting. First, they are delivering information and carrying out activities in the context of a group as opposed to an individual family's home. Home visitors should have group management skills and knowledge about classroom activities. You may need to provide home visitors with resources and training to ensure their ability to carry out high-quality, developmentally appropriate socialization experiences.

Staff training should focus on delivering (a) developmental services to varied age groups, (b) parent-child interactional activities, and (c) group process skills. Your supervisory sessions should address the content and process of socializations as well as home visits. Ensure that home visitors have regular planning time to thoughtfully choose activities and materials as well as to consider how the socializations are connected to individual goals for children and parents. Use ongoing assessment and continuous improvement processes to ensure that the socialization experiences are meeting the needs of families and the goals of the program.

In addition to staff development and support, you should ensure that staff members have adequate resources to conduct socializations. You might need to advocate for increased funding for the socializations or for the allocation of additional staff resources to ensure high-quality experiences. Other resources that would enhance the delivery of socialization services include the following:

- ▶ A facility that can be used on a regular basis at flexible times and that is safe and hygienic, warm and inviting, as well as conducive to group play and learning experiences for young children and their parents.
- ▶ Staff members who have the skills to manage groups and conduct group-based developmental activities, staff members to support individual children and parents during the group process, and staff members to provide child care for siblings of participant children.
- ▶ Staff members who can have a flexible schedule so the socializations can occur at optimal times for families.
- ▶ Materials for multiple age groups that are easily accessible, user friendly for parents and children alike, and reflective of the cultures of participant families.
- ▶ Meals or snacks that are developmentally appropriate, nutritious, and consistent with the culture of participant families.
- ▶ Transportation for families who otherwise could not attend.

### **Systems That Support Child and Family Development Services**

In addition to providing staff training and supervision to enhance the quality of the program's home-based services, you should be aware of the management systems that provide a solid foundation for your home-based services. The following systems are identified in the Program Review Instrument for Systems Monitoring (PRISM) and provide a framework for developing effective systems for your home-based services.

**Program governance.** Train and support the policy and parent councils to incorporate current theory and research with respect to delivering home-based child and family development services into their deliberations about program planning, staff hiring, and budget development. Form a parent committee to select child development curricula, to articulate family needs, and to plan relevant developmental activities.

**Planning.** Articulate a program philosophy and structure about delivering child and family services to which staff and others involved with the program have ready access. Conduct an annual strategic planning session or retreat to integrate delivering high-quality child and family development services throughout the entire program process.

**Communication.** Establish informal and formal communication strategies that highlight child and family development, for example, reviewing the program philosophy at staff meetings, putting special notices about service changes on a staff bulletin board, including an issue relevant to child and family service delivery at each policy council meeting, creating and distributing a programmatic newsletter for parents and staff that includes a regular section on quality services to families and children and a special section on family accomplishments.

**Record keeping and reporting.** Use a participant flow chart (See Appendix H ) to note which child and family development experiences have occurred with each participant. Review narrative and referral records monthly to ensure that the child and family development services that are indicated by the family partnership process are provided.

**Ongoing monitoring.** Review the *Program Performance Standards* in supervision and staff development activities (e.g., assist staff members to brainstorm about ways to meet a particular standard). Set aside time on a regular basis to review staff records and to observe staff in interaction with families and children to ensure that the program is proceeding in accordance with the *Program Performance Standards* and other best practices for delivering quality child and family development services.

**Self-assessment.** Conduct continuous improvement activities (see Part 4 of this manual) that are relevant to child and family development and that include staff and parents. Incorporate a self-assessment reflection period in monthly staff meetings.

**Human resources.** Hire staff members who have a knowledge base and professional experiences in young child development or, at least, have an openness and a capacity to learn this

information. Use consultants, external training opportunities, Web sites, and other resources to provide staff members with state-of-the-art information on child and family development.

**Materials.** Maintain a resource notebook and a file of child development curricula, activities, and experiences. Build a large repository of toys, books, utensils, manipulatives, interactive objects, and other stimulating materials that are developmentally and culturally appropriate.

**Equipment.** Ensure that equipment used for socializations (e.g., furniture for family-style eating; developmentally appropriate toileting; modes of transportation that meet state and Head Start standards; safe, durable, and challenging play equipment) is designed to support child and family development. Provide home visitors with equipment that makes their work more efficient and worry free (e.g., cell phones) so they can concentrate on supporting the development of children and families.

**Facilities.** Ensure that the facilities used for socializations can support child and family development. Consider whether the space is comfortable for both children and adults and whether it is conducive to parent-child activities and peer group interaction. Provide space that is comfortable and nurturing to your home visitors so they can do their best to comfort and nurture families.

## Part 4 | Program Management and Continuous Improvement

Your role as a home-based supervisor includes responsibilities in (a) program management, including family recruitment and retention and (b) activities to promote the program's continuous improvement, including program self-assessment.

### Program Management

You are responsible for managing the number of families and their progress in the home-based option (often referred to as "case management"<sup>3</sup>). This process is complex; you need to know and understand the depth and breadth of the *Program Performance Standards* and be responsive to community, program, and family needs.

#### *Eligibility, Enrollment, and Number of Families Served*

Families must meet federal eligibility guidelines such as those involving family income, and they must meet specific eligibility criteria established by program administrators and governing bodies. Additionally, 10% of enrolled children must be diagnosed with a disability.

Before a family is enrolled in the home-based option, the program personnel should determine whether family needs and circumstances are appropriate for this option. Parents (or the child's legal guardian) must be available to participate in the frequency and duration of home visits and socializations, and they must be committed to reinforcing the child development goals during the time between home visits. Home visitors should be encouraged to continually assess the appropriateness of the home-based option for participant families as their needs change over time. (The *Home Visitor's Handbook* provides a list of questions to help home visitors determine whether the home-based option is right for a particular family. Similarly, the *Program Administrator's Checklist* provides a list of questions for program leaders to consider as they evaluate community needs and resources.)

Know how many families with whom your program has committed to work, and be aware of your program's ratio of enrolled children to the number of available openings. Recruitment and retention strategies should be ongoing to maintain a consistent ratio. You can maintain a flow chart that lists all participants with their opening and potential closing dates to help you anticipate when to step up recruitment efforts (see example in Appendix H).

#### *Family Recruitment and Retention*

All staff members should be involved in strategies to recruit and retain families. The intimate relationship that home visitors have with families is fertile ground for understanding family needs and how to keep participants involved in the home-based program.

<sup>3</sup> We recognize that many service providers are uncomfortable with this terminology and have elected not to use the term case management or to otherwise refer to families as "cases."

The following strategies will support your efforts to recruit and retain families:

- ▶ Assign each home visitor a liaison role to a particular agency or community entity for recruitment.
- ▶ Offer family and community social events as a way of recruiting families.
- ▶ Make staff assignments according to the characteristics with which each home visitor seems to work best.
- ▶ Generate with home visitors various customized strategies to help specific families stay involved.
- ▶ Emphasize during supervision the importance of the home visitor's relationship with the family.
- ▶ Encourage staff to regularly assess whether the program is meeting family expectations and needs.
- ▶ Conduct "exit interviews" with families who leave the program to find out why they stopped participating.
- ▶ Maintain continuity for families by having the same staff person responsible for recruitment, enrollment, and intervention whenever possible.

### **Home Visitor Assignments**

The process you use to decide which home visitor to send to which family influences many aspects of your program: home visitor job satisfaction and staff retention, effective family partnerships, the type and quantity of program services, and the overall quality of your program. Clearly, the number of families with whom each home visitor already works is important to consider, but less tangible issues are equally important. These more complex issues are described in the following sections.

**Staff characteristics.** Home visitors bring different abilities, experiences, and preferences to their work, and these characteristics should be matched well with the characteristics and circumstances of particular participating families. Consider staff preferences whenever possible. For example, staff members who have strong negative reactions to specific risk factors (such as substance abuse) or personality characteristics (such as parents who demonstrate anger and hostility) are less likely to be the most effective home visitor for these families. Look for the strengths that each home visitor brings, and try to match those strengths with each family.

**Types of family needs.** A family with multiple health needs may require a home visitor who has some medical knowledge. Similarly, a family with a history of maltreatment may need a home

visitor who has experience with the child welfare system. In addition, families may prefer home visitors from the same cultural background, especially families whose native language is other than English.

**Intensity of family needs.** Ideally, home visitors should have a balance of work involving families needing intensive intervention and those whose needs are less demanding. You risk burning out your staff if you repeatedly assign the same people to families with the most challenging needs. You and your staff might choose to develop a written symbol to indicate on your participant flow chart the families who need the most intensive intervention so you can monitor how many of these families you have assigned to each home visitor. Another useful strategy to support home visitors who are providing services to families with intense needs is to use college students (e.g., students majoring in education, social work, psychology, child development) and support staff (e.g., parent aides, teacher aides) to partner with the home visitors and assume some of their tasks.

**Logistics.** Travel time, transportation requirements, and the health conditions of home visitors are considerations. For example, you would want to avoid sending a home visitor with asthma into a home where family members regularly smoke. Consider which home visitors are available for families who need visits at night or on weekends and establish a clear policy for how you make these assignments.

### **Documentation**

Home visitors must keep up-to-date records of their work with families to track child and family progress, to demonstrate how services meet the *Program Performance Standards*, and to monitor the quality of program services. Home visitors need adequate time, work space, and guidance to do this documentation well. Home visitors should understand that, if they do not provide adequate documentation, then the program will have no evidence of the important work they do and may experience negative consequences.

As you review home visitors' files, look for documentation of weekly child development experiences, timelines for developmental screening and assessments, developmental interventions, parent involvement, and significant family events and changes. You can also address documentation in staff supervision sessions and training. Use records to assist staff to make links between goals and services, to plan for subsequent developmental experiences for children and families, to distinguish between objective behaviors that are observed and subjective perceptions, and to work on continuous program improvement. Help home visitors develop time-saving tools to complete documentation, including using a home visit activity sheet as the documentation for that home visit, creating an outline for home visit reports, and providing technological aids such as a word processor, laptop computer, or dictating machine.

## Continuous Improvement

The pursuit of quality is constant for you and your staff. Continuous program improvement involves program self-assessment and monitoring [45 CFR 1304.51(i)(1)] and how you use the results of those processes to improve program services.

### Program Self-Assessment

A formal self-assessment of the program is required on an annual basis. This process helps you determine how effective your program has been in carrying out federal regulations and meeting your program objectives. Accurate documentation of the work of the home visitors provides much of the data that are used to understand the effects of your home-based program. (See Appendix I for a comprehensive program self-assessment checklist.) Engage staff in this process by helping them see the connections among thorough documentation, program self-assessment, and demonstrated quality of services. You can make the process more meaningful by linking the results of the program self-assessment to individual staff development plans.

Help your program administrators to understand how home-based programs offer different services and lead to outcomes that are different from center-based programs. For example, home-based programs offer the opportunity for more intensive services in the area of parent-child interaction. Assessing program effectiveness in this area requires moving beyond typical developmental screening and assessment methods that look only at the child's progress. You should also use techniques that can demonstrate the changes in the relationships between children and their parents. Questions to ask during this process include the following:

- ▶ How well does our home-based program fulfill the mandates of the *Program Performance Standards*?
- ▶ Does a home-based program model meet the needs of the community?
- ▶ How is this home-based program positively affecting children's development?
- ▶ Does this home-based program enhance parents' capacities to promote their children's development?
- ▶ What are the services that seem most effective for children and families?

### Linking Program Goals, Services, and Outcomes

An essential component of the continuous improvement process is the linking of program goals, the services you deliver, and the outcomes of your program self-assessment. The process is cyclical: Your goals determine the services you offer, the services influence the outcomes, and the outcome findings should inform service delivery. Box 6 provides a potential format, or "logic model," for understanding the link between goals, services, and outcomes.

## Box 6 | Linking Goals, Services, and Outcomes

Goal	Objective	Focus	Service	Measure	Outcome
Enhance child development	Improve child language functioning	Child and parent	Child development activity in the home: labeling objects in infant picture book with parent and child	McArthur Communication Scales (parent report)	Child has larger vocabulary
Enhance child development	Improve child language functioning	Parent	Educate parent about the importance of labeling objects in the home for the child	McArthur Communication Scales	Child has larger vocabulary

### In Summary

Supervising a Head Start home-based program is complex, challenging, and immensely rewarding. The many roles you play give you a unique perspective from which to understand family needs, support home visitors, and work with program leaders to design the highest quality services. The way that you support and encourage home visitors is a model for how you want home visitors to support and encourage families. You provide the best model of support when you are aware of your own strengths and challenges and when you are able to seek and receive the support you need to do your job well. Thoughtful observation and self-awareness are your greatest tools for becoming an effective leader; these skills are also the greatest gift you can give to those whom you supervise.

## Appendix A | Attachment for Information Memorandum ACYF-IM-HS-00-22 *Child Development Services During Home Visits and Socializations in the Early Head Start Home-Based Program Option*

The needs of the children and families enrolled in the Early Head Start program, as identified in the Community Assessment, drive the selection of the program option(s). Regulation **45 CFR Part 1305** requires that each Early Head Start and Head Start grantee and delegate agency conduct a Community Assessment within its service area once every three years and update it annually. Programs choosing to operate the home-based program option are bound by the regulations contained in **45 CFR 1306.33**. The home-based program option is designed for families whose children and parents are primarily in their home environment. Early Head Start grantees should consider other program options for families with substantial child care needs.

### **Service Delivery Model of the Home-Based Program Option**

The Head Start and Early Head Start home-based program option supports children and their families through home visits and group socialization experiences. Early Head Start home visits provide comprehensive services to support and strengthen the relationships between infants, toddlers and their parents. The strength and quality of these relationships are essential for optimal child development outcomes during this period of rapid social, emotional, physical, and cognitive development. Parents are encouraged and supported to later recreate and build on the activities that are introduced during the home visit.

Group socializations are another opportunity to strengthen and support relationships by providing parents with opportunities to: obtain feedback from EHS staff and other parents or community-based professionals about their child's interests, strengths, needs and resources; observe their children responding to other children and adults; and share and learn from others about the challenges and joys of parenting.

Home visits are planned collaboratively with the parents (or the child's legal guardian) to support the parents in their roles as primary caregivers of the child and to facilitate the child's optimal development. The Family Partnership Agreement must include the specific roles of parents during group socializations and home visits [**45 CFR 1304.40(a)(2)**]. Home visits are conducted with the child's parents or the child's legal guardians [**45 CFR 1306.33(b)**]. Furthermore, visits should be conducted in the child's home except in extraordinary circumstances when a short-term alternative arrangement may be necessary, for example, if the safety of the child or parent is in jeopardy or the family becomes homeless [**45 CFR 1304.40(i)(4)**]. Socializations are also conducted with parents or the child's legal guardian and may not be conducted with child care providers and other substitute caregivers [**45 CFR 1306.33(c)**].

### **Frequency and Duration of Home Visits and Socializations**

The frequency and duration of home visits and group socializations specified in the Head Start Program Performance Standards are required to deliver the intensity of intervention that is necessary for positive child development outcomes. The regulations require home visits of 90 minutes duration to occur on a weekly basis year-round. It is recognized that programs may schedule fewer than 52 home visits per year, due to situations such as staff vacations and program training activities. Similarly, home visits with families with newborns may be initiated with a reduced frequency and duration to respect the family's need for rest and the adjustment to new routines. Following this transitional period, families should receive weekly home visits. Such flexible programming is necessary and appropriate to respond to the unique needs of families and in order to develop respectful relationships with them.

In addition, programs are required to offer families two socializations per month, or for Early Head Start programs operating year-round, 24 socializations per year. The socializations are to be conducted on a regular basis, approximately every other week. However, programs may elect to offer more frequent group socializations for a period of time, and then not offer them for a few weeks, such as during severe weather periods. In another example, very young infants and their parents should not be expected to attend socializations. The length of each socialization experience should be based on the developmental level of the child, the content of the socialization experience, and other child and family needs.

The federal regulations in **45 CFR 1306.33** specifying minimums of 32 home visits and 16 socialization experiences per year are based on a part-year Head Start preschool program. Because Early Head Start is a 12 month program, the yearly number of home visits and socializations would increase accordingly.

### **Home Visitor Caseload**

The Head Start Program Performance Standards specify an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor [**45 CFR 1306.33(a)(5)**]. Programs should determine caseload depending on the complexity and intensity of family needs, travel distances, and to ensure adequate planning time. The regulation requires the caseload to *average* at least 10 families. Within this average a program may wish to assign an individual home visitor a caseload of less than ten. This might occur when serving multiple children in one family, or when the quality of Early Head Start services could be compromised if the home visitor lacks sufficient time to adequately meet families' needs. For example, home visitors may need to provide additional support to families experiencing multiple or sustained stressors, such as maternal depression, violence in the home, health complications, or other family crises. Home visitors working in rural communities where families live great distances from each other, or in communities where medical, dental, and social services are difficult to access, might need additional time to fully meet each family's needs.

## Child Development Services During Home Visits

### *The Content of the Home Visit: Curriculum Planning*

The child development and education approach for infants and toddlers [45 CFR 1304.21(b)(1)(i-iii)] is based on the development of secure relationships; an understanding of the child's family and culture; the development of trust and security; and the opportunity to explore sensory and motor experiences with support from Early Head Start staff and family members. The Early Head Start curriculum is the vehicle through which child development and education is delivered. The curriculum, defined in 45 CFR 1304.3(a)(5), is a program's written plan that includes: 1) the goals for children's development and learning; 2) the experiences through which they will achieve these goals; 3) what staff and parents do to help children achieve these goals; and 4) the materials needed to support the implementation of the curriculum.

Parents play an integral role in the development of the program's curriculum [45 CFR 1304.40(e)(1)]. At the program level, parents are offered opportunities to participate in committees that develop or evaluate the program's curriculum. At the individual level, their active participation involves sharing knowledge about their particular child's interests, resources, and needs; choosing meaningful goals and experiences for their family; and determining if the curriculum is effectively meeting their child's needs. The Policy Council plays an equally important role by ensuring that the program's philosophy and long and short term goals and objectives are reflected in the curriculum [45 CFR 1304.50(d)(iii-iv)].

### *Curriculum Goals*

Goals for children's development and learning are established in partnership with parents and based on the child's ongoing developmental assessment. The Head Start Program Performance Standards in 45 CFR 1304.21 identify the developmental domains that curriculum goals should support, including social and emotional, language, cognitive, and motor skills. While these areas of development are often defined as distinct skills, it is important to understand that each area of development is connected to and affects every other. Thus, it is how these skills are integrated and work together that promotes important developmental outcomes for children, including the ability to form close, trusting relationships; curiosity and the motivation to learn; intentionality; problem solving; self-regulation; and the capacity to communicate.

Home visitors work closely with parents to ensure that goals and experiences are congruent with the family's culture; build on children's interests and abilities; promote curiosity and positive views about themselves and about learning; and use responsive interactions as the primary vehicle for learning.

### *Curriculum Experiences*

The greatest opportunity for learning during the infant and toddler period is through daily experiences such as feeding, diapering or toileting, greetings or good-bye's, bathing, dressing, and play. All these experiences are new to infants and it is through their sensory systems—seeing, hearing, feeling, tasting, touching - that they experience the world. In addition, these routines

occur many times throughout the day, therefore each home visit presents numerous opportunities to support the parent's ability to facilitate rich learning experiences in the home and enhance the pleasure that both the parent and child take in the relationship that they are building. For example, if the child is experimenting with making different sounds and the parents' goal is to encourage language skills, the home visitor can help identify ways to promote reciprocal communication between the parent and child during everyday routines such as meal times, when bathing, or by sharing books.

Each home visit should focus on the parent as the child's most important relationship and first teacher, and through the parent, focus on the needs of the child. Child development experiences, which focus on the relationship and interaction between the parent and child, should occur during each home visit. There are times when a parent is so distracted by personal needs that it is difficult to establish the focus on the child. It is important at these times to ensure that the parent gets the support he or she needs so that he or she can then be available to meet their child's needs. A home visitor in this circumstance might guide the focus back to the child by first listening to the parent's concerns, identifying resources, and then helping the parents understand how the family circumstances affect the child. The home visitor should ensure that the child development goals of the Early Head Start program are being addressed at the same time that the needs of the parents are supported.

### ***Roles of Home Visitors and Parents: Ongoing Assessment and Individualized Services***

Home visitors and parents work collaboratively to develop meaningful curriculum experiences. Parents and home visitors exchange information based on observations of the child and the ongoing infant-toddler assessments conducted by the home visitor and other Early Head Start staff with the parents. Home visitors follow the parents' lead in establishing goals for their infants or toddlers and support parents as they engage in sensitive and responsive interactions. Home visitors also provide education and guidance and empower parents to advocate on behalf of their young children.

Parents provide specific information on their child's routines, interests, skills, and the family's practices, and cultural traditions. Parents also provide information on the range of pleasurable experiences or challenging interactions with their infants and toddlers. For example, a parent can describe how her baby or toddler falls asleep, calms when upset, and reacts to sights, sounds, new situations or people.

Home visitors support parents' understanding that everyday routines provide the context for learning and development. They emphasize how these experiences provide rich opportunities for infants and toddlers to practice newly learned and emerging skills in naturally occurring events within the family. Home visitors also help parents understand how their support and enjoyment of their infants' and toddlers' exploration and learning promote curiosity, initiative, self-esteem and continued exploration.

Home visitors provide information on developmental stages and experiences that support the acquisition of skills such as self-regulation, problem solving and the capacity to use language for expression of feelings and ideas. Home visitors also provide information on how to observe and individualize experiences for infants based on temperament, learning style, and interests. At each new developmental stage, home visitors can support parents through the new routines, relationships and lifestyle changes that a baby brings into a home, as well as understand and manage the impact on siblings.

Based on assessment, and parents' questions, concerns or priorities, home visitors can provide information on the ways that parents can enhance their infants' ability to look, listen and self-soothe. For example, a home visitor might explain to a parent of an infant how self-soothing, an early self-regulatory skill, facilitates meaningful interaction with others and allows the infant to actively take in information about their world. Alternatively, for an older toddler, the home visitor might discuss the opportunity to build language skills during everyday routines and provide a variety of songs, rhymes and fingerplays for parents to use while dressing, bathing, or eating.

Home visitors consult with disability specialists and early intervention providers to identify how infants' and toddlers' Individual and Family Service Plan (IFSP) objectives can be implemented within daily routines. Home visitors also receive guidance on the use of assistive technology, augmentative communication, and adapted toys to promote infants' active participation in family routines and play with peers.

### **Materials**

Home visitors should have a repertoire of parent education materials that are reflective of the range of adult learning styles of parents, and take into account language, education, and cultural differences. Parent education resources should be utilized in an individualized manner with parents and build on parents' competencies. Programs should possess a variety of different parenting education materials with different purposes: some provide parent-child activities to support developmental capacities while others are designed to enhance parent observations and interactions with their child. Home visitors should carefully select materials that best meet program goals and family priorities. Further, home visitors should be sensitive to cultural values and differences when choosing parenting education resources, play materials, and activities. It is critical to the development of the child that parents are supported as the child's primary and first teacher.

## **Child Development Services During Socializations**

### **Purpose of Socializations**

Early Head Start programs operating a Home Based Program Option provide two socializations per month (approximately 24 per year) for infants, toddlers and their parents. Socialization experiences for infant and toddlers are designed differently than socializations for preschoolers. The purpose of socialization experiences for infants and toddlers is to support child development by strengthening the parent-child relationship. The content of the group experience

reflects this emphasis and incorporates the goals of the program and participating families such as: helping parents to better understand child development; encouraging parents to share their parenting challenges and joys with one another; providing activities for parents and children to enjoy together; offering structured and unstructured learning opportunities for both children and parents; and modeling successful strategies for engaging children and supporting their development.

### ***Linking Socialization Experiences to the Home Visits***

The socialization experiences support the goals established during the home visits. The Family Partnership Agreement must include the specific roles of parents in socializations and home visits [45 CFR 1304.40(a)(2)]. This provides a mechanism for connecting the home visits with the socialization experiences so that they build on family goals and are meaningful to the participants.

For example, if several families are working on creating a safe home environment for infants learning to walk, a socialization experience might be organized around a discussion of safety precautions and the challenges of baby-proofing their home. Such a discussion might include specific strategies for eliminating hazards as well as exploring ways to create safe environments that promote parent-infant relationships and the infant's physical, cognitive, social and emotional development. During the same socialization, the parents would learn how other parents are meeting the challenges of safely supporting infant exploration. The group might walk to a nearby playground to demonstrate and discuss outdoor safety as well. The home visitor would utilize group facilitation skills to create a trusting atmosphere; support successful strategies or model alternative strategies for redirecting children's behavior; build on each child's individual strengths; and emphasize ways to support the child's emerging developmental skills while creating a safe environment to explore.

### ***Curriculum Planning for Socialization Experiences***

The federal regulations in 45 CFR 1304. 21(b) which define the child development and education approach for infants and toddlers are applicable to Early Head Start services delivered through the socialization component of the Home-Based Program Option. Thus, these group experiences are designed to facilitate the development of emotional security through trusting relationships with a limited number of consistent and familiar people. Socialization experiences provide home-based Early Head Start staff the unique opportunity to focus on the parent-child relationship and interaction in the context of the group setting.

Socialization experiences for infants and toddlers support child development by focusing on relationships and are planned to support parents' interaction with their children. All activities should be appropriate for the ages and developmental level of the children present, and take into consideration adult needs and learning styles. Programs should consider the different developmental needs of young infants, mobile infants, and toddlers when planning socialization experiences. For example, young infants may tire easily and only tolerate group experiences of a short duration, while toddlers might enjoy a longer or more active group experience. For this

reason, Early Head Start grantees may consider forming socialization groups based on the developmental level of the children: young infants, mobile infants, and toddlers. Mixed age groups can be appropriate for families with multiple children under three years of age or other family circumstances. Both models support the parent-child relationship when the experiences are planned to meet the developmental needs of the children in Early Head Start. Programs might consider separate accommodations for older siblings of the children enrolled in Early Head Start so that the parent is fully available to focus on the infant or toddler during the socialization experience.

Early Head Start staff should consider how the developmental functioning of infants affects their participation in the group experience. Socializations provide opportunities for infants to observe and interact with adults and with each other. From the beginning of life infants are aware of others and will participate in the give and take of socializations. The way infants interact with each other will evolve over time. Very young infants might indicate their joy at seeing a familiar face with a full body wriggle and a smile. A three-month-old infant might interact with other infants through eye contact, vocalization and observation. Six-month-olds can imitate the coos and squeals of their playmates. At nine months of age two infants might each press buttons on the same pop-up toy and laugh in delight over the other's accomplishment. At two years a toddler might vigorously affirm a toy is "mine" and learn better how to take turns through the guidance of parents and the home visitor.

To support the relationship-building focus of socializations, parents and infants are together during socialization experiences. If a socialization includes an activity that is parent-focused, such as a facilitated discussion, parents can participate with their infants nearby. As infants become more mobile and independent, there may be times when children and parents separate for short periods.

One of the benefits of the socialization experiences is the parenting education that occurs in many forms: through informal conversations between staff and parents as they interact with their children; during facilitated discussions on a particular topic related to the socialization experience; and by observing other parents and staff interact with children. Formal or more structured parenting education where the focus is exclusively on the adult should occur during times other than socialization experiences since the socialization experience is designed for parent-child interaction.

Similarly, socialization experiences may include outings or meals, but in the context of the socializations these should be small-group experiences and build on the goals of the socialization. Large-group family meals and activities should occur at times other than the socialization gathering. All socialization experiences are planned to address child development issues, parenting, and the parent-child relationship.

Grantees ensure that they are able to provide appropriate snacks and meals to each child during group socialization activities [45 CFR 1304.23(b)(2)]. The type and nature of the meal or snack is

determined by the content and context of the particular socialization, as well as the developmental level of the child. Programs ensure that there is appropriate infant formula and baby foods available for infants. Socializations provide an excellent opportunity to address nutrition and healthful eating habits and promote child development through activities such as menu planning, discussion, and the preparing and sharing of snacks or meals.

### ***Staffing for Socializations***

The home visitor's relationship with the family is the primary avenue through which Early Head Start services are delivered in the Home Based Program Option. Thus, home visitors play a central role in the socialization experiences. Home visitor caseloads should be set at a level that allows them the time necessary to fully participate in the planning and implementation of socializations.

Early Head Start staff with the responsibility for planning and implementing socialization experiences should have expertise in infant and toddler development as well as facilitating groups of parents and children together. Early Head Start grantees might consider a designated staff position, working collaboratively with home visitors, for planning and implementing socialization experiences.

### ***Group Size of Socializations***

Early Head Start grantees determine the number of participants in group socialization experiences to support the goal of facilitating child development by strengthening the parent-child relationship. To meet this goal, group sizes should be limited. Large groups of infants and adults do not provide the intimacy or intensity of interaction that facilitates trust, predictability, and responsive caregiving. Smaller groups allow children, families, and staff greater opportunities for individual attention and meaningful interaction.

### ***Environments for Socializations***

Early Head Start grantees select the setting for socialization experiences with attention to the features that support a high quality environment for infant and toddler exploration and interaction with family members. Early Head Start grantees should identify a designated space for socialization experiences. This space need not be used solely for socializations. A designated space provides the participants with a stable and predictable setting and takes into consideration appropriate health and safety requirements such as facilities for toileting and hand washing, refrigeration, and heat. Programs must also ensure that children with disabilities can fully participate by making any necessary adaptations to the setting and materials to allow for active engagement with others and full participation in activities.

The environment should meet the needs of both children and adults. For example, adults should have comfortable places to sit that facilitate interaction with their children. Young infants need soft places to sit or lie down, and nursing mothers should have comfortable accommodations for breastfeeding. Mobile infants need safe places to crawl and surfaces to pull up on, while toddlers require adequate space to run and climb.

## Transition Planning From Prenatal Services to the Home-Based Program Option

The regulations governing the home-based program option in **45 CFR 1306** refer to services for children and do not apply to services to pregnant women. Regulations governing services for pregnant women enrolled in the EHS program are found in **45 CFR 1304.40(c)**. However, EHS grantees may choose to provide services to pregnant women through home visits. In this case, the length and frequency of the home visits are based on the family's needs and goals. Similarly, programs may wish to, but are not required to provide socialization experiences for pregnant women.

Some Early Head Start grantees providing services to pregnant women will be transitioning the family into the Home-based Program Option following the birth of the baby. In this case, programs are urged to consider how the transition into the home-based program option can best meet family needs. For example, it may be preferable to have a gradual transition into the socialization experience, beginning before the birth of the baby. Pregnant women would have the opportunity to interact with other women at the same stage of pregnancy, learn from mothers who have recently delivered, and become familiar with the socialization environment and routines. Women with newborns may want to meet with smaller, less frequent groups, in a less structured environment, such as another woman's home.

### Conclusion

The home-based program option is designed for families whose children and parents are primarily in the home environment and offers comprehensive Early Head Start services through regular home visits and group socialization experiences. It is the relationship with the home visitor that forms the foundation for effective service delivery. Similarly, it is the relationship between the parent and infant or toddler that provides the foundation from which very young children develop the social competence necessary for success later in school and in life. Comprehensive, high-quality home visitation services strengthen and support families so that they, in turn, can provide the best possible support for their child.

Source: U. S. Department of Health and Human Services. (2000). *Child Development Services During Home Visits and Socializations in the Early Head Start Home-Based Program Option*. Washington, DC: Head Start Bureau.

## Appendix B | Home-Based Supervisor Self-Assessment

Please assess yourself in each area by using the following categories:

**A** = achieved; **E** = emerging accomplishment; **N** = needs more work

- \_\_\_ 1. I provide consistent, reflective supervision to the home-based staff in my program.
- \_\_\_ 2. I have been able to create a team of home visiting staff members, who support one another to deliver high-quality, home-based services.
- \_\_\_ 3. I identify the ongoing training needs of my staff members and carry out training activities that fill the gaps in their knowledge.
- \_\_\_ 4. I share my expertise with staff members and am able to educate them in the context of supervision and meetings about important issues.
- \_\_\_ 5. I use observation as a tool to know the skill and knowledge levels of my staff, to gain insight into the functioning of participant children and families, and to enhance the competencies of my staff.
- \_\_\_ 6. I have an extensive knowledge of the *Head Start Program Performance Standards*.
- \_\_\_ 7. I provide an objective, thorough evaluation of each home visitor that is linked to a professional development plan.
- \_\_\_ 8. I use program data (e.g., child development tracking, service use, participant opening and closing dates, participant characteristics) to assist me in making continuous improvements to the home-based program.
- \_\_\_ 9. I regularly check home visitors' documentation for completeness and clarity as well as to ascertain information about their work and the functioning of families.
- \_\_\_ 10. I constantly exhibit an ability to have respectful interactions with participant families and home visitors, regardless of cultural or socioeconomic background or other factors.
- \_\_\_ 11. I model appropriate clinical skills, including good communication, empathy, and specific intervention techniques.
- \_\_\_ 12. I have a solid knowledge base with respect to child development and seek to expand this knowledge base at every opportunity.

- \_\_\_\_\_ 13. I emphasize accountability (e.g., documentation, confidentiality, program fidelity) in a manner that focuses on program enhancement and home visitor professional development.
- \_\_\_\_\_ 14. I have identified appropriate consultants for the program (e.g., mental health, research, data tracking) and use them to enhance the program.
- \_\_\_\_\_ 15. I advocate for the home-based option within the larger agency, especially with respect to resources, staff development, and identity issues.
- \_\_\_\_\_ 16. I engage the staff in periodic reflection and planning efforts to improve the program and better meet the needs of participants.
- \_\_\_\_\_ 17. I engage the staff in ongoing assessment of the community we serve, especially with respect to cultural, social institutional (e.g., TANF), and other issues.
- \_\_\_\_\_ 18. I work to develop and care for myself so I can offer high-quality supervision and support to the home-based staff.

## Appendix C | **Sample Home Visitor Job Description**

### **Home Visitor**

#### ***Duties and Responsibilities***

1. Conduct weekly 90-minute home visits to young children and their families.
2. Carry out “curriculum” for child development in the context of the home and during group “socialization” experiences.
3. Facilitate group “socialization” experiences and other family group activities.
4. Provide education and support services to families.
5. Conduct screening and ongoing assessment of young children’s development.
6. Collaborate with families to establish family development goals, and document this collaborative process in family partnership agreements.
7. Promote parental involvement in curriculum planning, program governance, and the overall Head Start program.
8. Monitor and educate parents with respect to children’s health status, including medical follow-up, physical health, dental health, mental health, and nutritional intake.
9. Provide management, crisis intervention, and resource referral services.
10. Act as liaison and advocate between community resources and Head Start families.
11. Transport family when appropriate to and from community resources or other activities.
12. Complete documentation of home visits, socialization experiences, and other relevant activities.
13. Maintain confidentiality of family records and information.
14. Participate fully in supervision and training experiences.
15. Perform other duties as assigned.

#### ***Qualifications***

1. Bachelors or Associates degree in child development, education, social sciences or related field.
2. At least 2 years’ experience working with children and families in a human service setting.
3. Capacity to problem solve, handle crises, and work with families and children of various cultures from low-income backgrounds.
4. Approach to working with families that is empathic, nonjudgmental, respectful, and professional.
5. Willingness to work primarily in the homes of families residing in high-risk communities.
6. Flexibility with respect to time and days able to work as well as to work tasks.
7. Active driver’s license.

## Appendix D | **Sample Home Visitor Applicant Interview**

NOTE: This interview should be only one of several strategies used to assess applicants. Other strategies include (a) allowing the applicant time to interact with current home-based staff and consider their feedback, (b) observing the applicant interacting with participant families (e.g., during family activity), and (c) presenting a typical scenario and asking the applicant to describe how he or she would approach it.

1. What qualities do you have that would allow you to work effectively with families in the context of their homes?
2. What job or life experiences have you had that are relevant for this work?
3. What are potential advantages or disadvantages of working with families in the home?
4. What concerns do you have about working with families and children in their homes?
5. How would you involve the parent and other family members in the activities of the home visit?
6. How would you handle a crisis that occurred during the context of a home visit (e.g., violence between family members)?
7. How would you handle a crisis that emerged for the family (e.g., being evicted from their home)?
8. What would you do if a parent were clearly intoxicated during the home visit?
9. How would you keep the focus on the child's development even in circumstances of family crises and high needs?
10. How would you help a parent understand the implications of delayed development for his or her children if you suspected that possibility from your screening and assessment?
11. What would you do if a parent did not let you in the door for the home visit?
12. How would you respond to a parent who was openly hostile toward you (e.g., called you a bad name, yelled at you, etc.)?
13. What would you do if a parent stated that you could do the home visits only on Sunday afternoons? at night?
14. How would you handle negative feelings that you might have toward the families with whom you work or that you might have related to your work in general?
15. What do you do when you feel fatigued, overwhelmed, or out of control?

## Appendix E | **Sample Home Visit Crisis Protocol**

We are required by law to report the suspicion of child abuse or neglect. Our agency has a protocol to follow in these situations so you have clear guidelines in how to proceed.

The following list describes signs of maltreatment that you may observe. Recognize that any one of these signs can have occurred for many reasons and does not automatically indicate that child abuse is present. If you have concerns about a child, please discuss them with your supervisor immediately.

### **Signs**

- ▶ Unexplained bruises, welts, burns, fractures
- ▶ Unkempt or malnourished appearance
- ▶ Loss of appetite or voracious appetite
- ▶ Disturbed sleep patterns
- ▶ Sexually transmitted diseases
- ▶ Discoloration or irritation of the genital area
- ▶ Repeated urinary tract infections
- ▶ Abrupt changes in behavior (e.g., clinging, aggression, anxiety)
- ▶ Fear of a certain place or person
- ▶ Distractibility or dissociation
- ▶ Discomfort with physical contact
- ▶ Sad or fearful behavior
- ▶ Molestation of other children
- ▶ Insecure attachment with parent

### **What to Do**

- ▶ Immediately call an available supervisor and discuss your observations with him or her.
- ▶ If appropriate (e.g., will not place you in danger) and with the support of your supervisor, talk to the parent about what you have observed and attempt to get an explanation from him or her.
- ▶ Document your observations and discussion with the parent.
- ▶ With your supervisor's permission and support, call Child Protective Services (CPS) and make the report. In some cases, you may be able to make the call with the family present.
- ▶ Offer to work with CPS to address the issue with the family.
- ▶ With your supervisor present, disclose to the family that you have made the CPS referral.
- ▶ Collaborate with the family, if possible and if they are willing, around the goals they may have to address the child maltreatment.
- ▶ Incorporate intervention strategies to address the maltreatment in your work with the family.

## Appendix F | Sample Home Visit Checklist

(To be completed by the supervisor when observing a home visitor during a home visit)

- Family greeted in warm, positive manner
- Comfort in family's home demonstrated
- Parent (or parents) included in all activities and planning
- Parents' sense of competence positively reinforced
- Child development goal of session articulated
- Parent-child interaction activity conducted
- Parent-child relationship observed and supported
- Child's developmental skills observed, assessed, and screened
- Child development curriculum carried out
- Child's developmental needs (see following list) discussed and addressed
  - nutrition
  - motor skills
  - language/literacy
  - physical health
  - cognitive skills
  - social skills
  - dental health
  - mental health
  - disabilities
- Developmental information and guidance provided
- Review of last session and "homework" activities done
- Plans discussed for next session and "homework" activities to be completed
- Family partnership agreement reviewed or revised
- Parents' personal growth needs (see following list) addressed (referrals made)
  - education
  - self-esteem
  - employment
  - parenting skills
  - physical health
  - mental health
- Session closed with review, goal setting, and positive affirmation of parent's efforts

## Appendix G | Sample Home Visitor Performance Evaluation

NOTE: This appraisal should be conducted on a semi-annual basis and should be tied to the home visitor's individual professional development plan. The data for this appraisal should be obtained from multiple sources, including ongoing observation of the home visitor's work with families and children across settings, review of participant records, feedback from program participants, interaction during supervision and training, and perceptions of the home visitor her- or himself. Ideally, you and the home visitor should jointly complete the evaluation so the home visitor is actively involved in assessing his or her own strengths and challenges

Please assess the home visitor in the delineated areas, using the following categories:

**A** = achieved; **E** = emerging skill; **N** = needs improvement

- \_\_\_\_\_ 1. Home visitor exhibits empathy and caring toward families and children with whom he or she works.
- \_\_\_\_\_ 2. Home visitor displays solid knowledge of child development.
- \_\_\_\_\_ 3. Home visitor is familiar with and consults the *Head Start Program Performance Standards*.
- \_\_\_\_\_ 4. Home visitor engages and intervenes with families with effective interpersonal skills.
- \_\_\_\_\_ 5. During each home visit, home visitor conducts child development activity that is jointly planned with the parents as well as linked to the developmental level of the child and to parental goals for the child.
- \_\_\_\_\_ 6. Home visitor conducts child development screenings and ongoing assessments in a timely, accurate, and family-friendly manner.
- \_\_\_\_\_ 7. Home visitor incorporates educational experiences and activities in the home visits relevant to child physical health, dental health, mental health, and nutrition on at least a monthly basis.
- \_\_\_\_\_ 8. Home visitor has developed partnership with family and collaborates with them on setting goals.
- \_\_\_\_\_ 9. Home visitor promotes positive parental identity and parental self-sufficiency.

- \_\_\_\_\_ 10. Home visitor fosters parental involvement in specific aspects of Head Start program.
- \_\_\_\_\_ 11. Home visitor is resourceful in identifying community services and linking families to these services.
- \_\_\_\_\_ 12. Home visitor recognizes signs of mental health problems and other personal difficulties in parents.
- \_\_\_\_\_ 13. Home visitor endeavors to complete weekly 90-minute home visits with each family.
- \_\_\_\_\_ 14. Home visitor plans and carries out biweekly socialization experiences for participant families.
- \_\_\_\_\_ 15. Home visitor documents home visits and other activities with families in a timely, cogent, and thorough manner.
- \_\_\_\_\_ 16. Home visitor uses supervision appropriately.
- \_\_\_\_\_ 17. Home visitor participates fully in training experiences.
- \_\_\_\_\_ 18. Home visitor demonstrates ability to set limits, maintain professional boundaries, and care for her- or himself.

**Home visitor comments:**

**Supervisor comments:**

**Professional development goals:**

**Resources needed:**



# Appendix I | Program Self-Assessment Checklist

To Do	In Process	Done	<b>Promoting Children's Development</b>
<b><i>Getting to Know Children</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for completing initial developmental screenings (within 45 days of entry).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for conducting ongoing child assessments and observations.
<b><i>Meeting Needs of Individual Children</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for completing individualized, written plan for each child (i.e., curriculum).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Identify strategies to address child's gross and fine motor, cognitive, social, and language development during home visits and socializations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Conduct parent-child interactional activities that address the development of children and parents.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Devise techniques for promoting developmentally stimulating home environments (e.g., making toys, lending or giving toys and books).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for ensuring that child development activities stem from family partnership agreement goals and individualized plan for the child.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Ensure that child development activities are culturally and linguistically appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for children's transition to Early Head Start, Head Start, and community child-care programs.
<b><i>Securing Needed Resources</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Review and select tools that reflect program philosophy (e.g., home visiting and child development curricula, screening and assessment tools, and parent-child activity resources).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Secure materials to enhance home visits (e.g., toy and game-making materials, toys, games, and books).

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### **Pertinent Performance Standards**

- ▶ Screening—1304.20(b)(1)
- ▶ Assessment and observation—1304.21(c)(2)
- ▶ Written plan/curriculum—1304.3(a)(5)
- ▶ Individualization—1304.20(f)
- ▶ Family partnership agreement-1304.40(a)(2)
- ▶ Areas of development—1304.21(a)(3)-(5) and 1304.21(b)(1)-(3)
- ▶ Transition—1304.41(c)(1)
- ▶ Program philosophy—1304.21(a)(1)(i)
- ▶ Home-based materials—1304.21(a)(6)
- ▶ Cultural and linguistic appropriateness—1304.21(a)(1)(i)

## **Addressing Children’s and Families’ Health and Disabilities**

To Do	In Process	Done
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### **Identifying Needs of Children and Families**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Establish system for determining child’s health status (within 90 days of entry).  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Develop strategies to track and monitor child’s physical, dental, mental health, and nutrition needs (at least monthly). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Develop system for monitoring or referring families for physical and mental health concerns.                             |

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### **Meeting Needs of Children and Families**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Establish system for ensuring quality health care through early intervention services with community-based providers. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Develop strategies to address mental health concerns during visits and socializations.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Develop strategies to ensure good nutritional practices in the home.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Ensure that program and home environments promote children’s health and safety.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Incorporate services for children with disabilities into home visits and socializations.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Establish protocol for reporting and addressing child abuse and neglect.  |

To Do	In Process	Done	
<b>Meeting Needs of Pregnant Women</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish protocol for addressing health needs of pregnant women.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Develop strategies for addressing special exercise and nutritional needs of pregnant women.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Devise techniques for discouraging alcohol, tobacco, and drug use during pregnancy.
<b>Pertinent Performance Standards</b>			
			▶ Tracking health—1304.20(a)(1)(ii)(c)
			▶ Determining health status—1304.20(a)(1)(i)
			▶ Health and safety—1304.22
			▶ Disabilities—1308 and 1304.21(a)(1)(ii)
			▶ Nutrition—1304.23
			▶ Mental health—1304.24
			▶ System for referrals—1304.40(b)(1)
			▶ Partnering with community health agencies—1304.41(a)(2)(i)-(iii)
			▶ Child abuse and neglect—1304.22(a)(5)
			▶ Pregnant women's health services—1304.40(c)(1)(i)-(iii)
<b>Working With Families as Partners</b>			
<b>Recruiting and Retaining Families</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Determine and maintain eligibility criteria for program (e.g., families of children with special needs have priority).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish a recruitment system that includes a variety of outreach strategies (e.g., getting referrals from community organizations that serve families and marketing in the community).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Develop strategies that focus on recruiting and retaining male family members.

To Do	In Process	Done	
<hr/>			
<b>Getting to Know Families</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for conducting initial assessment of family.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Gather background information from families to be entered into the Head Start Family Information System (HSFIS) or other management information system.
<hr/>			
<b>Building Partnerships With Families</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Devise strategies for parent involvement in all child-related activities and services (e.g., health, development).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Monitor and support relationship-building focus between parents and staff in which families are respected and interacted with as legitimate partners.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Design and use a family partnership agreement that is updated as necessary.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for incorporating other partnership tools in family partnership agreement (e.g., Individualized Family Service Plan [IFSP] or Individualized Education Plan [IEP]).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Develop strategies to address interests and needs of male family members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create parent handbook that tells parents what they can expect from a home-based program and how they can work with program staff to support their children.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Fund, plan, and carry out family outings and cultural activities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system of parental volunteerism in program.
<hr/>			
<b>Addressing Needs of Pregnant Women</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Develop strategies that focus on recruiting and retaining pregnant women.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Provide access to health care.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Offer a variety of educational experiences (e.g., curriculum, linkages with prenatal classes) for pregnant women related to fetal development, labor and delivery, self-care, and the process to build a relationship with the unborn child.

To Do	In Process	Done	
<b><i>Involving Families as Partners in Your Program</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create an environment in which program staff listen to and learn about children from families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Include parents as decision makers in governing and advisory bodies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Offer a wide range of opportunities for families to be involved in decision making around curricula and selection of other service delivery protocols.

### ***Pertinent Performance Standards***

- ▶ Eligibility—1305.4
- ▶ Recruitment—1305.5
- ▶ Parent education—1304.40(e)(3)
- ▶ Parent involvement in child activities—1304.40(e)(f)(g)(h)(i)
- ▶ Flexibility in program options—1306.31(a)(c)
- ▶ Services for pregnant women—1304.40(c)(1)
- ▶ Family partnerships—1304.40(a)(2)
- ▶ Collaborative partnership building—1304.40(a)(1)
- ▶ Community partnerships/resources—1304.40(b)(1)
- ▶ Parent advisory committees/governing bodies—1304.40(a)(b)

## **Supporting Staff in Their Work With Children and Families**

To Do	In Process	Done	
<b><i>Selecting Staff</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Calculate number of staff needed to serve families within home-based option.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Determine salaries for home-based staff, considering retention and quality issues.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Develop personnel policies that reflect home-based issues (e.g., flexibility and car insurance).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Decide on requisite home visitor and supervisor education and credentials, experience and background, and skills and qualities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Recruit and select staff members who reflect the culture and speak language (or languages) of families.

To Do	In Process	Done	
<hr/>			
<b><i>Determining How Families Are Assigned to Home Visitors to Promote Staff's Responsiveness to Families</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Determine the mix of families assigned to a home visitor based on specific factors, including the needs of families and expertise of the home visitor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Determine the optimal number of families with whom the home visitor works based on specific factors, including how much time the home visitor spends traveling to families' homes and intensity of families' needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Determine the optimal number of home visitors you supervise based on needs of home visitors and the families they serve.
<hr/>			
<b><i>Offering Ongoing Support to Home-Based Staff (including home visitors and supervisors)</i></b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Provide private spaces for home-based staff to meet with families, make referral phone calls, and have supervision.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish individualized and group staff training and development plan focused on home-based work.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Devise strategies for reporting on home visit contacts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for providing regular meetings to discuss family needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for full review of each participant family at least monthly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create system for ongoing formal and informal mental health consultation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Set up weekly nurturing activities for home visitors and supervisors (e.g., hold a "kudos" session to celebrate the accomplishments of home visitors, offer the opportunity for self-care activities such as massage, bring in someone to talk about stress management).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Make available supports that are required by home-based staff (e.g., transportation, safety aids such as cell phones, and mileage reimbursement).

To Do	In Process	Done	
			<b><i>Offering Ongoing Reflective Assessment and Supervision of Home Visitors' and Supervisors' Practice</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create system for making ongoing observations of each home visitor in families' homes and of each supervisor during supervisory sessions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Make use of video equipment to observe and reflect on parent-child interactions, home visits, and supervisory sessions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Incorporate semi-annual evaluations of each home visitor and supervisor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish system for providing continuous and consistent reflective supervision (e.g., weekly).

### ***Pertinent Performance Standards***

- ▶ Number of families assigned to each home visitor—1306.33(a)(5)
- ▶ Staff qualifications (general)—1304.52(b)(1-2) and 1306.21
- ▶ Cultural/ethnic background of staff—1304.52(b)(4)
- ▶ Hire staff (specific qualifications)—1304.52(d)
- ▶ Hire director (specific qualifications)—1304.52(c)
- ▶ Home visitor qualifications—1304.52(e)
- ▶ Infant/toddler staff qualifications—1304.52(f)
- ▶ Preschool staff qualifications—1304.52(g)
- ▶ Personnel policies and procedures—1304.52(h)
- ▶ Performance review/staff training needs—1304.52(i)
- ▶ Wellness information to staff—1304.52(j)(3)
- ▶ Training and staff development—1304.52(k)(1-3)
- ▶ Reporting contacts with families—1304.51(c)(1-2)

To Do	In Process	Done	
<b>Group Socializations</b>			
<b>Staffing Issues</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Hire staff members with backgrounds in child development, parent education, and working with groups.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Ensure staff members have sufficient time to plan and carry out socializations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Have enough staff to ensure that older siblings of young children are engaged in age-appropriate activities, thus allowing a parent to focus on the younger child.
<b>Meeting the Needs of Children and Families</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create a tone that will enhance the experience of children, families, and staff members (e.g., a welcoming environment where pictures of families and children are mounted, positive adult-adult and adult-child interaction is modeled, sufficient materials are available, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Ensure that group sizes and ratios of socializations are consistent with <i>Head Start Program Performance Standards</i> for center-based settings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Design and carry out activities to strengthen parent-child relationships and to link to the experience and goals of a family's home visits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Support parent-to-parent sharing through group interaction.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Provide developmentally appropriate play and other experiences based on age of children, being aware, for example, that an experience for a group of families with infants will be very different than that for families with preschoolers.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Integrate culturally and linguistically appropriate activities into the group meetings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Choose and carry out a curriculum that addresses all areas of child development and reflects the approach of <i>Head Start Program Performance Standards</i> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Provide a snack or meal that is nutritionally and developmentally appropriate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Conduct a health-related activity as part of the socialization experience (e.g., brushing teeth after eating a meal; washing hands before eating).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Establish a system for transporting families to socialization.

To Do	In Process	Done	
<b>Providing Ongoing Reflective Assessment of Socializations</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Tailor goals and outcomes based on developmental level of child as well as family strengths and needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create a record-keeping system to track goals and outcomes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Create an ongoing assessment process that includes input from staff, families, and community partners and that informs planning process.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Allow time to plan and carry out refinements that are based on input pertaining to the quality of the socialization experience.
<b>Securing an Appropriate Facility</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Ensure that the facility meets health and safety standards (e.g., is a licensed facility).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Secure a facility with flexible space that can be used for sleeping, eating, playing, and adult interaction.
<b>Securing Equipment and Materials</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Have available feeding equipment (e.g., high chairs, child-sized tables and chairs).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Have available sleeping equipment (e.g., cribs, cots, mats, and blankets).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Have appropriate toileting and hand-washing facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▶ Have available materials for play and other developmental activities.
<b>Pertinent Performance Standards</b>			
			▶ Staff qualifications—1306.21
			▶ Program staffing patterns—1306.20
			▶ Staffing ratios/group size (3-5)—1306.32
			▶ Staffing ratios/group size (0-3)—1304.52(g)(4)
			▶ Curriculum—1304.3(a)(5)
			▶ Child development services—1304.21(a)(1)(i)
			▶ Child assessment—1304.21(c)(2)
			▶ Effective record keeping system—1304.51(g)
			▶ Program self-assessment—1304.51(i)(1)
			▶ Health and safety in facility—1304.53(a)(6)-(10)

*Pertinent Performance Standards (continued)*

- ▶ Identifiable, functional space—1304.53(a)(3)
- ▶ Sleeping materials—1304.22(e)(7) and 1304.53(b)(3)
- ▶ Materials for activities—1304.53(b)(1)
- ▶ Toileting and handwashing—1304.53(a)(10)(xiv)-(xv)
- ▶ Nutritional meal—1304.23(b)(2)
- ▶ Dental hygiene practice—1304.23(b)(3)

## **Community Assessment and Building Community Partnerships**

### *Conducting an Overall Community Profile/Assessment*

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Determine need for home-based services in the community.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Identify specific communities to be served.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Select target population.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Determine number of potential participants available for services within the home-based option. |

### *Building Community Partnerships*

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Identify and contact community partners.                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Conduct meetings to develop shared vision with community partners.            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Establish memoranda of understanding between community partners.              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Recruit and support community members to serve on advisory groups.            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Develop referral system for supplementary services for children and families. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Identify programs to be used for children's transition out of Head Start.     |

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### ***Pertinent Performance Standards***

- ▶ Community strengths/needs—1305.3
- ▶ Assessing community resources—1304.40(b)(1)
- ▶ Advisory committees—1304.41(b)
- ▶ Collaborative relationships with organizations—1304.41(a)(2)
- ▶ Elementary school transition—1304.41(a)(2)(vii)
- ▶ Child-care transition—1304.41(a)(2)(viii)
- ▶ Document work with community partners—1304.41(a)(1)

### **Promoting Continuous Improvement and Research**

To Do	In Process	Done
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#### ***Selecting Evaluation Design Consistent With Home Visiting Research***

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Review current home visiting evaluation research.                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Select measures and determine assessment strategies to be used in home visit research. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Delineate home visit program goals and outcomes.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Identify an evaluator with home visit program evaluation experience.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Create mechanism for staff participation in research.                                  |

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#### ***Collecting Data***

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Determine the when, who, and how of outcome data collection.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Create a user-friendly management information system that supports data collection.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Create streamlined documentation system that meets Head Start requirements and, at the same time, is manageable for home-based staff.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ▶ Gather data on how services are being carried out (e.g., number of home visits being conducted, number of families retained and served, integrity of curriculum during home visits). |

To Do      In Process      Done

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***Using Data to Inform Program Quality***

          

- ▶ Establish system to reflect on evaluation findings to inform program quality.

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***Pertinent Performance Standards (and other regulations)***

- ▶ Record keeping—1304.51(g)
- ▶ Program self-assessment/monitoring—1304.51(i)
- ▶ 1998 Head Start Reauthorization Act addresses child outcomes and other program evaluation issues.



