

INCLUDES 2015 UPDATES

EARLY HEAD START ORGANIZATIONAL READINESS CHART

WITH IMPLEMENTATION GUIDE

GRANTEE NAME

DATE



EARLY HEAD START
National Resource Center™

TABLE OF CONTENTS

Implementation Guide: Page 1 - 6

Welcome to the Planning Process	Page 1
STEP 1: Resources	Page 2
STEP 2: Management Systems	Page 3
STEP 3: Program Activities	Page 4
STEP 4: Implementation	Page 5
STEP 5: Evaluation	Page 6

Organization Readiness Chart: Page 7 - 28

A. Organizational Readiness	Page 7-10
B. Management Systems	Page 11-20
C. Program Services	Page 21-26
Summary of Ratings	Page 27-28

Welcome to the Planning Process

Activities completed during the planning process require thorough review of the Head Start Act and Head Start Program Performance Standards (HSPPS). Planning should include input by parents, policy groups, community members, and staff. The goal is to be fully operational by the target start date.

The Early Head Start (EHS) program is a unique opportunity to provide comprehensive services to low-income expectant parents and families with infants and toddlers. Along with that opportunity, however, comes a great responsibility. Because of their particular vulnerabilities, very young children and their families require services of the highest quality.

Programs planning to provide EHS services must be thoughtful in how they design and implement their program to achieve high quality services in multiple settings and with multiple partners, as applicable to the grantee's circumstance. For the purposes of this paper, implementation planning refers to the activities grantees engage in as they prepare to implement their funded grant, through the planning period and during the early stages of service delivery. Planning for program implementation begins during the grant application process and continues from the time of the award to full implementation of services.

There are Five Steps in Planning for EHS Program Services

This document describes the steps associated with implementation planning, including implementation and evaluation:

- 1 Using Resources**
- 2 Reviewing and Developing Management Systems and Procedures**
- 3 Preparing for Program Services and Activities**
- 4 Implementation**
- 5 Evaluation to Include Monitoring and Self-Assessment**

While the steps are described in distinct activities or phases, they are interrelated, and many of the tasks must occur simultaneously. This is why it is so important to plan the start-up process carefully.

Step 1: Resources

The first step in preparing to implement a new program is to identify available resources. These resources will support programs in gaining an awareness of the requirements and supports accessible to them during the implementation process. All newly funded EHS grantees have a variety of resources available to support their start-up efforts including the following:

- 1. Leadership Team:** Responsible for managing and monitoring the implementation planning process, as well as early program implementation. The team can determine the status of the management systems and procedures, creating timelines for all start-up activities. It is essential to include key members who are able to provide infant and toddler expertise, program management experience, decision-making authority, and knowledge of the community's strengths and needs. Team members might include the program director; fiscal manager; education, family and health managers; Governance/Policy Council and/or board representative; and key community partners.
- 2. Federal Program Specialist:** Responsible for making funding decisions, approving program changes, arranging for technical assistance, and supporting the program to ensure compliance with the Head Start Act and Head Start Program Performance Standards (HSPPS).
- 3. Neighboring EHS Centers and Existing Head Start Programs:** Fully-implemented programs in the community can be an excellent resource, having successfully completed the start-up process.
- 4. Community Child Care Programs:** Child care programs in the community, including center-based and family child care, can support EHS and other community child care programs in meeting the needs of working families with infants and toddlers. Partnering and/or contracting with child care can strengthen the EHS program.
- 5. Local Part C early intervention agencies:** Part C agencies can support EHS programs in providing services to infants and toddlers with disabilities. At least 10% of children enrolled in EHS must have a diagnosed disability with an Individual Family Service Plan (IFSP) in place. Programs are required to form relationships and agreements with the local early intervention providers, or Part C staff, to prevent duplication of services and provide a coordinated approach to services for infants and toddlers with disabilities and their families.
- 6. Other local community partners and agencies:** Community partners are a valuable resource. Engaging community partners in meaningful collaboration allows EHS programs to provide comprehensive services meeting the needs of all families, including those experiencing high needs. Community partner staff may also serve on the Policy Council.
- 7. Head Start State and National Collaboration Office:** Responsible for facilitating communication and program development between Head Start and State Agencies. The Collaboration Director can help grantees work with the State Child Care Lead Agency and State-run early childhood licensing, professional development, Quality Rating and Improvement System (QRIS) and other functions.
- 8. The Early Childhood Learning and Knowledge Center (ECLKC):** ECLKC houses valuable information, policy clarifications, and regulations pertinent to EHS programs. Resources from the Office of Head Start National Centers can be found on the ECLKC website. <http://eclkc.ohs.acf.hhs.gov/hslc>
- 9. Head Start National Centers and Regional/State Training and Technical Assistance System:** The Office of Head Start funds several National Centers to develop resources and to support the regional/state technical assistance system. Regional/state early childhood and systems management professionals provide training and technical assistance to EHS programs, a component of the grantees' annual training and technical assistance plan.

Step 2: Management Systems

EHS programs bring a variety of experiences to the implementation planning process. Newly funded entities may be existing Head Start grantees, non-profit or for-profit community-based organizations, territories, and tribal governments. Regardless of the organizational experience or goals for the newly funded EHS program, all grantees must have key management systems and procedures in place. The start-up process supports programs in identifying the systems already in place, as well as systems needing to be developed or strengthened.

Management systems and procedures are necessary to ensure that the Head Start Act and HSPPS are being met. Furthermore, well-functioning, integrated management systems provide the foundation for all program activities and services. Head Start management systems include: fiscal; facilities, materials, equipment, technology and transportation; self-assessment; planning; ongoing monitoring; program governance; communication; record keeping and reporting; ERSEA; and human resources. Systems are essential to developing a high quality program. Key systems, procedures, and data that should drive the program include the following:

- 1. School Readiness Goals:** The Head Start Approach to School Readiness means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Historically, Head Start has often led the early childhood field with a strong, clear, and comprehensive focus on all aspects of healthy development, including physical, cognitive, social and emotional development, all of which are essential to children getting ready for school. All agencies are required to establish school readiness goals that are defined as "the expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical health and well-being and motor development, and social and emotional development that will improve readiness for kindergarten" and that "appropriately reflect the ages of children, birth to five, participating in the program" [45 CFR Chapter XIII Head Start Regulation Part 1307.2 and 1307.3(b)(1)(i-ii), as amended]. Alignment of school readiness goals with the domains of State Early Learning Guidelines and Standards promotes partnership across early care and education programs. Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning (School Readiness Toolkit for Infants and Toddlers, Early Head Start National Resource Center, 2014).
- 2. Community Assessment:** A current community assessment ensures that program services are designed to meet the needs of the families in the local community [45 CFR 1305.3 (c) (1-6)].
- 3. Written Service Plans:** Detailed plans must be written for implementing services in each of the program areas and reviewed annually [45 CFR 1304.51 (a)(1)(iii)].
- 4. An Organizational Structure:** Programs must determine an organizational structure for implementing the program objectives and identify the major functions and responsibilities for each staff position [45 CFR 1304.52(a) (1)].
- 5. Partnership Plans:** EHS programs partnering with other agencies must have clear management plans to incorporate policies and practices which structurally include both EHS and their partner(s) in the leadership and management of the program [45 CFR Chapter XIII Head Start Regulation Part 1304.41, 1304.51(a)(1)(iii), 1304.52 (a)(2)(iii) and 1308.4].

Step 3: Program Activities

Implementing program activities involves multiple, simultaneous tasks. Using the Leadership Team can provide structure and organization to program planning. When planning implementation activities, consider the following:

- 1. Qualified Staff Members:** Recruit and hire qualified staff members who have experience and relevant education for serving infants, toddlers, and expectant families. Assure that minimum staff qualification requirements are met [45 CFR 1306.21].
- 2. Comprehensive Staff Development Plan:** Programs must develop a professional development plan for each full-time employee who provides direct services to children. Grantees must report advancement in the plan each year (Staff Qualifications and Development – Section 648A(f) [42 U.S.C 9843a]). Preparing staff to begin working with very young children and families is only the start of a continuous staff development process.
- 3. Safe and Developmentally Appropriate Facilities:** Ensure that all environments are appropriate and welcoming for infants, toddlers, and their families. When preparing group-care environments, either in classroom or family child care settings, ensure that the space meets the health, safety, and developmental needs of very young children. Consider outdoor as well as indoor play spaces. In addition, identify space for family engagement activities, assuring that all areas are welcoming to families. For home based programs appropriate space needs to be identified for socializations.
- 4. Curriculum:** Programs must promote the cognitive, social-emotional, and motor development of infants and toddlers using a research-based early childhood curriculum. The curriculum must have standardized training procedures and materials to support implementation. In addition, it must be linked to ongoing assessment, with measurable developmental and learning goals (Section 642 (f)(1-5). Functions of Head Start Agencies [42 U.S.C. 9837]).
- 5. Community Partnerships:** Assuring collaboration with community partners is an ongoing commitment that provides a vital role in engaging families in meaningful ways in the EHS program and broader community.
- 6. Recruitment and Enrollment Plan:** Recruiting families in an effective manner leads to the largest pool of potentially eligible families. Multiple factors need to be taken into consideration when determining eligibility, including income. The HSPPS outlines requirements around eligibility, which must be addressed, along with data from the community needs assessment, when determining the selection criteria for individual programs. EHS programs are required to maintain a waiting list [45 CFR Chapter XIII Head Start Regulation Part 1305.6(d), as amended].
- 7. Governance:** Program Governance systems include a governance structure, strong communications, and regular reporting. Grantees must ensure that the governing body is aware of its legal and fiscal responsibility, as outlined in the 2007 Head Start Act. Ensure that there is an EHS parent representative on the Policy Council and that Policy Council and Board members are properly trained on their roles and responsibilities.

Step 4: Implementation

EHS programs must develop systems to assess the efficacy of their services. The flexibility to adapt and adjust services as needed is critical. This process is a normal and healthy aspect of any dynamic, learning organization. Full implementation of high quality services is a continuous process. Programs will find themselves moving between starting point, progressing and innovating. Knowing where you fall on the continuum is important for all stakeholders as part of the process of implementing high quality programming and services.



STARTING POINT

Implementing practices related to HSPPS



PROGRESSING

Beyond the HSPPS – demonstrating practices that support high-quality services to children and families



INNOVATING

High-quality practices are systemic, integrated, and comprehensive

Specific systems to address during implementation are:

- 1. Effective Staff Development Plans:** The process for staff development is based on systematic identification of staff strengths, interests, needs and planning to enhance knowledge, skills, and/or competence. This is foundational to improving services and designing effective staff development experiences. Available sources of data, including classroom observation, curriculum implementation, and child assessment, should be used to inform this process.
- 2. Ongoing Monitoring:** Grantees must establish and implement procedures for ongoing monitoring to ensure that the program is meeting Head Start Program Performance Standards. The ongoing monitoring process connects to the self-assessment process as part of ensuring the highest quality of programming for pregnant women, infants, toddlers, and their families.
- 3. Annual Self-Assessment:** Every Head Start grantee agency is required to conduct a comprehensive self-assessment of its effectiveness at least annually [CFR 1304.50(i)(1)]. The self-assessment process gathers data that supports programs in assessing the quality of services and developing a continuous improvement plan.

Step 5: Evaluation

The final step in implementation planning for programs is evaluation. Continuous quality improvement is a critical component of EHS. The implementation planning process can be viewed as an ongoing cycle which programs are continually moving through.

Evaluation to assure the highest quality of programming includes:

- 1. Monitoring:** Ongoing monitoring systems help assess program operations. They ensure that necessary steps are taken to meet federal, state, and local regulations, as well as program goals and objectives, and that appropriate interventions are taken in a timely manner.
- 2. Self-Assessment:** Self-assessment systems measure agency accomplishments, strengths, and weaknesses, and support a continuous quality improvement approach to managing EHS.

ARE YOU READY FOR THE NEXT STEP?

EHS grantees are given a unique and valuable opportunity to develop the highest quality program by fully using a thorough implementation planning process. The implementation process merges into ongoing self-assessment and continuous improvement planning.

Successful program implementation involves:

- **A thorough understanding of the HSPPS, Head Start Act and related regulations;**
- **Effective communication systems and collaboration with the Federal Program Specialist, governing bodies, parents, staff and community partners.**

The attached EHS Organizational Readiness Chart (ORC) provides a tool for the implementation planning process. The content is based on experiences of EHS programs, technical assistance providers, and federal staff. The intent of the tool is to guide implementing programs through the start-up process and to facilitate action planning and identification of resources. Your program's leadership team complete the ORC, determining where you are on the continuum from starting point, to progressing, to innovating.

1. Establish Leadership Team:

RATING:



-
- a. Identify team to plan, implement, and monitor the start-up plan and early program implementation, ensuring that all appropriate stakeholders are included. Stakeholders must be represented.
 - b. Identify start-up costs and technical assistance needs, including participation in orientation.
 - c. Identify regular meeting schedule.
 - d. Identify roles and responsibilities of team members.
 - e. Orient the leadership team members to the strengths, roles, and regulations of each partner.
-

EVIDENCE/ ACTION STEPS:

2. Negotiated Award/Budget

RATING:   

- a. Update proposed budget to reflect the actual award and costs.
- b. Develop performance-based contracts with partners, as appropriate.
- c. Budget for contracting with start-up consultants as appropriate.

EVIDENCE/ ACTION STEPS:

3. Organizational Chart

RATING:



- a. Develop an organizational chart and staffing patterns.
- b. Develop/finalize position descriptions.
- c. Hire qualified EHS management staff.
- d. Recruit qualified EHS direct service staff.

Program Governance:

1304.50(d)(1)(x)
1304.50(d)(1)(xi)

Human Resource Management:

1304.52 (a-h)

EVIDENCE/ ACTION STEPS:

4. Contracts and/or Partnership Agreements

RATING:



- a. Negotiate budget and deliverables for contracts with partners, mental health consultants, and other professionals.
- b. Identify timeline for the implementation of services.
- c. Establish partnership agreements with all appropriate agencies, including public health, early intervention, etc.
- d. Ensure that partners/ contracting agencies are familiar with the HSPPS.
- e. Ensure that that management team is familiar with other applicable standards (e.g., child care State licensing, QRIS, subsidy and accreditation).

Community Partnerships:

1304.41(a)

EVIDENCE/ ACTION STEPS:

1. Fiscal Management

RATING:



- a. Finalize budget with appropriate line items and cost allocation plans.
- b. Develop wage scale for all identified positions.
- c. Develop procurement policy and procedure in alignment with EHS, and other applicable state policies and procedures.
- d. Develop policy and procedure for regular budget review and reporting based on the requirements of the Department of Health and Human Services (HHS) Uniform Guidance found at 45 CFR Part 75, effective December 26, 2014. Awards to which the Uniform Guidance does not apply will continue to be subject to previous regulations and cost principles.

Department of Health and Human Services (HHS) Uniform Guidance found at 45 CFR Part 75, effective December 26, 2014

Head Start Act:

Section 645(b)

Annual Audit:

45 CFR 1301.12

Program Governance:

1304.50(g)(2)

Management Systems and Procedures:

1304.51(a)(1)(ii)
1304.51(d)(3)
1304.51(g)(1)
1304.51(h)(1)

Human Resource Management:

1304.52(i)(2)

EVIDENCE/ ACTION STEPS:

2. Facilities, Materials, Equipment, Technology & Transportation

RATING:



- a. Identify appropriate space for program services, including working collaboratively with partners (classrooms, family child care settings, socializations).
- b. Ensure that all classroom and/or family child care spaces are state licensed and meet HSPPS requirements for infants and toddlers. Refer to the State QRIS and National Accreditation requirements as appropriate.
- c. Ensure outdoor play spaces are safe and developmentally appropriate for infants and toddlers.
- d. Identify appropriate space for administrative needs.
- e. Finalize leases or other agreements to procure needed facilities/space.
- f. Identify transportation plan and develop policy (create a budget if purchasing buses, and ensure that all State licensing, HSPPS, CCDBG, and CCDF requirements regarding transportation are met). Determine strategies for maximizing family access if transportation is not provided.
- g. Develop data system for tracking child, family, and staff data.

EVIDENCE/ ACTION STEPS:

Insurance and Bonding:

1301.11(a)

Facilities, Materials, and Equipment:

1304.53(a)(1-10)
1309
1310

Education and Early Childhood Development:

1304.21(a)(1)(v)

Child Nutrition:

1340.23 (e)(2)

Provision of Comprehensive Child Development Services:

1306.30(c)

Center-Based Program Option:

1306.32(a)(11)

Family Child Care Program Option:

1306.35(a)(3) & (b)

Purpose and Scope of Disabilities Service Plan:

1308.4(f)(3) & (o)(4)

3. Self-Assessment

RATING:



- a. Develop self-assessment plan based on the requirements of the HSPPS.
- b. Develop plan for involving EHS and partners in self-assessment process.

EVIDENCE/ ACTION STEPS:

Management Systems and Procedures:

1304.51(h)(2)(i)(1)

Program Governance:

1304.50 (d)(1)(viii)

4. Planning

RATING:



- a. Complete comprehensive community assessment that informs program plans.
- b. Identify program goals, objectives, and expected outcomes for first-year baseline.
- c. Identify data sources and plan for tracking progress towards stated goals and objectives.

EVIDENCE/ ACTION STEPS:

Program Governance:

1304.50(d)(1)(iii) & (iv)

Management Systems and Procedures:

1304.51(a)

Determining Communities Strengths and Needs:

1305.3

5. Ongoing Monitoring

RATING:



- a. Develop policy and procedure for the ongoing monitoring of program services.
- b. Incorporate ongoing monitoring into position descriptions for appropriate staff.

Management Systems and Procedures:

1304.51(h)(2)(i)(2)

Program Governance:

1304.51(d)(1)(viii)

EVIDENCE/ ACTION STEPS:

6. Program Governance

RATING:



- a. Develop procedure for electing EHS parent(s) to Policy Council. Ensure proportional representation.
- b. Ensure representation of EHS and applicable community partners in membership.
- c. Develop strategies for shared decision-making processes.
- d. Identify process for ensuring that the Policy Council and governing board members are trained on their roles and responsibilities annually, including an understanding of the EHS program and funding structure. Identify procedures for providing financial and other required reports to the governing body as appropriate.

Program Governance:

1304.50

EVIDENCE/ ACTION STEPS:

7. Communication

RATING:



- a. Plan around the need to develop policies regarding communication.
- b. Develop communication plan that is inclusive of staff, families, governing bodies and community.

Management Systems and Procedures:

1304.51(b-f)

EVIDENCE/ ACTION STEPS:

8. Record Keeping & Reporting

RATING:



- a. Develop plan for collecting and reporting accurate, timely information regarding children, family, and staff.
- b. Identify positions responsible for collecting and reporting specific data of enrolled pregnant women, children, family, and staff.
- c. Develop monitoring protocol for record keeping and reporting that meets the HSPPS and other related requirements.

Management Systems and Procedures:

1304.51(g)
1304.51(h)(1-2)

EVIDENCE/ ACTION STEPS:

9. Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

RATING:



- a. Develop plan for recruiting high-need pregnant women, children and families to receive services.
- b. Identify enrollment policies and procedures to ensure compliance with Head Start eligibility and selection requirements.
- c. Coordinate enrollment and eligibility procedures and requirements with partnering agencies, as appropriate.
- d. Identify specific positions responsible for recruitment and enrollment, incorporating these roles and responsibilities into the position descriptions.
- e. Develop the plan for creation and maintenance of a waiting list.
- f. Develop plan for tracking and following up on attendance following enrollment, ensuring compliance with HSPPS.

EVIDENCE/ ACTION STEPS:

Program Governance:

1304.50(d)(1)(vii)

Purpose and Scope:

1305.1

ERSEA:

1305.2

Age of Children and Family Income:

1305.4

Recruitment and Selection Process:

1305.5

1305.6

Enrollment and Re-Enrollment:

1305.7

Attendance:

1305.8

Policy on Fees:

1305.9

Head Start Act:

Sec. 648A(c)(1-5)

10. Human Resources

RATING:



- a. Develop personnel policies to ensure that recruitment, selection and retention of qualified staff with education and experience relevant to supporting pregnant women, infants, toddlers, and their families.
- b. Develop professional development plans ensuring that home visitors and infant-toddler teachers meet all required qualifications as mandated by HSPPS.
- c. Develop recruitment strategies to ensure that staff are culturally and linguistically representative of the families and community served.
- d. Identify staffing structure to ensure continuity of care and development of a secure relationship between staff, children, and families.
- e. Identify professional development policies and procedures to support best practices.

Human Resource Management:

1304.52

Head Start Act:

Sec. 648A

Program Governance:

1304.50(d)(1)(ix - xi)
1304.50(e)

EVIDENCE/ ACTION STEPS:

1. Child Development

RATING:



- a. Develop Early Childhood Development content area work service plan.
- b. Develop plan for delivery of services to EHS children and their families.
- c. Review the Head Start Early Learning Outcomes Framework (ELOF), and how it connects to developmentally appropriate expectations and practices for infants and toddlers.
- d. Review and, to the extent appropriate, align the EOLF, professional development systems, State Early Learning Guidelines (ELGs) and State QRIS quality improvement efforts.
- e. Develop transition plans for children and families moving between program settings, groups or classrooms and into and out of the program. Plans must prioritize continuity of care to the maximum possible extent.
- f. Develop school readiness goals that are appropriate for infants and toddlers and reflect the needs of the community.
- g. Identify data sources to track progress towards school readiness goals and make data-informed decisions.
- h. Identify research-based curriculum.
- i. Develop plan to support staff in the implementation of the curriculum with fidelity.
- j. Identify valid and reliable developmental screening tool.
- k. Develop plan to support staff in the implementation of the developmental screening tool with fidelity.
- l. Identify research-based, ongoing child assessment tool.
- m. Develop plan to support staff in the implementation of the ongoing assessment tool with fidelity.
- n. Develop plan to ensure that not less than 10% of enrolled infants and toddlers have an Individual Family Service Plan in place.
- o. Develop plan to meet the developmental needs of all children, including infants and toddlers with disabilities or special health care needs.

Definitions:

1304.3(a)(5)

Child Health and Development Services:

1304.20(f)(2)(i)-(iii)

Education and Early Childhood Development:

1304.21(a)

Family Partnerships:

1304.40(e)
1304.40(h)(1-2)

Community Partnerships:

1304.41(c)(1-3)

Management Systems and Procedures:

1304.51(a)(1)(iii)

Selection Process:

1305.6(c)

Family Child Care Program Option:

1306.35(a)(2)

Purpose and Scope of Disabilities Service Plan:

1308.4(a-l)

Assessment of Children:

1308.6

Child Development (continued)

EVIDENCE/ ACTION STEPS:

Definitions:

1307.2

**Development of School
Readiness Goals:**

1307.3(b)(1)

1307.3(b)(2)(i)-(ii)

Head Start Act:

Sec. 640(o)

Sec. 641A(d)(2)(b)

Sec. 641A(b)(2)(A-G)

Sec. 642(f)(1-10)

2. Child Health & Well-Being

RATING:



- a. Align State licensing regulations, QRIS standards and HSPPS for center-based and family child care program options (National Program Standards Crosswalk Tool, National Center on Child Care Quality Improvement). Grantees are required to meet the regulation which is the most stringent.
- b. Develop Health Services content area work plan.
- c. Identify policy and procedure to ensure the safety of physical environment for very young children.
- d. Identify plan of action for emergencies.
- e. Plan for fostering appropriate safety and hygiene practices among children, parents, and staff (*Crosswalk between HSPPS and Caring for our Children, 4th edition*, National Center on Health).
- f. Identify system for tracking ongoing well-child data, including immunizations for infants and toddlers.
- g. Develop plan to ensure that all pregnant women, infants and toddlers have access to ongoing medical and dental services.
- h. Plan to ensure that all required screenings are completed within timeline and that screening data is used to inform decision making.
- i. Develop plan to ensure the use of funds from USDA Child and Adult Care Food Program (CACFP) as the primary source of payment for meal services.
- j. Develop plan to promote breastfeeding, including parent education and provision of appropriate facilities to support breastfeeding.
- k. Develop plan to support nutritional needs of pregnant women, infants, toddlers and their families, including provision of formula consumed by infants during program hours.
- l. Develop plan to support the mental health of pregnant women, infants, toddler and their families, including identification of a mental health professional.
- m. Develop plan for establishing Health Service Advisory Committee (HSAC). Identify composition to ensure EHS and infant/ toddler expertise around dental, vision and mental health.

Child Health and Developmental Services:

1304.20(a)(1)(i)
 1304.20(a)(1)(ii)
 1304.20(c)(3)
 1304.20(d)
 1304.20(e)

Child Health and Safety:

1304.22

Child Nutrition:

1304.23
 1304.20(b)(1-3)
 1304.40(c)(3)
 1304.40(f)(1-4)
 1304.41(b) HSAC
 1304.51(a)(1)(iii)
 1304.51(a)(2)
 1304.53

Family Child Care Program Option:

1306.35(a)(3)
 1306.35(b)(1)

Head Start Act:

Sec. 641A(b)(2)(A-G)
 Sec. 642(f)(3)(6)

Human Resource Management:

1304.24
 1304.52(d)(2-4)

Education and Early Childhood Development:

1304.21(a)(1)(i-iii);(3)(i)(E)
 1304.21(b)(1)(i)
 1304.21(a)(2)(i-iii)

Child Health & Well-Being (continued)

RATING: SP P I

EVIDENCE/ ACTION STEPS:

Family Partnerships:

1304.40

Management Systems and Procedures:

1304.51(a)(1)(iii)

3. Family Engagement

RATING:



- a. Develop Family Partnership content area work plan that identifies strategies to engage families, including supporting their self sufficiency.
- b. Develop a plan for implementing the Parent, Family and Community Engagement Framework.
- c. Develop a plan for meeting HSPPS when developing transition plan for families entering and leaving the program.
- d. Develop a plan for engaging families in the EHS program in meaningful ways that strengthens the individual family.
- e. Develop a plan for engaging families in the collection of child assessment data.
- f. Develop a plan for being responsive to the cultural and linguistic characteristics of the families in the community.
- g. Plan around the importance of honoring the families' home language and the role it plays in their infant-toddler's overall development.
- h. Plan for supporting families in setting goals for themselves and their infant or toddler.
- i. Identify sources of data to track families' progress over time, allowing for data-informed decision making.
- j. Identify program goals, objectives or action steps around family engagement based on the community needs assessment.
- k. Develop a plan to serve pregnant women enrolled in the program.
- l. Develop a plan to transition newborn infant into the program after enrolled pregnant woman has given birth.

Education and Early Childhood Development:

1304.21(a)(1)(i-iii);(3)(i)(E)
1304.21(b)(1)(i)
1304.21(a)(2)(i-iii)

Family Partnerships:

1304.40

Management Systems and Procedures:

1304.51(a)(1)(iii)

EVIDENCE/ ACTION STEPS:

4. Community Engagement

RATING:



- a. Develop Community Partnership content area work plan.
- b. Identify Part C providers and develop Memorandum of Understanding.
- c. Identify community partners to extend ability to support the comprehensive needs of low-income pregnant women, infants, toddlers and their families.
- d. Develop strategies to engage with community partners in ways that strengthen both the programs and the families served.

Community Partnerships:

1304.20(f)(2)
1304.41(a)

Management Systems and Procedures:

1304.51(a)(1)(iii)

EVIDENCE/ ACTION STEPS:

SUMMARY OF RATINGS:

SP P I

A1: Establish Leadership Team

A2: Negotiated Award/Budget

A3: Organizational Chart

A4: Contracts and/or Partnership Agreements

B1: Fiscal Management

B2: Facilities, Materials, Equipment, Technology & Transportation

B3: Self-Assessment

B4: Planning

B5: Ongoing Monitoring

B6: Program Governance

B7: Communication

B8: Record Keeping & Reporting

B9: Eligibility, Recruitment, Selection Enrollment & Attendance (ERSEA)

B10: Human Resources

C1: Child Development

C2: Child Health & Well-being

C3: Family Engagement

C4: Community Engagement

SUMMARY OF EVIDENCE/ ACTION STEPS: