

TRAINING AND PROFESSIONAL DEVELOPMENT EXCERPTS THAT PROGRAMS ARE REQUIRED TO PROVIDE

HEAD START PROGRAM PERFORMANCE STANDARDS EXCERPTS

45 CFR Chapter XIII

SUBCHAPTER B – THE ADMINISTRATION FOR CHILDREN AND FAMILIES, HEAD START PROGRAMS

Citation	Text	Comments
PART 1301 - PROGRAM GOVERNANCE		
§1301.5 Training.	An agency must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council, including training on program performance standards and training indicated in §1302.12(m) to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.	HSPPS training for governing body, advisory committee, policy council (within 180 days of new term §1302.12(m)).
PART 1302 – PROGRAM OPERATIONS		
Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance		
§1302.12 Determining, verifying, and documenting eligibility. (k) <u>Records.</u> (m) <u>Training on eligibility.</u>	<p>[...] (k) <u>Records.</u></p> <p>(1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically. [...]</p> <p>(m) Training on eligibility.</p> <p>(1) A program must train all governing body, policy council, management, and staff who determine eligibility on applicable federal regulations and program policies and procedures. Training must, at a minimum:</p> <p>(i) Include methods on how to collect complete and accurate eligibility information from families and third party sources;</p> <p>(ii) Incorporate strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy; and,</p> <p>(iii) Explain program policies and procedures that describe actions taken against staff, families, or participants who attempt to provide or</p>	<p>(k) Keep records of eligibility training.</p> <p>(m) Offer eligibility training for staff involved in decision-making within 90 days of hiring. Determine subsequent training schedule.</p>

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	<p>intentionally provide false information.</p> <p>(2) A program must train management and staff members who make eligibility determinations within 90 days of hiring new staff.</p> <p>(3) A program must train all governing body and policy council members within 180 days of the beginning of the term of a new governing body or policy council.</p> <p>(4) A program must develop policies on how often training will be provided after the initial training.</p>	
Subpart B – Program Structure		
<p>§1302.20 Determining program structure. (c) Conversion</p>	<p>[...] (c) <u>Conversion.</u></p> <p>(1) Consistent with section 645(a)(5) of the Head Start Act, grantees may request to convert Head Start slots to Early Head Start slots through the re-funding application process or as a separate grant amendment.</p> <p>(2) Any grantee proposing a conversion of Head Start services to Early Head Start services must obtain policy council and governing body approval and submit the request to their regional office.</p> <p>(3) With the exception of American Indian and Alaska Native grantees as described in paragraph (c)(4) of this section, the request to the regional office must include: [...]</p> <p>(vi) Assurances that the agency will participate in training and technical assistance activities required of all Early Head Start grantees; [...]</p>	<p>(c) Agencies must agree to participate in required EHS training if they propose converting slots (with the exception of AIAN).</p>
<p>§1302.21 Center-based option.</p>	<p>[...] (b) <u>Ratios and group size.</u></p>	<p>(b) Train subs and volunteers to</p>

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(b) <u>Ratios and group size.</u>	<p>(1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of program operation, except:</p> <p>(i) For brief absences of a teaching staff member for no more than five minutes; and,</p> <p>(ii) During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age. [...]</p> <p>(4) A program must maintain appropriate ratios during all hours of program operation. A program must ensure providers have systems to ensure the safety of any child not within view for any period. A program must make substitute staff and assistant providers available with the necessary training and experience to ensure quality services to children are not interrupted. [...]</p>	ensure quality services in center-based programs.
<p>§1302.23 Family child care option. (e) <u>Child development specialist.</u></p>	<p>[...] (e) <u>Child development specialist.</u> A program that offers the family child care option must provide a child development specialist to support family child care providers and ensure the provision of quality services at each family child care home. Child development specialists must: [...]</p> <p>(4) Provide recommendations for technical assistance and support the family child care provider in developing relationships with other child care professionals.</p>	(e) Recommend TA for family child care providers to network

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Subpart C—Education and Child Development Program Services		
<p>§1302.31 Teaching and the learning environment. (a) <u>Teaching and the learning environment.</u> (b) <u>Effective teaching practices.</u></p>	<p>(a) <u>Teaching and the learning environment.</u> A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children’s skill growth aligned with the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u>, including for children with disabilities. A program must also support implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.</p> <p>(b) <u>Effective teaching practices.</u> [...]</p> <p>(2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must: [...]</p> <p>(iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children’s home language/s who could be trained to work in the classroom to support children’s continued development of the home language. [...]</p>	<p>(a) Provide system of staff PD.</p> <p>(b) Identify volunteers who speak children’s home language who could be trained to work in classrooms.</p>
<p>§1302.32 Curricula. (a) <u>Curricula.</u></p>	<p>(a) <u>Curricula.</u></p> <p>(1) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that:</p>	<p>(a) Curricula must have standardized training procedures in center-based and family child care programs. Provide PD to support curricula implementation.</p>

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	<p>(i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;[...]</p> <p>(2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development. [...]</p>	
<p>§1302.33 Child screenings and assessments. (c) <u>Characteristics of screenings and assessments.</u></p>	<p>[...] (c) <u>Characteristics of screenings and assessments.</u></p> <p>(1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed. [...]</p>	<p>(c) Trained personnel necessary for screenings and assessments (not specified if program must provide training)</p>
<p>§1302.35 Education in home-based programs. (d) <u>Home-based curriculum.</u></p>	<p>[...] (d) <u>Home-based curriculum.</u> A program that operates the home-based option must: [...]</p> <p>(2) Support staff in the effective implementation of the curriculum and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development. [...]</p>	<p>(d) Provide PD to support curriculum implementation in home-based option.</p>
Subpart D—Health Program Services		
<p>§1302.46 Family support services for health, nutrition, and mental health. (a) <u>Parent collaboration</u> (b) <u>Opportunities</u></p>	<p>(a) <u>Parent collaboration.</u> Programs must collaborate with parents to promote children’s health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.</p> <p>(b) <u>Opportunities.</u></p>	<p>The entire standard is excerpted. (a) Provide health education support services accessible to individuals with low health literacy.</p>

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	<p>(1) Such collaboration must include opportunities for parents to:</p> <ul style="list-style-type: none"> (i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep; (ii) Discuss their child’s nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family’s nutrition and food budget needs; (iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression; (iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child’s mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child’s social and emotional development; and, (v) Learn about appropriate vehicle and pedestrian safety for keeping children safe. <p>(2) A program must provide ongoing support to assist parents’ navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:</p> <ul style="list-style-type: none"> (i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods; 	<p>(b) Provide learning and discussion opportunities about health, safety, health insurance, and other topics. [Note: word training is not used.]</p>

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	<p>(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,</p> <p>(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.</p>	
<p>§1302.47 Safety practices. (4) <u>Safety training.</u></p>	<p>(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult <u>Caring for our Children Basics</u>, available at http://www.acf.hhs.gov/sites/default/files/ecd/caring_for_our_children_basics.pdf, for additional information to develop and implement adequate safety policies and practices described in this part.</p> <p>(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: [...]</p> <p>(4) <u>Safety training.</u></p> <p>(i) <u>Staff with regular child contact.</u> All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in:</p> <p>(A) The prevention and control of infectious diseases;</p> <p>(B) Prevention of sudden infant death syndrome and use of safe</p>	<p>(a) Train all staff on health and safety practices within three months of hire.</p> <p>(b) Provide ongoing training. Applicable to staff who have regular contact with children and those who do not.</p>

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	<p>sleeping practices; (C) Administration of medication, consistent with standards for parental consent; (D) Prevention and response to emergencies due to food and allergic reactions; (E) Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic; (F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; (G) Emergency preparedness and response planning for emergencies; (H) Handling and storage of hazardous materials and the appropriate disposal of biocontaminants; (I) Appropriate precautions in transporting children, if applicable; (J) First aid and cardiopulmonary resuscitation; and (K) Recognition and reporting of child abuse and neglect, in accordance with the requirement at paragraph (b)(5) of this section.</p> <p>(ii) <u>Staff without regular child contact</u>. All staff with no regular responsibility for or contact with children have initial orientation training within three months of hire; ongoing training in all state, local, tribal, federal and program-developed health and safety requirements applicable to their work; and training in the program’s emergency and disaster preparedness procedures. [...]</p>	
Subpart G—Transition Services		
§1302.71 Transitions from Head Start to kindergarten.	[...] (c) <u>Community collaborations for transitions</u> . (1) A program must collaborate with local education agencies to support family engagement under	(c) Joint training and PD for HS and kindergarten teachers and

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(c) <u>Community collaborations for transitions.</u>	<p>section 642(b)(13) of the Act and state departments of education, as appropriate, and kindergarten teachers to implement strategies and activities that promote successful transitions to kindergarten for children, their families, and the elementary school.</p> <p>(2) At a minimum, such strategies and activities must include: [...]</p> <p>(iii) Participation, as possible, for joint training and professional development activities for Head Start and kindergarten teachers and staff. [...]</p>	staff.
Subpart H – Services to Enrolled Pregnant Women		
§1302.81 Prenatal and postpartum information, education, and services (a)	(a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding. [...]	(a) Provide information and education on relevant topics. [Note: the term training is not used.]
Subpart I – Human Resources Management		
§1302.91 Staff qualifications and competency requirements. (a) <u>Purpose.</u>	(a) <u>Purpose.</u> A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities. [...]	(a) Provide ongoing staff training and PD.
§1302.92 Training and professional development.	(a) A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented. (b) A program must establish and implement a systematic approach to staff	The entire standard is included. (a) Orientation to program goals, philosophy, implementation for all staff, consultants and volunteers.

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	<p>training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include:</p> <p>(1) Staff completing a minimum of 15 clock hours of professional development per year. For teaching staff, such professional development must meet the requirements described in section 648A(a)(5) of the Act.</p> <p>(2) Training on methods to handle suspected or known child abuse and neglect cases, that comply with applicable federal, state, local, and tribal laws;</p> <p>(3) Training for child and family services staff on best practices for implementing family engagement strategies in a systemic way, as described throughout this part;</p> <p>(4) Training for child and family services staff, including staff that work on family services, health, and disabilities, that builds their knowledge, experience, and competencies to improve child and family outcomes; and,</p> <p>(5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u>, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.</p> <p>(c) A program must implement a research-based, coordinated coaching strategy for education staff that:</p>	<p>(b) Systematic approach to training and PD for at least 15 hours per year. Some training topics specified.</p>

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	<p>(1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;</p> <p>(2) At a minimum, provides opportunities for intensive coaching to those education staff identified through the process in paragraph (c)(1) of this section, including opportunities to be observed and receive feedback and modeling of effective teacher practices directly related to program performance goals;</p> <p>(3) At a minimum, provides opportunities for education staff not identified for intensive coaching through the process in paragraph (c)(1) of this section to receive other forms of research-based professional development aligned with program performance goals;</p> <p>(4) Ensures intensive coaching opportunities for the staff identified through the process in paragraph (c)(1) of this section that:</p> <p style="padding-left: 40px;">(i) Align with the program’s school readiness goals, curricula, and other approaches to professional development;</p> <p style="padding-left: 40px;">(ii) Utilize a coach with adequate training and experience in adult learning and in using assessment data to drive coaching strategies aligned with program performance goals;</p> <p style="padding-left: 40px;">(iii) Provide ongoing communication between the coach, program director, education director, and any other relevant staff; and,</p> <p style="padding-left: 40px;">(iv) Include clearly articulated goals informed by the program’s goals, as described in §1302.102, and a process for achieving those goals; and,</p> <p>(5) Establishes policies that ensure assessment results are not used to solely determine punitive actions for staff identified as needing support, without providing time and resources for staff to improve.</p>	<p>(c) Implementation of coaching strategy for education staff.</p>

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	<p>(d) If a program needs to develop or significantly adapt their approach to research-based professional development to better meet the training needs of education staff, such that it does not include the requirements in paragraph (c) of this section, the program must partner with external early childhood education professional development experts. A program must assess whether the adaptation adequately supports staff professional development, consistent with the process laid out in subpart J of this part.</p>	<p>(d) If adaptations to PD do not include coaching requirements in (c), experts must be consulted about adaptations.</p>
<p>Subpart J—Program Management and Quality Improvement</p>		
<p>§1302.101 Management system. (a) <u>Implementation.</u> (b) <u>Coordinated approaches.</u></p>	<p>(a) <u>Implementation.</u> A program must implement a management system that: [...]</p> <p>(2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;</p> <p>(3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part; and, [...]</p> <p>(b) <u>Coordinated approaches.</u> At the beginning of each program year, and on an ongoing basis throughout the year, a program must design and implement program-wide coordinated approaches that ensure:</p> <p>(1) The training and professional development system, as described in §1302.92, effectively supports the delivery and continuous improvement of high-quality services; [...]</p>	<p>(a) Management is responsible for providing supervision support and sufficient time for individual staff PD.</p> <p>(b) Design and implement program-wide coordinated approach for training and PD.</p>
<p>§1302.102 Achieving program goals.</p>	<p>[...] (b) <u>Monitoring program performance.</u> [...]</p>	<p>(b) Assess effectiveness of PD in program self-assessment.</p>

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<p>(b) <u>Monitoring program performance</u></p> <p>(c) <u>Using data for continuous improvement.</u></p>	<p>(2) <u>Ongoing assessment of program goals.</u> A program must effectively oversee progress towards program goals on an ongoing basis and annually must:</p> <p>(i) Conduct a self-assessment that uses program data including aggregated child assessment data, and professional development and parent and family engagement data as appropriate, to evaluate the program’s progress towards meeting goals established under paragraph (a) of this section, compliance with program performance standards throughout the program year, and the effectiveness of the professional development and family engagement systems in promoting school readiness; [...]</p> <p>(c) <u>Using data for continuous improvement.</u></p> <p>(1) A program must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section.</p> <p>(2) This process must:</p> <p>(i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;</p> <p>(ii) Ensure child-level assessment data is aggregated and analyzed at least three times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate, except in programs operating fewer than 90 days, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services; and,</p>	<p>(c) Use multiple sources of data to inform PD and CQI: staff training on materials; PD needs assessment; child level data (including for MSHS); ongoing monitoring and program self-assessment; and program implementation plans.</p>

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	<p>(iii) For programs operating fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services;</p> <p>(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,</p> <p>(v) Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.</p>	
<p>§1302.103 Implementation of program performance standards.</p>	<p>[...] (b) A program’s approach to implement the changes included in parts 1301 through 1304 of this chapter must ensure adequate preparation for effective and timely service delivery to children and their families including, at a minimum, review of community assessment data to determine the most appropriate strategy for implementing required program changes, including assessing any changes in the number of children who can be served, as necessary, the purchase of and training on any curriculum, assessment, or other materials, as needed, assessment of program-wide professional development needs, assessment of staffing patterns, the development of coordinated approaches described in §1302.101(b), and the development of appropriate protections for data sharing; and children enrolled in the program on [insert date 60 days after date of publication in the Federal Register] are not displaced during</p>	<p>(b) To implement changes in HSPPS, assess program-wide PD needs.</p>

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	<p>a program year and that children leaving Early Head Start or Head Start at the end of the program year following [insert date 60 days after date of publication in the Federal Register] as a result of any slot reductions received services described in §§1302.70 and 1302.72 to facilitate successful transitions to other programs.</p>	
PART 1303- FINANCIAL AND ADMINISTRATIVE REQUIREMENTS		
Subpart F—Transportation		
<p>§1303.72 Vehicle operation. (d) <u>Driver training.</u> (e) <u>Bus monitor training</u></p>	<p>[...] (d) <u>Driver training.</u></p> <p>(1) A program must ensure any person employed as a driver receives training prior to transporting any enrolled child and receives refresher training each year.</p> <p>(2) <u>Training must include:</u></p> <p>(i) Classroom instruction and behind-the-wheel instruction sufficient to enable the driver to operate the vehicle in a safe and efficient manner, to safely run a fixed route, to administer basic first aid in case of injury, and to handle emergency situations, including vehicle evacuation, operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints, conduct routine maintenance and safety checks of the vehicle, and maintain accurate records as necessary; and,</p> <p>(ii) Instruction on the topics listed in §1303.75 related to transportation services for children with disabilities.</p> <p>(3) A program must ensure the annual evaluation of each driver of a vehicle used to provide such services includes an on-board observation of road</p>	<p>(d) (e) Provide training for drivers and bus monitors prior to beginning work and on ongoing basis.</p>

TRAINING AND PROFESSIONAL DEVELOPMENT EXCERPTS THAT PROGRAMS ARE REQUIRED TO PROVIDE

HEAD START PROGRAM PERFORMANCE STANDARDS EXCERPTS

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Citation	Text	Comments
	<p>performance.</p> <p>(e) Bus monitor training. A program must train each bus monitor before the monitor begins work, on child boarding and exiting procedures, how to use child restraint systems, completing any required paperwork, how to respond to emergencies and emergency evacuation procedures, how to use special equipment, child pick-up and release procedures, how to conduct and pre- and post-trip vehicle checks. Bus monitors are also subject to staff safety training requirements in §1302.47(b)(4) of this chapter including Cardio Pulmonary Resuscitation (CPR) and first aid.</p>	
<p>§1303.75 Children with disabilities.</p>	<p>[...] (b) A program must ensure special transportation requirements in a child’s IEP or IFSP are followed, including special pick-up and drop-off requirements, seating requirements, equipment needs, any assistance that may be required, and any necessary training for bus drivers and monitors.</p>	<p>(b) Provide training as needed for staff transporting children with disabilities.</p>
PART 1304 – FEDERAL ADMINISTRATIVE PROCEDURES		
Subpart B—Designation Renewal		
<p>§1304.11 Basis for determining whether a Head Start agency will be subject to an open competition.</p>	<p>A Head Start or Early Head Start agency shall be required to compete for its next five years of funding whenever the responsible HHS official determines that one or more of the following seven conditions existed during the relevant time period covered by the responsible HHS official's review under §1304.15:</p> <p>(a) An agency has been determined by the responsible HHS official to have one or more deficiencies on a single review conducted under section 641A(c)(1)(A), (C), or (D) of the Act in the relevant time period covered by the responsible HHS official's review under §1304.15.</p>	<p>(a) (b) Grantees required to compete if program data has not been used to inform CQI and PD (among other conditions that have not been met).</p>

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Citation	Text	Comments
	<p>(b) An agency has been determined by the responsible HHS official based on a review conducted under section 641A(c)(1)(A), (C), or (D) of the Act during the relevant time period covered by the responsible HHS official's review under §1304.15 not to have:</p> <p style="padding-left: 40px;">(1) After December 9, 2011, established program goals for improving the school readiness of children participating in its program in accordance with the requirements of section 641A(g)(2) of the Act and demonstrated that such goals: [...]</p> <p style="padding-left: 40px;">(2) After December 9, 2011, taken steps to achieve the school readiness goals described under paragraph (b)(1) of this section demonstrated by:</p> <p style="padding-left: 80px;">(i) Aggregating and analyzing aggregate child-level assessment data at least three times per year (except for programs operating less than 90 days, which will be required to do so at least twice within their operating program period) and using that data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions; and, [...]</p>	
PART 1305 -- DEFINITIONS		
<i>Hours of planned class operations</i>	<i>Hours of planned class operations</i> means hours when children are scheduled to attend. Professional development, training, orientation, teacher planning, data analysis, parent-teacher conferences, home visits, classroom sanitation, and transportation do not count toward the hours of planned class operations.	Hours of planned class operations exclude PD and training activities.
<i>Staff</i>	<i>Staff</i> means paid adults who have responsibilities related to children and their families who are enrolled in programs.	