

HEAD START PROGRAM PERFORMANCE STANDARDS EXCERPTS  
 45 CFR Chapter XIII  
 SUBCHAPTER B – THE ADMINISTRATION FOR CHILDREN AND FAMILIES, HEAD START PROGRAMS  
**INFANTS AND TODDLERS AND EARLY HEAD START**

December 22, 2016

Citation	Text	Notes
<b>PART 1302 – PROGRAM OPERATIONS</b>		
<b>Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance</b>		
<p><b>§1302.12 Determining, verifying, and documenting eligibility.</b>            (b) <u>Age requirements.</u>            (j) <u>Eligibility duration.</u></p>	<p>[...] (b) <u>Age requirements.</u></p> <p>(1) For Early Head Start, <b>except when the child is transitioning to Head Start</b>, a child must be an infant or a toddler younger than three years old.</p> <p>(j) <u>Eligibility duration.</u> [...]</p> <p>(4) If a program operates both an Early Head Start and a Head Start program, and the parents wish to enroll their child who has been enrolled in the program’s Early Head Start, the program must ensure, whenever possible, the child receives Head Start services until enrolled in school, provided the child is eligible.</p>	<p>(b) <b>Relates to §1302.70(b) (2)</b></p> <p>(j) Continuity of care</p>
<p><b>§1302.15 Enrollment.</b>            (b) <u>Continuity of enrollment.</u></p>	<p>[...] (b) <u>Continuity of enrollment.</u> [...]</p> <p>(2) Under exceptional circumstances, a program may maintain a child’s enrollment in Head Start for a third year, provided that family income is verified again. A program may maintain a child’s enrollment in Early Head Start as described in §1302.12(j)(2).</p>	<p>Continuity; EHS children eligible until they age out.</p>
<p><b>§1302.17 Suspension and expulsion.</b>            (b) <u>Prohibition on expulsion.</u></p>	<p>[...] (b) <u>Prohibition on expulsion.</u> [...]</p> <p>(2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child’s safe participation in the program. Such steps must include at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with parents and child’s teacher and:</p> <p>(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP and IEP to ensure the child receives the needed support services; or,</p> <p>(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine if the child is eligible for services.</p>	<p>IFSPs are developed for infants and toddlers with disabilities.</p>

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Subpart B – Program Structure		
<p><b>§1302.20 Determining program structure.</b>            (c) <u>Conversion.</u>            (d) <u>Source of funding.</u></p>	<p>[...] (c) <u>Conversion.</u>            (1) Consistent with section 645(a)(5) of the Head Start Act, grantees may request to <b>convert Head Start slots to Early Head Start slots through the re-funding application process or as a separate grant amendment.</b>             (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.             (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:                 (i) A grant application budget and a budget narrative that clearly identifies the funding amount for the Head Start and Early Head Start programs before and after the proposed conversion;                 (ii) The results of the community assessment demonstrating how the proposed use of funds would best meet the needs of the community, including a description of how the needs of eligible Head Start children will be met in the community when the conversion takes places;                 (iii) A revised program schedule that describes the program option(s) and the number of funded enrollment slots for Head Start and Early Head Start programs before and after the proposed conversion;                 (iv) A description of how the needs of pregnant women, infants, and toddlers will be addressed;                 (v) A discussion of the agency’s capacity to carry out an effective Early Head Start program in accordance with the requirements of section 645A(b) of the Head Start Act and all applicable regulations;                 (vi) Assurances that the agency will participate in training and technical assistance activities required of all Early Head Start grantees;                 (vii) A discussion of the qualifications and competencies of the child development staff proposed for the Early Head Start program, as well as a description of the facilities and program infrastructure that will be used to support the new or expanded</p>	<p>Many considerations about converting to EHS slots</p>

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	<p>Early Head Start program;</p> <p style="padding-left: 40px;">(viii) A discussion of any one-time funding necessary to implement the proposed conversion and how the agency intends to secure such funding; and,</p> <p style="padding-left: 40px;">(ix) The proposed timetable for implementing this conversion, including updating school readiness goals as described in subpart J of this part.</p> <p>(4) Consistent with section 645(d)(3) of the Act, any American Indian and Alaska Native grantee that operates both an Early Head Start program and a Head Start program may reallocate funds between the programs at its discretion and at any time during the grant period involved, in order to address fluctuations in client populations. An American Indian and Alaska Native program that exercises this discretion must notify the regional office.</p> <p>(d) <u>Source of funding</u>. A program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class operations for the purposes of meeting the Head Start and Early Head Start service duration requirements in this subpart.</p>	
<p><b>§1302.21 Center-based option.</b> (b) <u>Ratios and group size.</u> (c) <u>Service duration.</u></p>	<p>[...] (b) <u>Ratios and group size.</u></p> <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 style="padding-left: 40px;">(i) For brief absences of a teaching staff member for no more than five minutes; and,</p> <p style="padding-left: 40px;">(ii) During <b>nap time</b>, 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>(2) An Early Head Start or Migrant or Seasonal Head Start class that serves <b>children under 36 months old</b> must have two teachers with no more than eight children, or three teachers with no more than nine children. Each teacher must be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children. A program must minimize teacher changes throughout a</p>	<p>Recognizes state licensing. (b) New exceptions.</p> <p><b>Nap time relates to §1302.31(c)(1) and (e)(1) – flexible and individual schedules for infants and young toddlers.</b></p> <p>(b) (2) Supports continuity via local flexibility and mixed age groups.</p>

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	<p>child’s enrollment, whenever possible, and consider mixed age group classes to support continuity of care.</p> <table border="1" data-bbox="569 350 1503 457"> <tr> <td colspan="2" style="text-align: center;">Table to §1302.21(b) — Center-based group size</td> </tr> <tr> <td style="width: 25%;">Under 3 years old</td> <td>No more than 8 or 9 children enrolled in any class, depending on the number of teachers.</td> </tr> </table> <p>(c) <u>Service duration.</u></p> <p>(1) <u>Early Head Start.</u></p> <p>(i) A program must provide 1,380 annual hours of planned class operations for all enrolled children.</p> <p>(ii) A program that is designed to meet the needs of young parents enrolled in school settings may meet the service duration requirements in paragraph (i) if it operates a center-based program schedule during the school year aligned with its local education agency requirements and provides regular home-based services during the summer break. [...]</p> <p>(5) <u>Exemption for Migrant and Seasonal Head Start programs.</u> A Migrant or Seasonal program is not subject to the requirements described in §1302.21(c)(1) or (2), but must make every effort to provide as many days and hours of service as possible to each child and family.</p>	Table to §1302.21(b) — Center-based group size		Under 3 years old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.	<p>New – infant toddler group size options: 2:8 or 3:9. No waiver needed.</p> <p>(c) New – By Aug. 1, 2018.</p>
Table to §1302.21(b) — Center-based group size						
Under 3 years old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.					
<p><b>§1302.22 Home-based option.</b> (c) <u>Service duration.</u></p>	<p>[...] (c) <u>Service duration.</u></p> <p>(1) <u>Early Head Start.</u> By August 1, 2017, an Early Head Start home-based program must:</p> <p>(i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year; and,</p> <p>(ii) Provide, at a minimum, 22 group socialization activities distributed over the course of the program year.</p>	<p>New – By Aug.1, 2017. Codifies long-standing guidance.</p>				
<p><b>§1302.23 Family child care option.</b> (b) <u>Ratios and group size.</u></p>	<p>[...] (b) <u>Ratios and group size.</u></p> <p>(1) A program that operates the family child care option, where Head Start children are enrolled must ensure group size does not exceed the limits specified in this section. If the family child care provider’s own children under the age of six are present, they must be included in the group size.</p>	<p>Not new.</p>				

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	<p>(2) When there is one family child care provider, the maximum group size is six children and no more than two of the six may be under 24 months of age. When there is a provider and an assistant, the maximum group size is twelve children with no more than four of the twelve children under 24 months of age.</p> <p>(3) One family child care provider may care for up to four children younger than 36 months of age with a maximum group size of four children, and no more than two of the four children may be under 18 months of 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>	
<p><b>§1302.24 Locally designed program option variations (c) Waiver requirements.</b></p>	<p>[...] (c) <u>Waiver requirements.</u></p> <p>(1) The responsible HHS official may waive one or more of the requirements contained in §1302.21(b), (c)(1)(i), (c)(2)(iii), and (c)(2)(iv); §1302.22(a) through (c); and §1302.23(b) and (c), <b>but may not waive ratios or group size for children under 24 months.</b> Center-based locally-designed options must meet the minimums described in section 640(k)(1) of the Act for center-based programs.</p> <p>(2) If the responsible HHS official determines a waiver of group size for center-based services would better meet the needs of children and families in a community, the group size may not exceed the limits below:</p> <p>(i) A group that serves <b>children 24 to 36 months of age</b> must have no more than ten children; and,</p> <p>(ii) A group that serves predominantly three-year-old children must have no more than twenty children; and,</p> <p>(iii) A group that serves predominantly four-year-old children must have no more than twenty-four children.[...]</p> <p><b>NOTE:</b> <a href="https://www.federalregister.gov/documents/2016/09/06/2016-19748/head-start-performance-standards">https://www.federalregister.gov/documents/2016/09/06/2016-19748/head-start-performance-standards</a></p> <p><b>Preamble: Waiver Authority for Ratios in Early Head Start Two-year-old Groups</b> For the first time, programs can request a waiver of ratios for groups with two-year-old children. We believe that programs in states that allow higher ratios for two-year-olds groups or mixed age groups may request waivers to allow them to serve more children and support continuity as children approach pre-school. We anticipate awarding waivers to programs who propose to serve</p>	<p>Waivers for:</p> <ul style="list-style-type: none"> <li>• Center-based (CB) ratios and group size for children 24 months and older.</li> <li>• EHS service duration.</li> <li>• Home-based (HB) caseload and service duration.</li> <li>• Family child care (FCC) ratios and group size.</li> </ul> <p>(2) (i) <b>New</b> - waiver of ratios for groups with two-year-olds</p>

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	two-year-old children at a ratio of 1:5 rather than 1:4, provided they have sufficient space to meet square footage requirements §1302.21(d) and can demonstrate it meets the needs of the community, the learning needs of children, and can ensure the change in ratio poses no health and safety risk.	
<b>Subpart C—Education and Child Development Program Services</b>		
<p><b>§1302.31 Teaching and the learning environment.</b>            (b) <u>Effective teaching practices.</u>            (c) <u>Learning environment.</u>            (e) <u>Promoting learning through approaches to rest, meals, routines, and physical activity.</u></p>	<p>[...] (b) <u>Effective teaching practices.</u>            (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:            (i) For <b>an infant or toddler dual language learner</b>, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English; [...]</p> <p>(c) <u>Learning environment.</u> A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:            (1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; [...]</p> <p>(e) <u>Promoting learning through approaches to rest, meals, routines, and physical activity.</u>            (1) A program must implement an intentional, age appropriate approach to accommodate children’s need to nap or rest...[...]</p> <p>(2) A program must implement snack and meal times in ways that support development and learning. For <b>bottle-fed infants, this approach must include holding infants during feeding</b> to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child’s learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.</p> <p>(3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth. [...]</p>	<p>The term teacher includes FCC providers. OHS recognizes them as the teachers of the children they serve.</p> <p>(e) (2) Holding bottle-fed children is not new.</p> <p>(e) (3) Intentional teaching.</p>

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<p><b>§1302.35 Education in home-based programs.</b> (c) <u>Home visit experiences.</u></p>	<p>[...] (c) <u>Home visit experiences.</u> A program that operates the home-based option must ensure all home visits focus on promoting high-quality early learning experiences in the home and growth towards the goals described in the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u> and must use such goals and the curriculum to plan home visit activities that implement: [...]</p> <p>(4) Research-based strategies and activities for children who are dual language learners that recognize bilingualism and biliteracy as strengths, and:</p> <p>(i) For infants and toddlers, focus on the development of the home language, while providing experiences that expose both parents and children to English; [...]</p>	<p>Intentional home visit strategies for DLLs.</p> <p>Home language promotes continuity of care; child’s sense of security and attachment.</p>
<p><b>Subpart D—Health Program Services</b></p>		
<p><b>§1302.42 Child health status and care.</b> (e) <u>Use of funds</u></p>	<p>[...] (e) <u>Use of funds.</u></p> <p>(1) A program must use program funds for the provision of <b>diapers and formula</b> for enrolled children during the program day. [...]</p>	<p>Codifies use of funds.</p>
<p><b>§1302. 43 Oral health practices.</b></p>	<p>A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.</p>	<p>Oral health and gum care for infants is still allowable.</p>
<p><b>§1302.44 Child nutrition.</b> (a) <u>Nutrition service requirements.</u> (b) <u>Payment sources.</u></p>	<p>(a) <u>Nutrition service requirements.</u> [...]</p> <p>(2) Specifically, a program must: [...]</p> <p>(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;</p> <p>(v) Ensure <b>bottle-fed infants</b> are never laid down to sleep with a bottle;</p> <p>(viii) <b>Promote breastfeeding</b>, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors;</p> <p>(b) <u>Payment sources.</u> A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal</p>	<p>Individualized approach.</p> <p>(a) (iv) and (v) are not new.</p> <p>(a) (viii) allows for local flexibility; doesn’t require separate room for nursing.</p> <p>(b) Not new.</p>

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	services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA	
<b>§1302.46 Family support services for health, nutrition, and mental health. (b) Opportunities</b>	<p>[...] (b) <u>Opportunities</u>.</p> <p>(1) Such collaboration must include opportunities for parents to: [...]</p> <p>(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; [...]</p>	Relates to §1302.81
<b>§1302.47 Safety practices.</b>	<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>(1) <u>Facilities</u>. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: [...]</p> <p>(viii) Designed to <b>separate toileting and diapering areas</b> from areas for preparing food, cooking, eating, or children’s activities; [...]</p> <p>(2) <u>Equipment and materials</u>. Indoor and outdoor play equipment, <b>cribs, cots, feeding chairs</b>, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM), and at a minimum: [...]</p> <p>(iv) Allow for the separation of <b>infants and toddlers</b> from preschoolers during play in center-based programs; [...]</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>(B) <b>Prevention of sudden infant death syndrome</b> and use of safe sleeping</p>	<p>Not new.</p> <p>Developmentally appropriate.</p>

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	<p>practices; [...]</p> <p>(F) <b>Prevention of shaken baby syndrome</b>, abusive head trauma, and child maltreatment; [...]</p> <p>(5) <b>Safety practices</b>. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: [...]</p> <p>(ii) <b>Safe sleep practices</b>, including ensuring that <b>all sleeping arrangements for children under 18 months of age</b> use firm mattresses or cots, as appropriate, and <b>for children under 12 months</b>, soft bedding materials or toys must not be used; [...]</p> <p>(6) <b>Hygiene practices</b>. All staff systematically and routinely implement hygiene practices that at a minimum ensure:</p> <p>(i) appropriate toileting, hand washing, and <b>diapering</b> procedures are followed; [...]</p>	
<b>Subpart F— Additional services for children with disabilities</b>		
<p><b>§1302.61 Additional services for children.</b></p> <p>(c) <u>Additional services for children with an IFSP or IEP.</u></p>	<p>[...] (c) <u>Additional services for children with an IFSP or IEP</u>. To ensure the individual needs of children eligible for services under IDEA are met, a program must:</p> <p>(1) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:</p> <p>(i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;</p> <p>(ii) Children are working towards the goals in their IFSP or IEP;</p> <p>(iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;</p> <p>(iv) IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,</p> <p>(v) Services are provided in a child’s regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.</p> <p>(2) Plan and implement the transition services described in subpart G of this part, including at a minimum:</p> <p>(i) <b>For children with an IFSP who are transitioning out of Early Head Start,</b></p>	<p>Relates to §1302.70 (e) <u>Transition services for children with an IFSP.</u></p>

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	collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child’s eligibility for services under Part B of IDEA; and, [...]	
<b>§1302.62 Additional services for parents.</b>	<p>[...] (b) Parents of children eligible for services under IDEA. For parents of children eligible for services under IDEA, a program must also help parents:</p> <p>(1) Understand the referral, evaluation, and services timelines required under IDEA;</p> <p>(2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;</p> <p>(3) Understand the purpose and results of evaluations and services provided under an IFSP or IEP; and</p> <p>(4) Ensure their children’s needs are accurately identified in, and addressed through, the IFSP or IEP.</p>	Relates to §1302.63
<b>§1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA.</b>	<p>[...] (c) A program must participate in the development of the IFSP or IEP if requested by the child’s parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:</p> <p>(1) To provide relevant information from its screenings, assessments, and observations to the team developing a child’s IFSP or IEP; and,</p> <p>(2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.</p> <p>(d) A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.</p>	Relates to §1302.62
<b>Subpart G—Transition Services</b>		
<b>§1302.70 Transitions from Early Head Start</b> (a) <u>Implementing transition strategies and practices.</u> (b) <u>Timing for transitions.</u>	<p>(a) <u>Implementing transition strategies and practices.</u> An Early Head Start program must implement strategies and practices to support successful transitions for children and their families <u>transitioning out of Early Head Start.</u></p> <p>(b) <u>Timing for transitions.</u> To ensure the most appropriate placement and service</p>	(b) Consider: transitions for

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<p>(c) <u>Family collaborations.</u>                  (d) <u>Early Head Start and Head Start collaboration.</u>                  (e) <u>Transition services for children with an IFSP.</u></p>	<p>following participation in Early Head Start, such programs must, at least six months prior to each child’s third birthday, implement transition planning for each child and family that:</p> <p>(1) Takes into account the child’s developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,</p> <p>(2) Transitions the child into Head Start or another program <b>as soon as possible</b> after the child’s third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child’s third birthday if necessary for an appropriate transition.</p> <p>(c) <u>Family collaborations.</u> A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful <b>transitions from Early Head Start</b> and, at a minimum, provide information about the child’s progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.</p> <p>(d) <u>Early Head Start and Head Start collaboration.</u> Early Head Start and Head Start programs must work together to maximize enrollment <b>transitions from Early Head Start to Head Start</b>, consistent with the eligibility provisions in subpart A, and promote successful transitions through collaboration and communication.</p> <p>(e) <u>Transition services for children with an IFSP.</u> A program must provide additional transition services for <b>children with an IFSP</b>, at a minimum, as described in subpart F.</p>	<p>young children and families occur often.</p> <p>(b) (2) <b>Allows for local flexibility</b></p> <p>(d) Consider: continuity of care</p> <p>(e) Relates to Subpart F— Additional services for children with disabilities</p>
<p><b>Subpart H—Services to Enrolled Pregnant Women</b></p>		
<p><b>§1302.80 Enrolled pregnant women.</b></p>	<p>(a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage.</p> <p>(b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, <b>as quickly as possible</b>, facilitate her access to such a source of care that will meet her needs.</p>	<p>New - services to enrolled pregnant women is its own subpart.</p> <p>(b) <b>Allows for local flexibility</b></p>

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	<p>(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.</p> <p>(d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant’s birth.</p>	<p>(d) Allows for flexibility and individual considerations, e.g., cultural practices and length of hospital stay; does not identify who visits.</p>
<b>§1302.81 Prenatal and postpartum information, education, and services.</b>	<p>(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.</p> <p>(b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.</p>	<p>Ensures opportunity to learn about various topics.</p> <p>Relates to §1302.46 (b)</p>
<b>§1302.82 Family partnership services for enrolled pregnant women.</b>	<p>(a) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in §1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health.</p> <p>(b) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the <b>infant’s transition to program enrollment</b>, and support the family during the transition process, where appropriate.</p>	<p>(a) Family engagement</p> <p>(b) Continuity of service</p>
<b>Subpart I – Human Resources Management</b>		
<p><b>§1302.91 Staff qualifications and competency requirements.</b></p> <p>(b) <u>Early Head Start or Head Start director.</u></p> <p>(e) <u>Child and family services staff.</u></p>	<p>[...](b) <u>Early Head Start or Head Start director.</u> A program must ensure an Early Head Start or Head Start director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration. [...]</p> <p>(e) <u>Child and family services staff.</u></p> <p>(1) <u>Early Head Start center-based teacher qualification requirements.</u> As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide</p>	<p>(e) Not new. Codifies the Act</p> <p>(e) Programs are allowed to implement internal career ladder.</p>

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<p>direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development. [...]</p> <p>(4) <u>Family child care provider qualification requirements.</u></p> <p style="padding-left: 40px;">(i) A program must ensure <b>family child care providers</b> have previous early child care experience and, at a minimum, are enrolled in a Family Child Care CDA program or state equivalent, or an associates or baccalaureate degree program in child development or early childhood education prior to beginning service provision, and for the credential, acquire it <b>within eighteen months</b> of beginning to provide services.</p> <p style="padding-left: 40px;">(ii) By August 1, 2018, a <b>child development specialist</b>, as required for family child care in §1302.23(e), must have, at a <b>minimum, a baccalaureate degree</b> in child development, early childhood education, or a related field.</p> <p>(5) <u>Center-based teachers, assistant teachers, and family child care provider competencies.</u> A program must ensure center-based teachers, assistant teachers, and family child care providers <b>demonstrate competency</b> to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children’s progress across the standards described in the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u> and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.</p> <p>(6) <u>Home visitors.</u> A program must ensure home visitors providing home-based education services:</p> <p style="padding-left: 40px;">(i) Have a <b>minimum of a home-based CDA</b> credential or comparable credential, or equivalent coursework as part of an associate’s or bachelor’s degree; and,</p> <p style="padding-left: 40px;">(ii) <b>Demonstrate competency</b> to plan and implement home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children’s progress across the standards described in the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u>, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families. [...]</p>	<p>(4) (i) <b>Shorter time frame</b> to earn credential.</p> <p>(4) (ii) <b>New</b> degree requirement – by Aug. 1, 2018.</p> <p>(5) <b>New</b></p> <p>(6) <b>New</b> – by Aug. 1, 2018.</p>
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**PART 1303- FINANCIAL AND ADMINISTRATIVE REQUIREMENTS**

**Subpart F—Transportation**

<p><b>§1303. 70 In general.</b> (c) <u>Waiver.</u></p>	<p>[...] (c) <u>Waiver.</u></p> <p>(1) A program that provides transportation services must comply with all provisions in this subpart. A Head Start program may request to waive a specific requirement in this part, in writing, to the responsible HHS official, as part of an agency’s annual application for financial assistance or amendment and must submit any required documentation the responsible HHS official deems necessary to support the waiver. The responsible HHS official is not authorized to waive any requirements with regard to children enrolled in an Early Head Start program. [...]</p>	<p>No waivers for children in EHS.</p>
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**PART 1305 -- DEFINITIONS**

<i>Continuity of care</i>	<i>Continuity of care</i> means Head Start or Early Head Start services provided to children in a manner that promotes primary caregiving and minimizes the number of transitions in teachers and teacher assistants that children experience over the course of the day, week, program year, and to the extent possible, during the course of their participation from birth to age three in Early Head Start and in Head Start.	
<i>Early Head Start agency</i>	<i>Early Head Start agency</i> means a public or private non-profit or for-profit entity designated by ACF to operate an Early Head Start program to serve pregnant women and children from birth to age three, pursuant to Section 645A(e) of the Head Start Act.	
<i>Dual language learner</i>	<i>Dual language learner</i> means a child who is acquiring two or more languages at the same time, or a child who is learning a second language while continuing to develop their first language. The term "dual language learner" may encompass or overlap substantially with other terms frequently used, such as bilingual, English language learner (ELL), Limited English Proficient (LEP), English learner, and children who speak a Language Other Than English (LOTE).	
<i>Family</i>	<i>Family</i> means all persons living in the same household who are supported by the child’s parent(s)’ or guardian(s)’ income; and are related to the child’s parent(s) or guardian(s) by blood, marriage, or adoption; or are the child’s authorized caregiver or legally responsible party.	
<i>Head Start Early Learning Outcomes Framework: Ages Birth to Five</i>	<i>Head Start Early Learning Outcomes Framework: Ages Birth to Five</i> means the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u> , which describes the skills, behaviors, and knowledge that programs must foster in all children. It includes five central domains: Approaches to Learning; Social and Emotional Development; Language and Literacy; Cognition; and Perceptual, Motor,	

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	and Physical Development. These central domains are broken into five domains for infants and toddlers and seven domains for preschoolers. Infant and Toddler domains are Approaches to Learning; Social and Emotional Development; Language and Communication; Cognition; and Perceptual, Motor, and Physical Development. [...] Domains are divided into sub-domains with goals that describe broad skills, behaviors, and concepts that are important for school success. Developmental progressions describe the skills, behaviors and concepts that children may demonstrate as they progress. [...]	
<i>Individualized Family Service Plan (IFSP)</i>	<i>Individualized Family Service Plan</i> is defined in the same manner as presented in the Individuals with Disabilities Education Act (20 U.S.C. 1400 <i>et seq.</i> ).	IFSPs are developed for infants and toddlers with disabilities.
<i>Migrant or Seasonal Head Start Program</i>	<i>Migrant or Seasonal Head Start Program</i> means:  (1) With respect to services for migrant farm workers, a Head Start program that serves families who are engaged in agricultural labor and who have changed their residence from one geographic location to another in the preceding 2-year period; and,  (2) With respect to services for seasonal farmworkers, a Head Start program that serves families who are engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding 2-year period.	MSSH programs serve infants and toddlers and do not need Early Head Start funding.
<i>Parent</i>	<i>Parent</i> means a Head Start child's mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.	
<i>Participant</i>	<i>Participant</i> means a pregnant woman or child who is enrolled in and receives services from a Head Start, an Early Head Start, a Migrant and Seasonal Head Start, or an American Indian Alaska Native Head Start program.	
<i>Program</i>	<i>Program</i> means a Head Start, Early Head Start, migrant, seasonal, or tribal program, funded under the Act and carried out by an agency, or delegate agency, to provide ongoing comprehensive child development services.	