



Recommendations for Revisions to the Head Start Program Performance Standards

A Report of the NHTSA Performance Standards Work Group

The National Head Start Association Performance Standards Work Group was formed in 2012 to produce a framework that could be used in revising and streamlining the Head Start Program Performance Standards. Because Congress charged the Administration with actually revising the standards, the work group's purview is advisory, offering a vision for performance standards and a framework to shape the revision efforts. The Work Group is chaired by Aubrey Nehring, Chief Executive Officer of Audubon Area Community Services, Inc. and Ruth Neale, Director of YM & YWHA of Williamsburg, Inc. Head Start. The group consists of about 25 Head Start program directors, state Head Start association leaders, and National Head Start Association staff with members representing the diversity of settings, models, and demographics served by Head Start, Early Head Start, Migrant/Seasonal Head Start, and Tribal Head Start programs.

The Head Start Program Performance Standards are the backbone of a program that has provided high-quality early learning services to more than twenty-eight million children over nearly fifty years, children who have gone on to achieve success in school and in life. As the standards are streamlined and revised to meet new needs, reflect modern understanding of child development, and support program quality and innovation, the NHTSA Performance Standards Work Group submits the comments below for consideration and welcomes questions, feedback, and further opportunities to engage in this important process.

1304: PROGRAM PERFORMANCE STANDARDS FOR THE OPERATION OF HEAD START PROGRAMS BY GRANTEE AND DELEGATE AGENCIES

Subpart B - Early Childhood Development and Health Services

§ 1304.20 Child Health

Regulation 1. Child Health Screenings

Indicator 1a: Infants, toddlers and preschoolers are screened for sensory concerns (vision and hearing) by the 45th day of entering the program (entering means the first regular home visit or the first day of scheduled classroom attendance). Sensitivity to cultural and language background must be maintained throughout the screening process.

Indicator 1b: The screenings must include data from age and culturally appropriate tools, family members and others familiar with the family and child.

Indicator 1c: Health, mental health or disability professionals may assist staff with the interpretation of the screening results in collaboration with the parents.

Indicator 1d: Infants and Toddlers must acquire a dental exam per state EPSDT schedule.

Indicator 1e: Preschoolers must acquire a dental exam by a dentist per state EPSDT schedule and licensing rules but at a minimum must have a dental screening and, as needed, a plan to address unmet needs on record no later than the 90th day of entry.

Notation: As the Head Start Act does not describe particular timelines for health services, the Office of Head Start should clarify language that has caused confusion for both monitors and



programs in the past about the expectation for examinations that require parental consent and action. For example, programs that have documented a child’s non up-to-date status, a plan to address unmet needs, and efforts with families to put the plan into effect within the timeframe should be considered to be in compliance.

Regulation 2. Child Health Status:

Indicator 2a: Infants and Toddlers acquire and maintain a well baby exam per state EPSDT schedule.

Indicator 2b: Preschoolers acquire and maintain an annual well child exam per state EPSDT schedule.

Indicator 2c: Infants, Toddlers and Preschoolers acquire and maintain immunizations incorporating state EPSDT rules, Medicaid rules if applicable, recommendations from the CDC, local Health Services Advisory Committee.

Indicator 2d: Achievement of Indicators 1a through c must engage the parent in working as a partner.

Regulation 3. Extended Follow up and Treatment

Indicator 3a: Child health status and treatment tracking system is current with follow up and treatment needs being addressed, including those relating to IFSP or IEP plans.

Indicator 3b: Parents are engaged in follow up and treatment needs, assisted by staff as needed.

Indicator 3c: Dental follow up will include necessary preventive measures and dental treatment as recommended by the dental professional

Regulation 4. Ongoing Care

Indicator 4a: Staff must be alert to any changes in child health, mental health, dental health or disability

Indicator 4b: Child documentation system includes current data on health, mental health, disability or dental status changes

Regulation 5. Child Health and Parent Engagement

Indicator 5a: Staff must engage parents in providing information about what the parents can expect regarding medical health, mental health and dental health services while in the program

Indicator 5b: Staff must engage parents and health community professionals in acquiring and maintaining optimum child health, mental health and dental health

Indicator 5c: Staff must engage parents and health community professionals in assuring parents understand the child’s health status

Indicator 5d: Head Start funds may be used as the payer of last resort in order to acquire medical and dental exams, follow up and treatment

Indicator 5e: Parental refusal of health services must be documented

Regulation 6. Child Individualization

Indicator 6a: Information from all screenings, exams, observations, professional evaluations and other sources of child health information must be used to individualize service delivery to the child

Indicator 6b: : Information from all screenings, exams, observations, professional evaluations and other sources of child health information must be used to refer child to local early intervention, special education services or other professionals for further evaluation and possible treatment, if warranted

Regulation 7: Child and Mother prenatal and postnatal Health

Indicator 7a: Upon entry, staff must refer pregnant women for comprehensive pre- and post-natal care

Indicator 7b: Staff must assist the pregnant women in acquiring risk assessment that includes nutritional counseling and food assistance if needed; dental care as recommended by health care provider and mental health, drug and alcohol screen and treatment if needed

Indicator 7c: Staff must provide prenatal education in conjunction with community partners on

- fetal development and impact of alcohol, drugs and smoking,
- labor and delivery and post natal recovery including post partum depression
- benefits of breast feeding

Regulation 8: Health Practices

Indicator 8a: Health and safety emergency procedures are established for center and home settings meet state standards or, in absence thereof

- Staff and parent rapid response procedures
- Local emergency responders and transport
- Emergency evacuations and safe locations
- Parent notification in emergencies
- Suspected child abuse/neglect reporting
- Short term exclusion and admittance
- Parent/staff communication regarding health and safety needs of child (or of home base staff)
- Medication administration
- Injury prevention
- Hygiene of staff, volunteers, parents and children
- Protection from bodily fluids
- Diapering
- Potty training

Indicator 8b: Infants and toddler sleeping arrangements including safe sleeping positions meet state standards or, in absence thereof

- Each mat, cradle board, cot or crib is to be separated by at least three feet of space
- Sleeping items are cleaned and stored properly between rest times
- sleeping surfaces are firm and
- each sleeping area avoids soft bedding materials, such as pillows, bumper pads, and stuffed animals

Indicator 8c: First Aid kits for centers, homes, socializations and vehicles are always complete and up to date

§ 1304.21 Child Education and Early Childhood Development

Philosophy of Head Start:

- The approach to early childhood education should begin with education about fetal development
- The approach to early childhood education should be developmentally, linguistically and culturally appropriate
- The approach to early childhood education should be inclusive of children with disabilities and aligned with a child's Individual Family Service Plan (IFSP) or Individual Education Plan (IEP)
- The approach to early childhood education should provide an environment of acceptance, support and respect for gender, culture, language, ethnicity and family composition
- The approach to early childhood education should encourage self control by setting clear, consistent limits, and having realistic expectations



- The approach to early childhood education should encourage respect for the feelings and rights of others
- The approach to early childhood education should include planning for routines and transition so they occur in a timely, predictable and unrushed manner according to each child's needs
- The approach to early childhood education should ensure opportunities for creative self-expression through activities such as art, music, movement and dialogue

Regulation 1: Child Development and Education Approach for All children

Indicator 1a: The approach to early childhood education should include a balance of adult and child initiated activities in large groups, small groups and the individual child.

Indicator 1b: The approach to early childhood education should include a balance of physical and mental activity

Indicator 1c: The approach to early childhood education must include appropriate equipment and materials that are supportive of exploration and discovery and promote learning in the five essential domains

Indicator 1d: Chosen curriculum must be scientifically based that is age, developmentally and linguistically appropriate and is aligned with state standards if they exist and must address at a minimum

- language and literacy and their sub domains: literacy knowledge and skills and language development,
- cognition and general knowledge and their sub domains: logic and reasoning, mathematics knowledge and skills, science knowledge and skills, and social studies knowledge and skills
- approaches to learning and their sub domains: creative arts expression and approaches to learning
- physical development and health, and
- social and emotional development

Indicator 1e: All children must be developmentally and behaviorally screened no later than the 45th day of entry followed by observations and ongoing assessments to determine

- individual goals for learning,
- goals achievement and
- overall school readiness growth

Indicator 1f: School readiness outcomes and goals for building program capacity must be created and monitored for achievement and supportive of curriculum goals

Regulation 2: Parents and Their Child's Development and Education – All children

Indicator 2a: Parents should be invited to be engaged with the child development and education approach for all children, including individualizing the curriculum

Indicator 2b: Parents' engagement should include becoming observers of their child's growth and development including prenatal development

Indicator 2c: Parents and staff engage in the sharing of observations of child growth and development thereby assuring individualization for the child's strengths and needs

Indicator 2d: Parents with children in center settings are provided the opportunity to participate in two Parent/Teacher Conferences where child progress and needs can be shared and a plan for goals developed and reviewed

Regulation 3: Child Development and Education Approach for Infants and Toddlers

Indicator 3a: For center based settings,

- adult/child bond must be secured through consistent caregivers who understand family cultures

- an environment of trust and emotional security established
- developmentally appropriate exploration of environment supported
- social, emotional, communication, physical and motor skill development is fostered

Indicator 3b: For home based settings,

- adult/child bond secured through parent education by home base staff who understand family cultures
- parents are educated on how to facilitate a home environment of trust and emotional security
- parents are educated on how to support a developmentally appropriate exploration of the home environment can be supported
- parents are educated on social, emotional, communication, physical and motor skill development and how to foster development

Regulation 4: Child Development and Education Approach for Preschoolers

Indicator 4a: Center Staff provide for learning experiences through large and small group settings both indoors and out

Indicator 4b: Home base staff and parents provide for learning experiences through large and small group settings both indoors and out during socializations

Indicator 4c: Experiences for all children are designed using child specific assessment results, staff and parent observations

Subpart C - Family and Community Partnerships

§ 1304.4 Family and Community Partnerships

Regulation 1: Family Engagement in identifying and addressing urgent needs or health issues necessary to promote family stability and wellness.

- a. Develop and build relationship with families
- b. Provide Family Needs Assessment to identify and prioritize urgent needs or health issues necessary to promote family stability and wellness.
- c. Proscribe FNA list to include:
 - all critical/urgent/health-related issues currently referenced in *HS Act, Performance Standards* and *PIR* (housing, substance abuse, child abuse/neglect, etc.)
 - add (for alignment of Act, Regulations and PIR):
 - (1) outreach and information for parents who are English language learners;
 - (2) risks from tobacco and secondhand smoke;
 - (3) child support services for custodial parents in single-parent families;
 - (4) assistance to families of incarcerated individuals; and
 - (5) any other urgent needs or health issues identified in a grantee's Community Assessment
- d. Provide resource, referrals and any required information (including proscribed information and services for pregnant women)
- e. Monitor and report on outcome of referrals

Regulation 2: Family Engagement around child development and school readiness.

- a. Provision of parent education on child development
 - Children's cognitive, social, and emotional development
 - Children's health and well-being, inclusive of physical, dental, nutrition and mental health
- b. Supporting parents and families as lifelong educators of their children



- c. Family literacy initiatives
- d. Transition activities and support

Regulation 3: Family Engagement around parent and family goals and aspirations.

- a. Identifying and building on family strengths
- b. Determining family goals and aspirations (*as distinct from urgent family needs*)
- c. Offering and engaging in Family Partnership Agreement process
 - Emphasis on goals around long-term family stability and self-sufficiency
 - Supporting families as learners around parenting, careers and life goals
 - Process is not “required” to occur in parallel with FNA process, but is “next level” for those families whose urgent needs are met and have a greater measure of sustained stability
- d. Tracking and supporting progress

Regulation 4: Family engagement around parent leadership, advocacy and program development.

- a. Parent Committees and Policy Council (addressed in Governance section)
- b. Provision of other parent leadership and development opportunities (e.g., state Head Start associations, regional conferences, school boards)
- c. Developing parents as their child’s advocate during EHS/HS and into kindergarten and beyond
 - Particular support for parents as advocates of children with special needs (in school-based special education systems)
- d. Advocacy, at all levels (local community, state, national), on issues impacting children, families and communities

Subpart D - Program Design and Management

Outlined below are the key elements that should be included in the Program Performance Standards (i.e. “the Standards”) for Program Design and Management.

- Unless otherwise noted, the NHSA subgroup recommends that the Standards for PDM not exceed or expand upon the basic requirements outlined in the Head Start Act (i.e. “the Act”)
- In most instances, the Head Start Act outlines requirements that are specific but flexible enough to apply to the diversity of Head Start Programs.
- “Notations” indicated in the Framework identify some specific issues for consideration in revision of the Standards.
- Consideration should be given to creating a special section of the Standards in which exceptions for American Indian and Native Alaskan as well as the Migrant and Seasonal Farm Workers could be summarized in one place rather than throughout the Standards as is the current practice.

Regulation 1: Program Governance

- a) Governing Body
 - i) Composition & Exceptions as outlined in the Act
 - ii) Responsibilities as outlined in the Act
 - (1) Current PS in Appendix A to 1304.50 list some requirements that are not in the Act such as “decisions of hiring of HS Director....”.
 - (2) If requirement is not in the Act it should not be added to the Standards
 - iii) Conflict of Interest as outlined in the Act
- b) Policy Council
 - i) Composition & Selection as outlined in the Act

- ii) Responsibilities as outlined in the Act
 - (1) Current Standards outlined in Appendix A to 1304.50 lists some requirements that are not in the Act such as “decisions of hiring or terminating the HS Director...” or “Serve as a link to the Parent Committee...”
 - (2) If requirement is not in the Act it should not be added to the Standards
 - (3) Notation: The current performance standards indicate that the Policy Council has to approve all personnel hires including hiring or terminating of the Head Start Director. The revised standards should be more consistent with the words and intent of the Head Start Act (i.e. (2)(D)(vi)) where there is a clear reference to alignment with the Governance Standard (1)(E)(iv)(IX) thus the Policy Council should “approve policies and procedures regarding the hiring, evaluation, compensation, and termination of Head Start employees.” Policy Council should not have the responsibility of approving actual hiring and termination decisions of Head Start employees.
 - (4) The Act lists as responsibility of the Policy Council “Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.”
 - (a) The Current Standards makes reference to “Parent Committees” though there is no reference to this in the Act.
 - (b) “Parent Committees” might be listed as “a” method for meeting the responsibility of involvement of parents, but the Standard should allow Head Start programs more flexibility in using other methods for achieving the responsibility outline in the Act as indicated above.
- c) Policy Committees (delegates) as outlined in the Act
- d) Reporting Requirements to Governing Body and Policy Council as outlined in the Act
- e) Impasse Policies: The Act states that the Secretary shall be responsible for developing policies, procedures, and guidance for Head Start programs with regard to Impasse Policies. Such policies and guidance should be developed and included in the revised standards to provide guidance to programs in the development or revision of these policies.

Regulation 2: Management Systems and Procedures

- a) Include only the systems and procedures specifically outlined in the Act as indicated below.
 - i) Head Start Public Report
 - ii) Self-Assessment
 - iii) Goals
 - iv) Improvement Plan
 - v) Ongoing Monitoring
 - vi) Reporting Systems (as listed under governance reporting)
 - vii) Records and Audits
- b) Notations:
 - i) The “Ten Systems” currently outlined by the OHS should remain primarily T/TA documents to assist programs in developing appropriate systems but should not necessarily be codified in the Standards. Including only what is required in the Act allows programs more flexibility in implementing appropriate systems that must include the specific items outlined under a) above.



- ii) Adaptations of systems are needed for American Indian and Native Alaskans and/or Migrant and Seasonal Farm Workers. These exceptions should be noted in the Standards or in T/TA documents.

Regulation 3: Communitywide Strategic Planning and Needs Assessment

- a) Each Early Head Start grantee and Head Start grantee must identify its proposed service area in its Head Start grant application and define it by county or sub-county area, such as a municipality, town or census tract or a federally-recognized Indian reservation. With regard to Indian Tribes, the service area may include areas designated as near-reservation by the Bureau of Indian Affairs (BIA) or, in the absence of such a designation, a Tribe may propose to define its service area to include nearby areas where Indian children and families native to the reservation reside, provided that the service area is approved by the Tribe's governing council. Where the service area of a Tribe includes a non-reservation area, and that area is also served by another Early Head Start or Head Start grantee, the Tribe will be authorized to serve children from families native to the reservation residing in the non-reservation area as well as children from families residing on the reservation.
- b) The grantee's service area must be approved, in writing, by the responsible HHS official in order to assure that the service area is of reasonable size and, except in situations where a near-reservation designation or other expanded service area has been approved for a Tribe, does not overlap with that of other Early Head Start or Head Start grantees.
- c) Each Early Head Start and Head Start grantee must conduct a **Communitywide Strategic Planning and Needs Assessment** within its service area once every three years. The **Communitywide Strategic Planning and Needs Assessment** must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area:
 - a. The demographic make-up of Early Head Start or Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;
 - b. Other child development and child care programs that are serving Early Head Start or Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Early Head Start or Head Start eligible children served by each;
 - c. The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;
 - d. The approximate number of children and pregnant women who are homeless as defined by the McKinney-Vento Act;
 - e. Data regarding the education, health, nutrition and social service needs of Early Head Start or Head Start eligible children, pregnant women and their families;
 - f. The education, health, nutrition and social service needs of Early Head Start or Head Start eligible children, pregnant women and their families as defined by families of Early Head Start or Head Start eligible children, pregnant women and by institutions in the community that serve young children and pregnant women;
 - g. Resources in the community that could be used to address the needs of Early Head Start or Head Start eligible children, pregnant women and their families, including assessments of their availability and accessibility.
- d) The Early Head Start and Head Start grantee and delegate agency must use information from the **Communitywide Strategic Planning and Needs Assessment**
 - a. Help determine the grantee's philosophy, and its long-range and short-range program objectives;

- b. Determine the type of component services that are most needed and the program option or options that will be implemented;
 - c. Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area.
 - d. If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency.
 - e. Determine appropriate locations for centers and the areas to be served by home-based programs;
 - f. Determine the potential for partnerships with state and local community providers; and
 - g. Set criteria that define the types of children and pregnant women and their families who will be given priority for recruitment and selection. (The information collection requirements are approved by the Office of Management and Budget (OMB) under OMB Control Number 0970-0124 for paragraphs (b) and (d).)
- e) In each of the two years following completion of the **Communitywide Strategic Planning and Needs Assessment**, the grantee must conduct a review to determine whether there have been significant changes in the information described in this section. If so, the **Communitywide Strategic Planning and Needs Assessment** must be updated and the decisions described in this section must be reconsidered.
- f) The recruitment area must include the entire service area, unless the resources available to the Head Start grantee are inadequate to serve the entire service area.
- g) In determining the recruitment area when it does not include the entire service area, the grantee must:
- a. Select an area or areas that are among those having the greatest need for Early Head Start or Head Start services as determined by the **Communitywide Strategic Planning and Needs Assessment**; and
 - b. Include as many Early Head Start or Head Start eligible children and pregnant women as possible within the recruitment area, so that:
 - i. The greatest number of Early Head Start or Head Start eligible children and pregnant women can be recruited and have an opportunity to be considered for selection and enrollment in the Early Head Start or Head Start program, and
 - ii. the Early Head Start or Head Start program can enroll the children and pregnant women and their families with the greatest need for its services.

Regulation 4: Human Resources Management

- a) Notations - Staff Qualifications -
 - i) The HS Act outlines qualifications for classroom teachers; education coordinators/specialists, teaching assistants, mentor teachers, family service workers, EHS center based staff and EHS home visitor staff.
 - ii) The staff qualifications included in the Act should be referenced to the Act (as is the practice in the current Standards) rather than listing the qualifications in the Standards (many of which are no longer relevant because of deadlines established in the Act).
 - iii) The Standards should not exceed the requirements of the Act by making national goals become local program requirements.
- b) Professional Development Plans as outlined in the Act.
- c) Staff Recruitment and Selection Procedures as outlined in the Act (i.e. interviews, references, criminal record checks, etc.) Some requirements currently listed in Standards other than 1304 should be listed in one place.
- d) Training and Technical Assistance (either as listed in Act for use of local TA funds or simply by reference to the Act)



NATIONAL HEAD START ASSOCIATION

- e) Notations:
 - i) The items listed below are examples of items in the current Standards (1304.52) that do not appear to be specifically referenced in the Act:
 1. Preference for employment Head Start parents
 2. Other positions mentioned with generic type qualifications: EHS/HS Director, consultants, health services, nutrition services, family & community partnerships, parent involvement, and disabilities services.
 3. Same language requirement
 4. Staff supervision
 5. Staff and volunteer health-initial physical exams/tuberculosis
 6. Mental health and wellness information to staff
 - ii) Recommend that only items referenced in the Act or other related laws be included in the Standards.

Regulation 5: Facilities, materials, and equipment

- a) Reference other state or local requirements as indicated in the Act that refers to the “location of facilities that: (i) shall meet or exceed State and local requirements concerning licensing for such facilities; and (ii) shall be accessible by State and local authorities for purposes of monitoring and ensuring compliance, unless State or local laws prohibit such access.”
- b) Notations:
 - i. 1304.53 of the current Standards includes a list of specifics for physical environment and facilities (indoor and outdoor), equipment toys, materials, and furniture which should NOT be included in the standards unless there is clear justification due to other applicable laws.
 - ii. A separate list as in the current standards might be included as an “exception” if there were no applicable state or local requirements for licensing.

1305: ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT AND ATTENDANCE IN HEAD START

Definitions.

An enrolled child or pregnant woman is defined as having been selected and ready to begin receiving services. A child or pregnant woman who has entered has received the first educational home base home visit or has attended class.

Regulation 1. Eligibility must be determined for enrolled child and pregnant woman

Indicator 1a: Age: For Early Head Start, a child must be aged birth to age 3; for Early Head Start, a woman must be pregnant; for Head Start, a child must be aged 3 by the date used to determine eligibility for public school in the community where the Head Start program is located to compulsory school age. Exception for Early Head Start: at age 3 a child may remain in Early Head Start until a vacancy is available in Head Start or a community preschool program. Exception for Head Start: age of eligibility may be different if grant approves. Examples of such exceptions are programs serving children of migrant families.

Indicator 1b: Financial Status: There are two categories for parent or legal guardian’s financial eligibility: categorical-based and income-based. Categorical includes receipt of public assistance (TANF and SSI), homelessness status, or child in foster care. In this category, income does not impact on eligibility and is counted as at or below 100% Federal Poverty Level.

Income-based eligibility must be at or below 100% Federal Poverty Level for at least 55% of the enrolled children/pregnant women.



Children whose families are 101% Federal Poverty Level or above may make up up to 10% of funded enrollment. This eligibility should be need-based.

Income-based eligibility may also be at or below 130% Federal Poverty Level for at least 35% of the enrolled children/pregnant women. This eligibility may only be used after all children categorically or income of 100% or less are served.

Early Head Start Financial Status eligibility is good until the child turns 3 years of age or is in transition. Head Start Financial Status eligibility is good for two enrollment years.

An Early Head Start and Head Start program operated by an Indian Tribe may enroll more than ten percent of its children and pregnant women from families whose incomes exceed the low-income guidelines when the following conditions are met:

- (i) All children and pregnant women from Indian and non-Indian families living on the reservation that meet the low-income guidelines who wish to be enrolled in Early Head Start or Head Start are served by the program;
- (ii) All children and pregnant women from income-eligible Indian families native to the reservation living in non-reservation areas, approved as part of the Tribe's service area, who wish to be enrolled in Early Head Start or Head Start are served by the program. In those instances in which the non-reservation area is not served by another Early Head Start or Head Start program, the Tribe must serve all of the income-eligible Indian and non-Indian children and pregnant women whose families wish to enroll them in Early Head Start or Head Start prior to serving over-income children or pregnant women.
- (iii) The Tribe has the resources within its Early Head Start or Head Start grant or from other non-Federal sources to enroll children and pregnant women from families whose incomes exceed the low-income guidelines without using additional funds from HHS intended to expand Early Head Start or Head Start services; and
- (iv) At least 51 percent of the children and pregnant women to be served by the program are from families that meet the income-eligibility guidelines.

Indicator 1c: Verification of age: none

Indicator 1d: Verification of pregnancy: If there is a concern, a letter from the physician may be obtained with written permission of the pregnant woman. If not obtained, services should be provided if financially eligible and the program has a vacancy. Upon learning there is no pregnancy, services will cease for the woman and mental health referral made if appropriate.

Indicator 1e: Verification of financial status: Verification must include examination of any of the following: Individual Income Tax Form 1040, W-2 forms, pay stubs, pay envelopes, written statements from employers, or documentation showing current status as recipients of public assistance, foster child status or declaration of homelessness, or zero income. For no income, a written statement signed by parent or legal guardian must be in the record and state how the child is being appropriately cared for without an income. A signed statement by an employee of the Head Start program, identifying which of these documents was examined and stating that the child is eligible to participate in the program, must be maintained to indicate that income verification has been made.

Three options for the time period for income determination are

- (i) during the 12 months preceding the month in which the application is submitted;
- (ii) the calendar year preceding the calendar year in which the application is submitted; or



- (iii) the use of judgment in deciding if it seems likely that the current situation more accurately reflects the family's likely economic status during the period of the child's or pregnant woman's enrollment in Early Head Start or Head Start.

Regulation 2. Recruitment takes place year-round

Indicator 2a: Each program develops, maintains and implements a marketing plan for recruiting eligible Early Head Start and Head Start families in the service area throughout the year.

Indicator 2b: Appropriate assistance will be provided to parents or legal guardians in completing applications for the program.

Indicator 2c: Each program maintains active enrollment applications for one operational year; for a second operational year, a new application must be completed.

Regulation 3. Selection Process is formal and based on a set of criteria that provides for the neediest being served

Indicator 3a: Each program has a set of written prioritizing criteria that is used for each selection event. The criteria must include age level, financial or categorical eligibility level, availability of kindergarten, presence of a disability or suspected disability, homelessness or foster care status. All children must be entered onto a prioritized waiting list to fill vacancies as they occur.

Indicator 3b: The written prioritizing criteria must be approved by the Policy Council or the Tribal Council for selecting over-income children and pregnant women who would benefit from such a program.

Indicator 3c: At least 10% of funded enrollment slots of each grantee and each delegate agency must be filled with children with a disability. A pregnant woman carrying a child with potential or diagnosed disability falls into this category.

Indicator 3d: Migrant programs must also give priority to children from families whose pursuit of agricultural work required them to relocate most frequently within the previous two-year period.

Regulation 4. Enrollment and Entry

Indicator 4a: A grantee must maintain its funded enrollment level. When a program determines that a vacancy exists, no more than 30 calendar days may elapse before the vacancy is filled. A program may elect not to fill a vacancy when 60 calendar days or fewer remain in the program's enrollment year.

Indicator 4b: Each child enrolled in an Early Head Start program must be allowed to remain in Early Head Start until the third birthday and beyond until a vacancy is available in Head Start or another preschool except that the Early Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Early Head Start, such as when there is a change in the child's family income after the third year and there is a child with a greater need for Head Start services.

Upon birth of a child, the enrollment slot transfers from a pregnant woman to her child.

Indicator 4c: Each child enrolled in a Head Start program, except those enrolled in a migrant program, must be allowed to remain in Head Start until kindergarten or first grade is available for



the child in the child's community, except that the Head Start program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the child's family income after two years and there is a child with a greater need for Head Start services.

Indicator 4d: Financial status must be reverified for eligibility when an Early Head Start family seeks to enroll in a Head Start program.

Indicator 4e: Financial status for a child enrolled in Head Start must be reverified for eligibility after the second enrollment year.

Indicator 4f: Once a child or a pregnant woman has vacated an enrollment slot at any time, a new enrollment application must be completed and the family must be deemed eligible to enroll again.

Indicator 4g: The service area boundaries as stated in the grantee's application shall be adhered to for enrollment purposes except in cases when the child or pregnant woman lives 'on the boundary line or just over' or there is a child care location issue; there can be a written agreement with the contiguous grantee if there is no waiting list for the specific service area and the child or pregnant woman is otherwise eligible.

Regulation 5. Enrollment Reporting

Indicator 5a: Month end enrollment reports shall reflect the number of enrolled children and pregnant women on that day, not cumulative for the month. The enrolled number would include those slots that have been vacant for 30 calendar days or fewer and slots that are filled but the children or pregnant women have not yet entered class or had their first educational home visit.

Indicator 5b: Early Head Start or Head Start programs that serve children under the 101% to 130% income option shall report at as part of the semi-annual report:

- (i) how such agency is meeting the needs of children and pregnant women eligible as categorical, low income or with a disability;
- (ii) the outreach and enrollment policies and procedures established by the Early Head Start or Head Start programs that ensure meeting the needs of children and pregnant women eligible as categorical, low income or with a disability;
- (iii) the efforts of the Early Head Start or Head Start programs to be fully enrolled with children and pregnant women eligible as categorical, low income or with a disability;
- (iv) the Early Head Start or Head Start program's policies, procedures and selection criteria for 101% to 130% income option;
- (v) the Early Head Start or Head Start program's enrollment level for current and previous program fiscal year;
- (vi) the Early Head Start or Head Start program's total cumulative number of children and pregnant women served per categorical and income eligibility categories; and
- (vii) the Early Head Start or Head Start program's waiting list by categorical and income eligibility categories.

Regulation 6. Attendance

Indicator 6a: When the monthly average daily attendance rate in a center-based program falls below 85 percent, an Early Head Start or Head Start program must analyze the causes of absenteeism. The analysis must include a study of the pattern of absences for each child,

including the reasons for absences as well as the number of absences that occur on consecutive days.

Indicator 6b: If the absences are a result of illness or if they are well documented absences (indicating follow up has occurred) for other reasons, no special action is required. If, however, the absences are not well documented, the program must initiate appropriate contacts with the family, emphasizing the benefits of regular attendance, while at the same time remaining sensitive to any special family circumstances influencing attendance patterns. Follow up must be documented.

Indicator 6c: In circumstances where the child or pregnant woman has not attended for a period of 30 calendar days or chronic absenteeism persists and it does not seem feasible to include the child or pregnant woman in either the same or a different program option, the slot must be considered an enrollment vacancy

Regulation 7. Fees

Indicator 7a: A Head Start program must not prescribe any fee schedule or otherwise provide for the charging of any fees for participation in the program. If the family of a child determined to be eligible for participation by an Early Head Start or Head Start program volunteers to pay part or all of the costs of the child's or pregnant woman's participation, the Early Head Start or Head Start program may accept the voluntary donation and record the payments as program income. Under no circumstances shall an Early Head Start or Head Start program solicit, encourage, or in any other way condition a child's or pregnant woman's enrollment or participation in the program upon the payment of a fee nor may a fee be used to purchase an enrollment slot.

Indicator 7b: An Early Head Start or Head Start program that provides an Early Head Start or Head Start program with full working day services in collaboration with other agencies or entities may collect a family copayment to support extended day services if a copayment is required in conjunction with the collaboration. The copayment charged to families receiving services through the Early Head Start or Head Start program shall not exceed the copayment charged to families with similar incomes and circumstances who are receiving the services through participation in a program carried out by another agency or entity.

Indicator 7c: If an Early Head Start or Head Start program incurs expenses to compensate employees for the caring of a child after the Early Head Start or Head Start program has ended for the day, parents may be charged a reasonable fee for 'after care'. In all cases, fees shall be collected by the Early Head Start or Head Start program and not the employee who is providing the 'after care' services.

Questions or feedback about this document?
Contact Emmalie Dropkin of the National Head Start Association at 703-593-0954.



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