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ABSTRACT

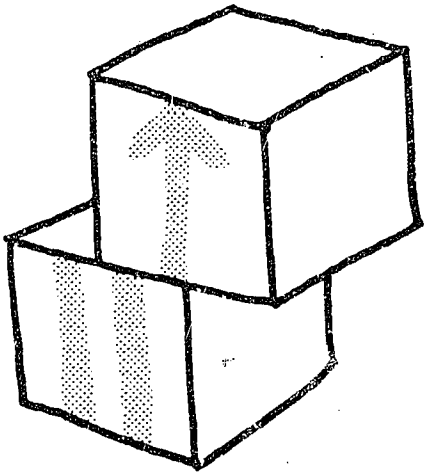
A list of Project Head Start Performance Standards is presented. It is the latest phase of an ongoing effort to provide comprehensive developmental services to children from low-income families. This issuance attempts to set forth those basic standards in operational terms as part of the Head Start Improvement and Innovation effort. (CK)

MANUAL
PART
CHAPTER

OCD-HS HEAD START POLICY MANUAL

OCD Notice N-30-364-1

HEAD START
PROGRAM PERFORMANCE STANDARDS



U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development
January 1973

WHAT WE ARE SENDING

OCD Notice N-30-364-1 on Head Start Program Performance Standards.

MANUAL MATERIAL TO BE REVISED

Will supersede previous policy on program performance standards as published in Head Start Manual of Policies and Instructions, Number 6108-1, dated September 1967.

WHAT YOU SHOULD DO

Cross-reference this issuance with previous policy performance standards published in the Head Start Manual. The administrative procedures and the guidance material as outlined in the Head Start Manual will continue to apply if not superseded by standards published in this issuance.

BACKGROUND

The issuance of Head Start Program Performance Standards represents the latest phase of an ongoing effort to provide comprehensive developmental services to children from low-income families. Since the Head Start Manual was issued grantees have from time to time requested clarification as to which program requirements must be adhered to as a condition of funding and which are merely suggested. This issuance attempts to set forth those basic standards in operational terms as part of the Head Start Improvement and Innovation effort.

The needs of individual children vary considerably, and the Office of Child Development wants to allow grantees considerable freedom in meeting those needs in the light of unique community resources and priorities. Nevertheless, there are certain basic priority standards that must be adhered to by all grantees if Head Start is to represent an ongoing national demonstration of comprehensive developmental services.

These standards represent a clear statement of expectations as to the quality of operation which must be maintained by a Head Start program. With this effort is coupled the provision of technical assistance to local Head Start grantees to achieve these standards if the program is not already meeting or exceeding these levels of performance.

Distribution - ARD

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Head Start grantees are encouraged to submit any suggestions concerning these policies to the Assistant Regional Director, Office of Child Development, in the respective regional offices in their area. If it is deemed appropriate, revisions of the standards will be made during September 1973.

Distribution - ARD

January 8, 1973

Dear Head Start Grantees:

The Head Start Program Performance Standards, which are attached, represent an attempt to further strengthen the quality of services to children and their families. Building on seven years of program experience, and as an integral part of the FY 1973 Goals and Plans for Improvement and Innovation in Project Head Start, these standards set forth the Office of Child Development's expectations for a local Head Start program.

These standards represent a clarification and in a few cases an extension of the basic program policy requirements set forth in the Head Start Manual dated September 1967. These program standards constitute the basic requirements that must be met by a local Head Start grantee as a condition of Federal funding.

The Office of Child Development looks forward to working with each grantee to improve the quality of its Head Start program in an effort to provide the best possible program to the children and families which we serve.

My best wishes to you as we begin this challenge together.

Sincerely yours,

Saul R. Rosoff

Saul R. Rosoff
Acting Director
Office of Child Development

CHAPTER X-30-364-1
OFFICE OF CHILD DEVELOPMENT POLICY
PROGRAM PERFORMANCE STANDARDS

X-30-364-1-00 PURPOSE

This chapter sets forth the program performance standards to be used in administering and carrying out the Head Start program. This policy is intended to clarify the basic goals and program objectives of Head Start as well as to set out performance standards to enable local Head Start programs to know more clearly what is expected of them. These standards will also enable the Office of Child Development more effectively to strengthen the quality of the program.

The performance standards which follow represent a compilation of previously required program standards (as reflected in the Head Start Manual of Policies and Instructions, Number 6108-1, September 1967) as well as a limited number of changes which have been made based upon more than seven years of operating experience.

The performance standards reflect the basic role of Head Start as a continuing national demonstration program which provides local communities with the resources to develop different ways of providing comprehensive developmental services to low-income preschool children.

In general, the performance standards pertain to the methods and processes used by the Head Start grantee to meet the needs of children, rather than to measure outcomes or performance of the children themselves. The use of performance standards as outlined in this issuance will enable local grantees to target their efforts on those activities likely to lead to demonstrable benefits to children and their families.

(N-30-364-1-00 Continued)

While the performance standards have the full effect of policy and compliance will be required as a condition of funding, it is expected that the standards will be largely self-enforcing as local grantees use them as a basis for planning and operations.

N-30-364-1-10 SCOPE

This policy applies to all grantees that operate or propose to operate a Head Start program. This policy will be applied to all grantees whose program year begins on or after April 1, 1973. This issuance will go into effect immediately and will remain in effect until it is rescinded or superseded by future issuances. This issuance constitutes Head Start policy and shall be enforced accordingly. All grantees must be in full compliance with all standards as set forth in this issuance by June 30, 1974.

This issuance represents one of a series of policies which are being issued in an attempt to revise and up-date the Head Start Manual as part of the Head Start Improvement and Innovation effort. As this effort proceeds, each Head Start grantee will receive a complete set of issuances which will include performance standards, administrative requirements and procedures, and programmatic guidance material. Relatively few basic changes are contemplated in the administration and management of Head Start or in requirements pertaining to volunteers, recruitment and career development; therefore grantees will continue to use the Office of Child Development Head Start Manual of Policies and Instructions, Number 6108-1, dated September 1967, until revisions are issued.

In cases where the performance standards are in conflict with previous Head Start issuances, the policies set forth in these performance standards will take precedence. In the case of Program Options for Project Head Start (OCD Notice N-30-334-1), allowable variations from certain performance standards are set forth under each option.

S-30-364-1-20 DEFINITIONS

A. Goal - The overall results or achievements a program strives to attain.

B. Objective - The more specific statement of program efforts to achieve the goal. In these performance standards the statement of objectives constitutes the desired focus of activities in program component areas.

C. Performance Standards - The statement of program activities required of every Head Start grantee as a condition of funding intended to meet the goals, program objectives and operational requirements of the Head Start program.

S-30-364-1-30 POLICY - General Implementation Provisions

A. The following performance standards are Office of Child Development policy and constitute requirements for funding or refunding of local Head Start programs.

B. All programs whose program year begins on or after April 1, 1973 will be required to meet all of the following standards. If a program does not meet these requirements at the time of funding or refunding, the grantee must submit a plan with its grant application explaining how it intends to comply and by what date compliance will be achieved. All programs whose program year begins during the 4th quarter of FY 1973 (April 1, 1973 - June 30, 1973) must be in full compliance with these standards within 12 months of their program year beginning date. All other programs whose program year begins during FY 1974 (July 1, 1973 - June 30, 1974) will be required to be in full compliance with all performance standards by June 30, 1974.

C. The local Head Start grantee has the responsibility for ensuring that all requirements set forth in the performance standards are met. Grantees are encouraged to exceed these standards when and wherever possible in order to provide the highest quality program effort.

(X-30-334-1-30 Continued)

3. If deficiencies are identified (i.e. through the grantee's self-evaluation process, at the time of prereview, or during Office of Child Development Regional Office monitoring) the grantee will be given a specified period of time or compliance date by the Regional Office in which to correct its performance and to bring the program activity up to standard.

4. The grantee should go through a systematic process in bringing program operations up to standard. This process should include (with Office of Child Development Regional Office approval where appropriate):

   1. Review the use of local resources to ensure that all available resources are being well utilized.

   2. Apply to other Federal and state funding resources if applicable and available.

   3. Review and realign program priorities, operations, financial or manpower allocations in addressing the particular deficiency.

   4. Consider the possibility of choosing an alternate program option for the delivery of Head Start Services (refer to OCD Notice X-30-334-1, Program Options for Project Head Start). Grantees should select the program option or combination of options in which they can deliver a quality program with available resources.

   5. Consider reducing the enrollment of children if this is necessary to bring the program up to standard. This should be considered only as a last resort. Any reductions in enrollment will require Regional Office approval based on documented justification.

[illegible]

[illegible]. The grantee should document its efforts to meet the standards and, if unable to comply on its own, should request specific assistance from the Office of Child Development Regional Office. If resource constraints are a principal reason for failure to meet the standards, the exact costs of implementation should be identified together with a justification as to which resources could not be reprogrammed for that purpose.

G. The Office of Child Development Regional Offices will be responsible for exploring alternative approaches to assisting local grantees to comply with the standards. This may include locating technical assistance or providing regional funds (if available).

H. If a local Head Start grantee is unable to meet Head Start performance standards as a result of not being able to secure Federal resources (funds or assistance) for which it is eligible under the law, the grantee must document the attempts made and the reasons for not being able to receive such resources, and the estimated cost or need for such resources. The Office of Child Development Regional Office will then be responsible to assist the grantee in securing these resources from the appropriate Federal Agency.

I. A Head Start grantee not in compliance with the standards by the compliance date established by the Office of Child Development Regional Office will be notified of program deficiencies and required to comply through the following mandatory process which shall be instituted by the Regional Office:

1. Notice - The grantee will be notified of a deficiency or deficiencies by written correspondence (letter or telegram). The grantee will be given a specified period of time not to exceed 90 days in which to correct the deficiency.

(X-30-364-1-39 Continued)

2. Suspension or termination - If after notice has been given and compliance has not been achieved, suspension or termination proceedings shall begin.

3. Denial of Refunding - If it has been determined in the grant application review process that the grantee refuses to comply, or review of grantee plans and performance indicates an inability to comply with performance standards, the grantee will be denied refunding.

X-30-364-1-40 HEAD START GOALS

Head Start is based on the premise that all children share certain needs, and that children from low-income families, in particular, can benefit from a comprehensive developmental program to meet those needs. The program should maximize the strengths and unique experiences of each child. The family, which is the principal influence on the child's development, must be a direct participant in the program. Local communities must be allowed broad latitude in developing creative program designs so long as the basic goals and standards of a comprehensive program are adhered to.

The overall goal of Head Start is to bring about a greater degree of social competence in disadvantaged children. By social competence is meant the child's everyday effectiveness in dealing with his environment and later responsibilities in school and life. Social competence takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a child to function optimally. Head Start is a comprehensive developmental approach to helping children achieve social competence. To this end, Head Start goals provide for:

(N-30-364-1-30 Continued)

A. The improvement of the child's health and physical abilities.

B. The encouragement of self-confidence, spontaneity, curiosity, and self-discipline which will assist in the development of the child's social and emotional health.

C. The enhancement of the child's mental processes and skills with particular attention to conceptual and verbal skills.

D. The establishment of patterns and expectations of success for the child, which will create a climate of confidence for his present and future learning efforts and overall development.

E. An increase in the ability of the child and his family to relate to each other and to others in a loving and supporting manner.

F. The enhancement of the sense of dignity and self-worth within the child and his family.

Head Start's approach is based on the philosophy that: (1) a child can benefit most from a comprehensive, interdisciplinary program to foster his development and remedy his problems, and (2) the child's entire family, as well as the community, must be involved.

The interdisciplinary approach of Head Start is expressed in the provision of a broad range of services which address the comprehensive needs of each child enrolled in the Head Start program. The grantee, the Policy Council and the Head Start Director should work closely together in planning the program and evaluating program effectiveness to insure that activities in the various program areas are closely coordinated.

The performance standards of Head Start are set forth in the following section. The standards recognize that programs and approaches do vary, and ought to vary, from community to community. However, Head Start policy requires that no matter what

CS-30-364-1-1-40 Continued

approved in a local service, at a minimum the following performance standards must be met.

The performance standards are divided into four parts representing the four basic program components of Head Start, namely: Education, Social Services, Parent Involvement and Health Services. Health Services include Medical, Dental, Mental Health (formerly Psychological Services) and Nutrition.

Each component opens with a statement of the relevant program objectives and then lists the required performance standards.

Policy affecting other activities such as Recruitment, Volunteers, Career Development and Administration continue in effect as set forth in the Head Start Manual and other applicable policy issuances.

N-30-364-1-90 EDUCATION

A. OBJECTIVES

1. PROVIDE CHILDREN WITH A LEARNING ENVIRONMENT AND THE VARIED EXPERIENCES WHICH WILL HELP THEM DEVELOP SOCIALLY, INTELLECTUALLY, PHYSICALLY, AND EMOTIONALLY IN A MANNER APPROPRIATE TO THEIR AGE AND STAGE OF DEVELOPMENT TOWARD THE OVERALL GOAL OF SOCIAL COMPETENCE.

2. INTEGRATE THE EDUCATIONAL ASPECTS OF THE VARIOUS HEAD START COMPONENTS IN THE DAILY PROGRAM OF ACTIVITIES.

3. INVOLVE PARENTS IN EDUCATIONAL ACTIVITIES OF THE PROGRAM TO ENHANCE THEIR ROLE AS THE PRINCIPAL INFLUENCE ON THE CHILD'S EDUCATION AND DEVELOPMENT.

4. ASSIST PARENTS TO INCREASE KNOWLEDGE, UNDERSTANDING, SKILLS, AND EXPERIENCE IN CHILD GROWTH AND DEVELOPMENT.

(Continued)

5. IDENTIFY AND DEFINE EXPERIENCES WHICH OCCUR IN THE HOME THE PARENTS CAN UTILIZE AS EDUCATIONAL ACTIVITIES FOR THEIR CHILDREN.

B. PERFORMANCE STANDARDS

1. An overall written education plan must be developed and periodically (at least annually) updated. The plan must reflect actual program activities that include a carefully organized series of experiences designed to meet the individual needs of the children, the special needs of handicapped children, the needs of racial and ethnic populations being served, and the specific educational priorities of the local community. This plan must:

   a. Be prepared by the educational staff in conjunction with policy groups, parents, other Head Start staff, and appropriate consultants.

   b. Outline approaches for assisting parents in understanding and employing alternative ways to foster each child's learning and development.

   c. Specify strategies for implementing the educational objectives.

2. The plan and the program for children must provide experiences which take into account individual differences and needs of the children (e.g. special abilities and talents, handicaps, age, level of development, ethnicity, culture, language), including specific reference to the following:

(X-30-364-1-50 Continued)

Provide a Supportive Social/Emotional Climate

(1) Enhance children's understanding of themselves as individuals, and in relation to others by providing for individual, small group, and large group activities.

(2) Give children many opportunities for success through program activities.

(3) Provide an environment of acceptance which helps each child build ethnic pride, a positive self-concept, enhance his individual strengths, and develop facility in social relationships.

b. Develop Intellectual Skills

(1) Encourage children to solve problems, initiate activities, explore, experiment, question, and gain mastery through learning by doing.

(2) Promote language understanding and use in an atmosphere that encourages easy communication among children, and between children and adults.

(3) Work toward recognition of the symbols for words and numbers according to the individual developmental level of the children.

(4) Encourage children to organize their experience and understand concepts.

(5) Provide a balanced program of open learning and structured experiences.

c. Promote Physical Growth

(1) Provide adequate indoor and outdoor space, materials, equipment and time for children to use large and small muscles to increase their physical skill.

(C-30-364-1-30 Continued)

(c) Provide sufficient time and appropriate guidance while children are using equipment and materials in order to promote children's physical growth.

3. The plan must outline procedures for ongoing observation, recording, and evaluation of each individual child's growth and development for the purpose of planning activities to suit his individual needs. Appropriate action must be taken when indicated by modifying the child's program in the classroom, home, or other setting or by recruiting needed resources (e.g., initiating staffing conferences or staff/parent conferences as appropriate to share information about the child, plan, make referrals, or take other appropriate action).

4. Procedures must be established to integrate the educational aspects of other Head Start components into the daily program (e.g., health and nutrition education).

5. The program must be individualized to meet the special needs of children from various racial and ethnic populations by:

   a. Having a curriculum which is relevant and reflective of the needs of the population served (bilingual/bicultural, multicultural, rural, urban, reservation, migrant, etc.) by using the child's home life patterns, food, music, stories, and folk tales in an organized set of experiences.

   b. Having staff and program resources reflective of the racial and ethnic population of the children in the program:

      (1) Including persons who speak the primary language of a substantial number of the children and are knowledgeable about their heritage. At a minimum, when a majority of the children speak a language other than English, at least one adult interacting regularly with the children must speak their language.

(N-30-364-1-50 Continued)

(2) Making provisions to accomodate the needs of a single child or a small group of children who speak a language different from the rest.

(3) Using resources -- native speakers, books and materials, songs and games, physical objects -- which help children develop facility in their native language.

c. Including parents in curriculum development and having them serve as resource persons (e.g., for bilingual/bicultural activities).

6. The program must provide for a physical environment that is conducive to learning and reflective of the different stages of development in the children. Affirmative efforts must be made in home-based programs to achieve this end. Center-based programs must ensure that:

a. Space, light, ventilation, heat, and other physical arrangements must be consistent with the children's health, safety and developmental needs. Conformance with local/state licensing requirements for fire, health, and safety may be accepted as prima facie compliance with this standard. For a facility for which licensing requirements are inapplicable or inappropriate, a special determination must be made annually by the grantee and Policy Council, with Regional Office concurrence that the physical environment is consistent with the children's health, safety and developmental needs. The space must meet the following standards:

(1) There is a safe and effective heating system. Radiators, hot water pipes, and similar hazards are adequately screened or insulated to prevent burns.

(X-30-364-1-50 Continued)

(2) No highly flammable furnishings or decorations are used. Flammable, other dangerous materials and potential poisons are stored in cabinets or storage facilities accessible only to authorized persons.

(3) An approved working fire extinguisher is available. Emergency lighting is available in case of power failure.

(4) The premises are clean and free of undesirable conditions (e.g., rodents, vermin, fumes, excessive noise). Premises are free of hazards (e.g., splintered, extremely sharp or protruding corners or edges, loose or broken parts). Stairways have railings. Clear glass doors are plainly marked to avoid accidental impact.

(5) Cleaning supplies and potentially dangerous materials are separated from food storage and inaccessible to children.

(6) Outdoor play areas are fenced or have other suitable barriers where necessary to prevent children from getting into unsafe areas, (e.g. there are no ponds or swimming areas accessible to the children without supervision).

(7) Paint coatings in premises used for care of children have been evaluated to assure the absence of a hazardous quantity of lead.

(8) Rooms are well lighted.

(X-30-364-1-70 Continued)

(9) A source of water approved by the appropriate local authority is available in the facility. Adequate toilets and handwashing facilities are available.

(10) All sewage and liquid wastes are disposed of through a sewer system approved by an appropriate responsible authority. Solid waste garbage and rubbish is collected and stored in a safe and sanitary manner.

(11) There is at least 35 square feet of indoor space per child available for the care of children (i.e., exclusive of bathrooms, halls, kitchen and storage places). There is at least 75 square feet per child outdoors.

(12) When handicapped children are given care, adequate provision is made for their special needs to ensure their safety and comfort.

b. Space is organized into functional areas which are recognized by the children.

c. Furniture, equipment and materials are arranged to facilitate learning, provide for a balanced program of spontaneous and structured activities, and encourage self-reliance in the children.

d. Materials and equipment are appropriate and in sufficient quantity to meet the needs of all children. They are:

(1) Consistent with the specific educational goals of the local program.

(X-30-364-1-50 Continued)

(2) Geared to the age, ability [illegible] ment [illegible] chair [illegible] pieces to a [illegible] puzzle).

(3) Safe, durable and kept in good condition.

(4) Stored in a safe and orderly fashion when not in use.

(5) Accessible to the children.

(6) Designed to provide a variety of learning experiences and to encourage experimentation and exploration.

(7) Consistent with the cultural and ethnic background of the children.

(8) Attractive and inviting to children.

7. Specific provisions must be made for enhancing parents' knowledge and understanding of the child's educational activities. This includes:

a. Arranging for parents to participate in the planning of the educational program.

b. Involving parents in appropriate classroom, center and home program activities.

c. Assisting parents, in center-based as well as home-based programs, to identify and carry out activities that they can use in their home to reinforce the child's learning and development.

d. Assisting parents to develop skills in observing child's growth and development in the home environment and to identify special developmental needs and approaches.

(N-30-363-1-50 Continued)

relationships with parents that facilitate the free flow of information about their children's lives both inside and outside the centers by:

(1) Making a minimum of three visits a year to each child's home at the beginning, middle and end of the year. Arrangements for such visits should respect parents wishes and convenience. At least one of these visits must be devoted to discussions with parents around areas of mutual interest and concern in order to identify home activities and other ways to expand the Head Start experience.

(2) Holding staff conferences and staff/parent conferences on a scheduled and non-scheduled basis to share knowledge about each child and to advise on referrals when appropriate.

j. Provide information to parents regarding major educational program activities (e.g., participation on field trips, parent education opportunities, training).

N-30-363-1-60 SOCIAL SERVICE

A. OBJECTIVES

1. ESTABLISH AND MAINTAIN AN OUTREACH AND RECRUITMENT PROCESS WHICH SYSTEMATICALLY INSURES ENROLLMENT OF ELIGIBLE CHILDREN.

2. PROVIDE ENROLLMENT OF ELIGIBLE CHILDREN REGARDLESS OF RACE, SEX, CREED, COLOR, NATIONAL ORIGIN, OR HANDICAPPING CONDITION.

3. ACHIEVE PARENT PARTICIPATION IN THE CENTER AND HOME PROGRAM AND RELATED ACTIVITIES.

(N-30-364-1-60 Continued)

4. ASSIST THE FAMILY IN ITS OWN EFFORTS TO IMPROVE THE CONDITION AND QUALITY OF FAMILY LIFE.

5. MAKE PARENTS AWARE OF COMMUNITY SERVICES AND RESOURCES AND FACILITATE THEIR USE.

B. PERFORMANCE STANDARDS

1. There must be an established system for the identification of families and children in need of social services, including program activities for meeting those needs, or appropriate referrals. This system must ensure that:

   a. Head Start staff are provided training in how to identify families and children in need of social services.

   b. Head Start staff must work closely with parents in order jointly to identify individual family needs and to plan ways to meet those needs.

2. There must be an established record keeping system, with adequate provisions for confidentiality, which includes the maintenance of up-to-date pertinent family data. The file on each family must include the following:

   a. Completed Head Start Enrollment Forms.

   b. Referral and follow-up documentation.

   c. Notation of contacts with other resource agencies.

   d. Notation of contacts with family, purpose of visit and by whom, and results of contact including action taken.

(CD-30-653-1-00 Continued)

3. There must be a plan established to provide the following services to individual families as needed, namely:

   a. Appropriate counseling.

   b. Emergency assistance or crisis intervention when necessary.

   c. Knowledge about available community services and how to use them.

   d. Follow up to assure delivery of needed assistance.

   e. Volunteers identified to help provide services for families (such as babysitting, transportation). These volunteers must be trained and supervised as needed.

   f. Advocate and spokesman for Head Start families when necessary.

4. The program must work in close cooperation with existing community resources. This cooperation must include:

   a. Helping Head Start parent groups work with other neighborhood and community groups with similar concerns.

   b. Communicating to other community agencies the needs of Head Start families and ways of meeting the needs; helping to assure better coordination, cooperation and exchange of information; and seeking to correct inadequacies of other community services for Head Start families.

   c. Calling attention to new services as needed in the community and assisting in getting them started.

(N-30-364-1-60 Continued)

d. Preparing and distributing a community resources file for Head Start families and staff.

5. Parent involvement in all facets of the social services program must be ensured.

6. The family of a child whose center attendance or program participation is irregular or who has been absent more than three consecutive days must be contacted.

7. Home visits where appropriate must be made, with the consent of the family. Home visits of all the staff must be coordinated.

N-30-364-1-70 PARENT INVOLVEMENT

A. OBJECTIVES

1. PROVIDE A PLANNED PROGRAM OF EXPERIENCES AND ACTIVITIES WHICH SUPPORT AND ENHANCE THE PARENTAL ROLE AS THE PRINCIPAL INFLUENCE IN THEIR CHILD'S EDUCATION AND DEVELOPMENT.

2. PROVIDE A PROGRAM THAT RECOGNIZES THE PARENTS AS:

a. RESPONSIBLE GUARDIANS OF THEIR CHILDREN'S WELL BEING.

b. PRIME EDUCATORS OF THEIR CHILDREN.

c. CONTRIBUTORS TO THE HEAD START PROGRAM AND TO THEIR COMMUNITIES.

3. PROVIDE THE FOLLOWING KINDS OF OPPORTUNITIES FOR PARENT PARTICIPATION:

(N-30-364-1-70 Continued)

a. DIRECT INVOLVEMENT IN DECISION MAKING IN PROGRAM PLANNING AND OPERATIONS.

b. PARTICIPATION IN CLASSROOM AND OTHER PROGRAM ACTIVITIES AS PAID EMPLOYEES, VOLUNTEERS OR OBSERVORS.

c. ACTIVITIES FOR PARENTS WHICH THEY HAVE HELPED TO DEVELOP.

d. WORKING WITH THEIR OWN CHILDREN IN COOPERATION WITH HEAD START STAFF.

B. PERFORMANCE STANDARDS

1. All grantees and delegate agencies must agree to follow the policy for parent participation contained in OCD Transmittal Notice 70.2, dated August 10, 1970 (Head Start Policy Manual Instruction 1-31-Section B2, The Parents). Policy requirements in 70.2 have the full force of performance standards and compliance is required as a condition of funding. The grantee must submit a plan, with Policy Council approval, setting forth how the Head Start program will insure parent participation.

2. Participation of Head Start parents shall be on a voluntary basis and shall not be required as a condition for the child's enrollment.

3. Parents must be provided opportunities for involvement in activities designed to promote or enhance the development of parent skills, self-confidence, and sense of independence in fostering an environment in which their children can develop to their full potential. Such activities should include:

(X-30-364-1-70 Continued)

a. Learning experiences in child growth and behavior which will strengthen the role of parents as the prime educators of their children.

b. Methods of providing educational and developmental activities for children in the home.

c. Health, mental health and nutrition education.

d. Management of family and community resources to meet the basic life support needs of the family.

e. Basic adult education, literacy skills, or classes leading to high school equivalency certificate, employment skills or personal development, planned in cooperation with other community agencies.

4. Each Head Start program must provide for parents to participate individually in the developmental program of their own children by:

a. Assessing their child's needs and setting goals with the teacher.

b. Continuing the child's program experiences by follow-up at home.

c. Accompanying the child to medical and dental appointments.

d. Conferring with teachers and other staff as appropriate to discuss the child's progress, individual needs and prescribed activities.

(X-20-364-1-70 Continued)

5. Each Head Start program must have a planned and coordinated system for communication with the parents of all children on a regular basis throughout the program year. The system must provide information about the program and its services, program activities for the children, the policy groups and resources within the program and the community. Communication must be designed and carried out in a way which reaches parents effectively. Policy Groups must participate in the planning and development of the communication system used.

6. Each Head Start program must have a means for the regular provision of information to members of Policy Groups. The purpose of such communication is to enable the Policy Group to make informed decisions in a timely and effective manner, to share professional expertise and generally to be provided with staff support. At a minimum, information provided will include:

   a. Timetable for planning, development and submission of proposals.

   b. Head Start policies, guidelines, performance standards, monitoring reports and communications from the Office of Child Development.

   c. Financial reports and statements of funds expended in the Head Start account.

   d. Work plans, grant applications, and personnel policies for Head Start.

(N-30-364-1-70 Continued)

7. Each Head Start program must have a planned training program for parents, staff, policy groups, and agency governing boards. The training program must be provided on a regular basis. Content of the training must include development of skills, attitudes and knowledge of policies and standards necessary to effectively coordinate and integrate:

   a. The efforts of parents, staff and administrators who share responsibility for the setting of goals and plans to achieve them.

   b. The different components of the program for the highest total impact on participating children and families.

   c. Local program goals with those of other community agencies and institutions concerned with and serving children and families.

8. The entire Head Start staff must share responsibility for providing assistance in the conduct of the above activities. Health Services, Education, and Social Services staff should contribute their direct services to assist the Parent Involvement staff. If staff resources are not available, the necessary resources must be sought within the community.

N-30-364-1-80 HEALTH SERVICES

The Health Services program is organized into three closely interrelated parts:

N-30-364-1-80.1 General, Medical and Dental

N-30-364-1-80.2 Mental Health (reflecting a strengthening and redirection of the former Psychological Services component)

N-30-364-1-80.3 Nutrition

The Health Services Advisory Committee will assist program staff in planning, operation, and evaluation of all parts of the Health Services program.

While component standards have been strengthened and clarified in each of the Health Service areas, they have been grouped as one component to highlight their interrelatedness and to facilitate the role of the Health Services Advisory Committee in dealing with the total health program. The standards similarly emphasize the interdisciplinary relationship of all components. For example, an effective mental health program should involve the joint efforts of the Head Start teacher in a center classroom, other Head Start staff interacting with the child, and parents. It should be planned with the mental health professional and the Health Services Advisory Committee and approved by the Policy Council and the grantee.

N-30-364-1-80.1 GENERAL, MEDICAL, AND DENTAL

A. OBJECTIVES

1. PROVIDE A COMPREHENSIVE HEALTH SERVICES PROGRAM WHICH INCLUDES A BROAD RANGE OF MEDICAL, DENTAL, MENTAL HEALTH AND NUTRITION SERVICES TO PRESCHOOL CHILDREN, INCLUDING HANDICAPPED CHILDREN, TO ASSIST THE CHILD IN HIS PHYSICAL, EMOTIONAL, COGNITIVE AND SOCIAL DEVELOPMENT TOWARD THE OVERALL GOAL OF SOCIAL COMPETENCE.

(N-30-364-1-80.1 Continued)

2. PROMOTE PREVENTIVE HEALTH SERVICES AND EARLY INTERVENTION.

3. PROVIDE THE CHILD'S FAMILY WITH THE NECESSARY SKILLS AND INSIGHT AND OTHERWISE ATTEMPT TO LINK THE FAMILY TO AN ONGOING HEALTH CARE SYSTEM TO ENSURE THAT THE CHILD CONTINUES TO RECEIVE COMPREHENSIVE HEALTH CARE EVEN AFTER HE LEAVES THE HEAD START PROGRAM.

B. PERFORMANCE STANDARDS

1. There must be a local Health Services Advisory Committee whose membership includes Head Start parents, health service providers and specialists, all of whom assist program staff in planning, operation and evaluation of the Health Services program (existing committees may be modified or combined to carry out this function).

2. There must be a comprehensive orientation and training program jointly developed with all components for parents and staff which includes:

   a. Training in child development and behavioral and developmental problems for preschool children.

   b. Additional training for staff in skills of observation required to identify and work with children with special needs, to deal with these problems and to coordinate referral resources in addressing special needs.

   c. Education and consultation with parents of children having special needs.

CHAPTER 36.1-1-36.1 (Continued)

d. Appreciation of diverse cultures and ethnic groups.

3. All Head Start programs must ensure that for each child:

a. A complete medical and developmental history is obtained.

b. Screenings take place that include:

(1) Growth assessment (age, height, weight and head circumference).

(2) Vision testing.

(3) Hearing testing.

(4) Hemoglobin or hematocrit determination.

(5) Tuberculin testing.

(6) Urinalysis.

(7) Other selected screenings where appropriate - including sickle cell, lead poisoning, and intestinal parasites.

(8) Assessment of immunization status.

(9) At the time of health screening, a plan for identifying speech problems, determining their cause and providing appropriate services shall be in effect, specifying the roles of appropriate program staff.

(10) Identification of the special needs of handicapped children.

(X-30-: 1-1-: .1 Continued)

c. Medical examinations are performed and must include:

(1) Examination of any systems or region which is made suspect by the history or screening test.

(2) Search for certain defects in specific regions common or important in this age group, i.e., skin, eye, ear, nose, throat, heart and groin (inguinal) area.

d. Dental examinations are performed.

4. The program must maintain individual health records which:

a. Contain the child's medical and developmental history, screening results, medical and dental examination data and an evaluation of all of the above.

b. Are kept up-to-date.

c. Are forwarded with parental approval to the school system and/or health delivery system when the child leaves the program.

d. Will be given to parents in summary form with specific emphasis on immunization and follow-up treatment.

5. There must be an organized treatment program which includes:

a. Obtaining or arranging for treatment of all health problems detected.

[illegible] DEVELOPMENT [illegible]
PROGRAM PERFORMANCE STANDARDS

[illegible]

[illegible] written documentation [illegible] extent.

b. Completing all necessary child immunizations - diphtheria, pertussis, tetanus (DPT), polio, measles, German measles (Report of the Committee on Infectious Diseases - American Academy of Pediatrics - revised [illegible]). Mumps immunization must be provided where appropriate - (Communicable Disease Control Morbidity and Mortality Supplement, ACP Recommendations, [illegible]).

c. Basic dental care services defined as follows:

(1) Dental prophylaxis and instruction in self-care oral hygiene procedures.

(2) Application of topical fluoride in communities which lack adequate fluoride levels in the public water supply.

(3) Restoration of decayed primary and permanent teeth.

(4) Pulp therapy for primary and permanent teeth.

(5) Extraction of non-restorable teeth.

(6) Services required for the relief of pain or infection.

[illegible]

[illegible]

6. There must be a [illegible] education program for staff, parents, and children. The program must be planned cooperatively by local staff, parents, staff and local health [illegible] domains and ensure that:

   a. Parents are provided with information about all available health resources.

   b. Parents and staff are taught principles of preventive health, emergency first-aid measures, and safety practices.

   c. Health education is integrated into ongoing classroom and other program activities.

   d. The children are familiarized with all health services they will receive prior to their contact with a provider.

7. Parents must sign authorization for provision of health services prior to the delivery of those services.

8. Parents must be encouraged to become involved in the health care process relating to their child. One or both parents are encouraged to accompany their child to medical and dental exams and appointments.

9. All paid staff must have an initial health examination and periodic check-ups. All staff must annually be determined free from communicable disease.

10. All volunteer staff must be screened initially and annually for tuberculosis.

(N-30-364-1-80.1 Continued)

11. Provision for some form of health assessment annually for those children who have been determined healthy the previous program year.

12. The Health Services program must work with all other components through coordination of resources in an effort to identify, evaluate, and diagnose handicapping conditions of all children in the Head Start program and to provide instruction and counseling for parents and staff.

13. The Health Services program must use the Health Program Assessment report.

N-30-364-1-80.2 MENTAL HEALTH

A. OBJECTIVES

1. ASSIST ALL CHILDREN PARTICIPATING IN THE PROGRAM IN EMOTIONAL, COGNITIVE AND SOCIAL DEVELOPMENT TOWARD THE OVERALL GOAL OF SOCIAL COMPETENCE IN COORDINATION WITH THE EDUCATION PROGRAM AND OTHER RELATED COMPONENT ACTIVITIES.

2. PROVIDE HANDICAPPED CHILDREN AND CHILDREN WITH SPECIAL NEEDS WITH THE NECESSARY MENTAL HEALTH SERVICES WHICH WILL ENSURE THAT THE CHILD AND HIS FAMILY ACHIEVE THE FULL BENEFITS OF PARTICIPATION IN THE PROGRAM.

3. PROVIDE STAFF AND PARENTS WITH AN UNDERSTANDING OF CHILD GROWTH AND DEVELOPMENT, AND APPRECIATION OF INDIVIDUAL DIFFERENCES, AND THE NEED FOR A SUPPORTIVE ENVIRONMENT.

4. PROVIDE FOR PREVENTION, EARLY IDENTIFICATION AND EARLY INTERVENTION IN PROBLEMS THAT INTERFERE WITH A CHILD'S DEVELOPMENT.

(CD-30-MA-1-70.2 Continued)

5. DEVELOP A POSITIVE MULTIPLE CASEWORK MENTAL HEALTH SERVICES WITH A GREATER USE OF THE CONTRIBUTIONS OF PSYCHOLOGY, MEDICINE, SOCIAL SERVICES, EDUCATION, AND OTHERS TO THE MENTAL HEALTH PROBLEM.

6. MOBILIZE COMMUNITY RESOURCES TO SERVE CHILDREN WITH PROBLEMS THAT PREVENT THEM FROM COPING WITH THEIR ENVIRONMENT.

B. PERFORMANCE STANDARDS

1. There must be a mental health professional available, at least on a consultation basis, to the program and to children. The mental health professional must:

   a. Assist in planning Mental Health program activities and advise on the utilization of other community resources.

   b. Train Head Start staff.

   c. Periodically observe children and consult with teachers and other staff.

   d. Orient parents and otherwise work with parents to achieve the objectives of the Mental Health program.

   e. Advise and assist in screening, evaluation and providing special help for children with atypical behavior or development.

2. There must be an opportunity for staff and parents to interact in a variety of group settings on a regular basis to

[illegible]

[illegible] specific children. [illegible] professional should be present [illegible] ally at these sessions.

3. There must be provision for early and active parent involvement in the Mental Health program, which guarantees that:

    a. Parental consent is obtained for special services.

    b. Parents are given the opportunity to request individual assistance from the Head Start Mental Health program.

4. There must be a plan and procedure for utilizing existing community mental health resources to the greatest extent possible and evidence that the Head Start program is using such services, e.g. Community Mental Health Centers.

5. The Mental Health program must take appropriate steps to determine whether emotional and/or behavioral problems have a physical basis.

6. Mental Health program activities must be coordinated with the Education program to provide each child with an educational program keyed to his developmental level so that he may succeed.

7. Particular attention must be given to pertinent medical and family history of each child which suggests he is at risk and a plan for follow through must be implemented.

8. The record keeping system must ensure that the confidential nature of mental health information is maintained.

[illegible]

[illegible]

[illegible]

[illegible]

A. [illegible]

1. [illegible] THE FOOD [illegible] WILL HELP [illegible] CHILD'S DAILY NUTRITIONAL NEEDS IN THE CHILD'S HOME OR IN A [illegible] PLEASANT ENVIRONMENT RECOGNIZING INDIVIDUAL DIFFERENCES AND CULTURAL PATTERNS AND THEREBY PROMOTE SOUND PHYSICAL, SOCIAL, AND EMOTIONAL GROWTH AND DEVELOPMENT.

2. PROVIDE AN ENVIRONMENT FOR NUTRITIONAL PRACTICES WHICH WILL SUPPORT AND PROMOTE THE USE OF THE FEEDING SITUATION AS AN OPPORTUNITY FOR LEARNING.

3. HELP STAFF, CHILD AND FAMILY TO UNDERSTAND THE RELATIONSHIP OF NUTRITION TO HEALTH, FACTORS WHICH INFLUENCE FOOD PRACTICES, VARIETY OF WAYS TO PROVIDE FOR NUTRITIONAL NEEDS AND TO APPLY THIS KNOWLEDGE IN THE DEVELOPMENT OF SOUND FOOD HABITS EVEN AFTER LEAVING THE HEAD START PROGRAM.

4. DEMONSTRATE THE INTERRELATIONSHIPS OF NUTRITION TO OTHER ACTIVITIES OF THE HEAD START PROGRAM AND ITS CONTRIBUTION TO THE OVERALL CHILD DEVELOPMENT GOALS.

5. INVOLVE ALL STAFF, PARENTS AND OTHER COMMUNITY AGENCIES AS APPROPRIATE IN MEETING THE CHILD'S NUTRITIONAL NEEDS SO THAT NUTRITIONAL CARE PROVIDED BY HEAD START COMPLEMENTS AND SUPPLEMENTS THAT OF THE HOME AND COMMUNITY.

B. PERFORMANCE STANDARDS

1. The identified nutritional needs and problems of the children served and their families must be used in planning the Nutrition program. The program must ensure that:

-365-1-80.3 (Continued)

a. Nutrition assessment data (height, weight, hemoglobin, hematocrit) obtained as part of the health evaluation of each child are used in planning the Nutrition program.

b. Information about major community nutrition problems is used as a basis for planning the Nutrition program.

c. Information about eating habits, food preferences, and/or special dietary needs - and feeding problems, particularly of handicapped children - provided by parents and others, is used in planning the Nutrition program.

2. Food provided for each child must help to meet the child's daily nutritional needs. The program must ensure that:

a. Every child in a part-day program receives a quantity of food in meals and snacks which provides for at least 1/3 of his daily nutritional needs (Recommended Dietary Allowances).

b. Every child in a full-day program receives a quantity of food which will provide 1/2-2/3 of his daily nutritional needs (Recommended Dietary Allowances) depending on the length of the program.

c. All children who have not received breakfast at the time they arrive at the Head Start program will be served a nourishing breakfast.

d. Kinds and quantities of food served conform to standards for meal patterns set forth in Federal guidance materials for child feeding. (e.g. Head Start Rainbow Series, United States Department of Agriculture food service publications).

e. Meal and snack period are scheduled appropriately to meet children's needs and are posted along with menus.

3. The food service must contribute to the child's developmental and socialization needs. The center program must ensure that:

a. Weekly menus provide for the serving of hot meals, preferably one each day (a hot meal is one in which the principal food item is hot at time of serving), and a variety of foods which broaden the child's food experiences in addition to those that consider cultural and ethnic preferences.

b. Food is not used as punishment or reward. Children are encouraged but not forced to eat.

c. Size and number of servings of food reflect consideration of individual children's needs.

d. Sufficient time is allowed for children to eat.

e. Chairs, tables, and eating utensils are suitable for the size and developmental level of the children.

f. Children and staff, including volunteers, eat together, sharing the same menu and a socializing experience in a relaxed atmosphere.

g. Opportunity is provided for the involvement of children in activities related to meal service (e.g., family style food service).

4. The food service program must meet local and state health regulations; compliance with Federal regulations in this area. The program must ensure that:

a. Local/State standards regarding storage, preparation, service of food and health of foodhandlers are followed as evidenced by posted licensing and inspection certificates.

b. Vendors supplying food and beverages must meet local, state and Federal codes.

5. There must be an organized program of nutrition education integrated into the educational aspects of all components of the Head Start program for staff, parents, and children. The program must ensure that:

a. Meal periods and food are used as an integral part of the total education program.

b. Children participate in learning activities planned to effect the selection and enjoyment of foods suited to their individual needs.

(X-30-362-1-80.3 Continued)

c. Families receive education and counseling in nutrition and how to select and prepare foods to meet family needs, guidance in home and money management, and help in consumer education so that they can fulfill their major role and responsibility for the nutritional health of the family.

d. All staff, including administrative, receive education in principles of nutrition and their application to child development and family health, ways to create a good physical, social and emotional environment which supports and promotes development of sound food habits and their role in helping the child and family to achieve adequate nutrition.

6. There must be involvement of parents and appropriate community agencies in planning, implementing and evaluating the nutrition program. The program must ensure that:

a. The nutrition program is viewed as appropriate by the Policy Council and the Health Advisory Committee.

b. Nutritional needs and achievements of children as observed in the Head Start program are discussed with parents.

c. There is an established procedure of sharing with parents information about menus and nutrition activities.

d. Parents are informed of the benefits of Food Assistance programs and assistance of community agencies is enlisted to facilitate the participation of eligible families.

CC-30-364-1-80.3 Continued)

7. Each program must have staff competent to provide for the nutritional needs of children. The program must ensure that:

   a. Provision is made for direction of Nutrition program through frequent and regularly scheduled consultation from a nutritionist or dietitian.

   b. All food service staff receive pre-service and in-service training as necessary to demonstrate proficiency in the areas of menu planning, food purchasing, food preparation and storage, sanitation and personal hygiene.

8. There must be a record keeping system which includes the following:

   a. A written policy on the feeding of children according to their nutritional and developmental needs, prepared by the nutrition and health staffs.

   b. Menus as served and Food Purchasing Records.

   c. Food Service Budget.

   d. Meal census for children, staff and parents or guests.

   e. Written reports of inspections by state or local health authorities.