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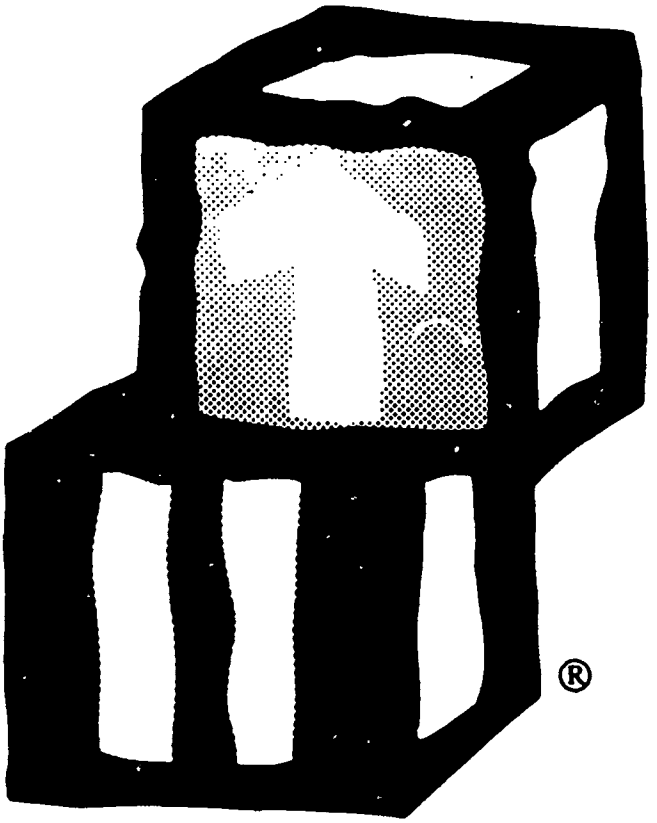
ABSTRACT

This report outlines the National Head Start Association's (NHSA) Quality Initiative, which is designed to promote and recognize practices of high quality in Head Start preschool programs. The Initiative recognizes that within the Head Start community there are four levels of quality: Needs Improvement, Adequate, Achievement, and Excellence. The initiative's goal is to help all Head Start programs reach the Achievement or Excellence level. The report describes the requirements that programs must meet to participate in the Initiative, including achievement indicators in the areas of: (1) program, personnel, fiscal, and facilities management, and auxiliary services; (2) education; (3) social services; (4) parent involvement; (5) health; (6) component integration; (7) multiculturalism; (8) collaboration and advocacy; (9) transition; and (10) disabilities. A list of contributors to the NHSA Quality Initiative is included. (MDM)

NATIONAL HEAD START ASSOCIATION



THE QUALITY INITIATIVE

June 1994 Edition

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NATIONAL HEAD START ASSOCIATION

The National Head Start Association (NHSA) is a private not-for-profit membership organization representing the 710,000 children, 110,000 staff and 2,300 Head Start programs in America. It is governed by a 49-member board of directors composed of a director, staff, parent and friend representative from each of the twelve federal regions and the immediate past president. The NHSA provides a national forum for the continued enhancement of Head Start services for poor children ages 3-5, and their families. It is the *only* national organization dedicated exclusively to the concerns of the Head Start community.

The mission of the National Head Start Association is to nurture and to advocate for children and families; to provide the Head Start community the opportunity for expressing concerns; to define strategies on pertinent issues affecting Head Start; to serve as an advocate for Head Start programs; to provide training and professional development opportunities for the Head Start community; and to develop a networking system with other organizations whose efforts are consistent with the National Head Start Association.

THE QUALITY INITIATIVE:
A PROJECT OF THE NATIONAL HEAD START ASSOCIATION

I. BACKGROUND

The National Head Start Association's commitment to ensuring that Head Start program services are of the highest quality always has been paramount. Most recently, under the leadership of President Eugenia Boggus, NHSA convened a Silver Ribbon Panel which identified future directions for Head Start. This effort was followed by the appointment of the Select Committee on Quality in February 1992 by NHSA President Arvern Moore. The charge of the Select Committee was to develop an NHSA Initiative that would recognize and promote practices of the highest quality throughout the Head Start community. The work of the Select Committee has been encouraged and promoted by the current NHSA President, Ron Herndon.

The Quality Initiative, which was adopted by the Board in February 1994, was developed with input from both the immediate and extended Head Start family. Numerous public officials and national leaders were invited to meet with the Select Committee. Several public hearings were held at Head Start events throughout the country. In addition, individuals and groups submitted written comments on a draft of the Quality Initiative circulated by the Select Committee. Those contributors are listed at the end of this document.

It is most timely that NHSA launches its Quality Initiative during a time in Head Start's history when a multi-faceted effort is underway to improve the services offered to America's low-income young children and their families. Most prominent of these is the Report of the U.S. Health and Human Services Department Secretary Donna Shalala's Advisory Committee on Head Start Quality and Expansion, titled CREATING A 21st CENTURY HEAD START. This document describes a new and challenging human services climate for Head Start programs, and calls for many changes which will enable Head Start to maintain its standing as a model of high quality comprehensive services.

NHSA concurs that now is the time to identify those practices which characterize programs of ACHIEVEMENT, and programs of EXCELLENCE. NHSA also believes that now is the time to recognize those specific programs which maintain those levels of service delivery, so that all Head Start programs can profit from the lessons that programs of quality can offer. These strategies will promote the ultimate goal of the National Head Start Association - to assure that all of America's low-income young children and their families have access to comprehensive services of high quality.

II. THE QUALITY INITIATIVE

The NHSA Quality Initiative is based on the following assumptions:

- Participation in the Initiative is voluntary.
- The goal of the Initiative is to promote and recognize practices of high quality in Head Start.
- All programs can attain the levels of ACHIEVEMENT and EXCELLENCE.

The Quality Initiative recognizes that, within the Head Start community, there are four levels of quality:

- NEEDS IMPROVEMENT: This designation is for those programs that are not in compliance with Head Start Performance Standards and/or other federal regulations. It is the responsibility of the U.S. Department of Health and Human Service's Administration for Children and Families and its Regional Offices to assist those programs in reaching compliance. It is the role of NHSA to encourage those programs to move forward in their efforts to improve practices.

- ADEQUATE: This designation is for those programs which are in compliance with Performance Standards. It is the responsibility of ACF and the Regional Offices to monitor those programs for continued compliance. NHSA's role is to provide those programs with challenges and options to further improve their practices, so they can move beyond compliance with minimum standards.

- ACHIEVEMENT: This designation is for those programs which are in compliance with Performance Standards, and whose practices in ten program areas meet or exceed the NHSA ACHIEVEMENT INDICATORS OF QUALITY.

- EXCELLENCE: This designation is for those that have been recognized as programs of ACHIEVEMENT by NHSA, and who creatively have demonstrated that their program operation goes beyond the ACHIEVEMENT INDICATORS, and that their program has had short- and long-term positive impact on the lives of the children, families, and communities served.

III. NHSA ACHIEVEMENT INITIATIVE

Those Head Start programs wishing to participate in the NHSA ACHIEVEMENT INITIATIVE must do the following:

A. DEMONSTRATE COMPLIANCE WITH PERFORMANCE STANDARDS

This requirement can be met by submitting information about the most recent ACF-sponsored program review, including all post-review information that demonstrates subsequent compliance with those standards and regulations found out of compliance at the time of the review.

B. PROVIDE INFORMATION TO DEMONSTRATE THAT THE ACHIEVEMENT INDICATORS ARE MET FOR TEN PROGRAM AREAS

This information may take multiple forms. It may include written documentation, videotapes and other creative presentations. An application for consideration, including all materials, shall be submitted between May and October of each year.

The information will be reviewed by an NHSA Quality Initiative Review Panel, appointed by the NHSA president. The panel shall consist of no less than three persons from the immediate and extended Head Start family. One of the persons shall serve as the chairperson. As part of the review process, a conference call among the panel members, the Head Start director and staff, and members of the Policy Council, will be scheduled. The panel review process shall take place in November of each year.

C. PAY A FEE TO NHSA TO COVER COSTS OF THE REVIEW PROCESS

The fee for the review of potential programs of ACHIEVEMENT is determined by the size of the program. This allows NHSA to cover the costs of the review process, yet does not eliminate programs of smaller budgets from participating in the Quality Initiative.

The fee structure is as follows:

	Less than $1 million in funding	$1-5 million	Over $5 million
Grantees who have paid NHSA Agency Dues	$800	$1,500	$2,500
Grantees who have not paid NHSA Agency Dues	$1,050	$2,100	$3,400

This payment is non-refundable.

D. BE AVAILABLE FOR PUBLIC RECOGNITION AT THE NHSA ANNUAL TRAINING CONFERENCE, AND AT OTHER TIMES

In addition to the public recognition of ACHIEVING programs at the NHSA Annual training conference, these programs will agree to share their program practices and strategies with other

Head Start grantees wishing to learn from their colleagues. This sharing could take place in informal settings, and in more formal presentations at state and regional conferences.

E. AGREE THAT THE DESIGNATION OF ACHIEVEMENT IS VALID FOR THREE YEARS FROM THE DATE OF ITS ISSUANCE BY NHSA

In accordance with the philosophy of recognizing ongoing efforts to both maintain and improve quality programming, NHSA will award its designation of ACHIEVEMENT for a three-year period from the date of issuance. Programs may apply for re-endorsement during the third year of their designation as a program of ACHIEVEMENT.

IV. NHSA EXCELLENCE INITIATIVE

Head Start programs wishing to participate in the NHSA EXCELLENCE INITIATIVE must do the following:

A. BE RECOGNIZED AS AN NHSA PROGRAM OF ACHIEVEMENT

Application for the EXCELLENCE INITIATIVE is predicated upon a program's having successfully completed the ACHIEVEMENT INITIATIVE within the three years prior to the application for the EXCELLENCE INITIATIVE.

B. BE AN AGENCY DUES-PAYING MEMBER OF NHSA

A program that applies for the EXCELLENCE INITIATIVE should be an agency dues-paying member in good standing of NHSA.

C. DEMONSTRATE THAT PROGRAM PRACTICES GO BEYOND THE LEVEL SPECIFIED IN THE ACHIEVEMENT INDICATORS.

Specific indicators are not provided for programs of EXCELLENCE because NHSA believes that such a program has the capacity to provide information that demonstrates its ability to exceed the indicators of ACHIEVEMENT.

However, NHSA does require that each applicant have a long-range plan to continue excellence in practice. NHSA also requires that an applicant for the EXCELLENCE Initiative have a demonstrated track record in assisting children and families to maintain and improve their personal and economic self-sufficiency, and in improving the service delivery systems in their communities.

Information will be submitted between November and January. That material will be reviewed by a panel of six members, appointed by the president of NHSA. One of the panel members will be designated as the chairperson. All panel members will review materials individually,

and will pool their information through a conference call, where additional avenues of inquiry will be identified.

Following the conference call, the panel chairperson will make an on-site visit to the applicant. During that visit, sites will be visited, staff and parents will be interviewed and the additional areas of inquiry will be pursued. The panel chairperson will present a written report of the on-site visit to the panel members. At least three of the six panel members will then convene in a central location for a final review of and decision about the application. Included in that review will be written comments from any panel members not present. The panel will reach a final decision no later than March of each year.

D. PAY A FEE TO NHSA TO COVER COSTS OF THE REVIEW

This fee for the EXCELLENCE Initiative shall be based on the program's funding level. This system permits the covering of review costs, but does not eliminate smaller programs from participating in the Initiative. The fee structure is as follows:

Less than $1 million in funding	$1-5 million	Over $5 million
$3,500	$4,500	$5,500

The fee is non-refundable.

E. BE AVAILABLE FOR PUBLIC RECOGNITION AT THE NHSA ANNUAL TRAINING CONFERENCE, AND AT OTHER EVENTS

In addition to the public recognition event at the Annual NHSA Training Conference, the program's staff and parents will be available to share good practices and strategies with other Head Start programs which desire to improve their own operation. This assistance may occur through informal contacts, or through more formal presentations at state and regional conferences.

F. AGREE THAT THE DESIGNATION OF PROGRAM OF EXCELLENCE IS VALID FOR THREE YEARS FROM THE DATE OF ITS ISSUANCE BY NHSA

As part of its philosophy that excellence in service delivery is an ongoing and renewable effort, NHSA agrees that the designation of Excellence must be re-visited after three years. As part of the renewal process, the program will need to demonstrate an ongoing capacity to exceed the ACHIEVEMENT indicators. The renewal process may begin during the third year of the designation of EXCELLENCE.

V. TECHNICAL ASSISTANCE

As time and resources permit, NHSA will hold information sessions to assist grantees in the preparation of their applications for participation in both the ACHIEVEMENT and EXCELLENCE Initiatives. These sessions may be stand-alone events, or may be linked with other national, regional, or state meetings and conferences.

Individual technical assistance may be available from NHSA staff and consultants, contingent upon resources of the organization.

ACHIEVEMENT INDICATORS

The ACHIEVEMENT INDICATORS in ten program areas are listed below. Unless otherwise noted, all INDICATORS are required.

I. ADMINISTRATION

A. The following characteristics are present in a PROGRAM MANAGEMENT SYSTEM:

1. The program's mission statement is understood and can be articulated by staff and parents and serves to guide the agency's program operations.

2. There is an articulated philosophy of program management that is understood by all staff.

3. An ongoing program assessment and monitoring system that provides immediate feedback is used. That feedback becomes the basis for program improvements and adjustments, and is designed by management, staff, and parents. These groups also should be involved in the system's implementation and improvement.

4. A planning system is employed that utilizes program evaluation findings to adjust long- and short-range plans.

5. There is an Administrative Procedures Manual that is updated and revised annually, and is distributed and explained to all staff.

6. The system for the communication throughout the agency provides for dissemination of information to all who are involved in policy issues. It is timely, and provides for information flow in all directions through the chain of command.

7. A plan to ensure a safe and healthy working environment for all staff is implemented.

8. There has been acquisition of additional resources (beyond the basic Head Start grant) to address the special and unique needs of local Head Start children and families. (OPTIONAL)

9. There has been recognition, by an external and nonfederal source, of the quality of the Head Start program in one or more of its components. (OPTIONAL)

B. These characteristics are present in a PERSONNEL MANAGEMENT SYSTEM:

1. Personnel policies are thorough, reviewed annually, used in a consistent fashion, and explained to staff annually. The policies reflect the latest federal, state, and local regulations, as well as current trends in personnel practices.

2. The personnel recruitment and selection system identifies candidates with necessary knowledge, skills, abilities and personal characteristics to perform the job for which they are applying.

3. The personnel recruitment system provides adequate flexibility to employ persons qualified by education, by experience, or by a combination of both.

4. The personnel recruitment system values diversity. It ensures that the diversity of staff will, in a reasonable time frame, reflect the diversity of the families served.

5. The pre-service orientation package contains a review of relevant personnel rights and responsibilities, as well as all administrative and program procedures.

6. Staff meetings are held regularly, throughout all levels of the program. These meetings are well-planned, are conducted in a timely fashion, and are well-documented.

7. Job descriptions are thoroughly reviewed as necessary, and reflect the current tasks performed by persons in the positions.

8. The performance appraisal process is both descriptive and developmental. It provides regular opportunities for formal feedback between employees and supervisors, and is based on the updated job descriptions.

9. The fringe benefit package provides employee access to health insurance, disability insurance, and a retirement plan. The employer contributes, in part or in total, to one or more of the above fringe benefits.

10. The career and professional development program is available to all employees at all levels of the program. Included is an in-service plan that is designed to promote individual and team development. That plan is based on an updated training needs assessment and is evaluated and modified as necessary.

11. The employee compensation and job classification system is equitable and is based on a wage comparability system. Included is a plan to keep this system updated annually.

12. There is an implemented plan to monitor staff turnover and to analyze reasons for staff departures. Included in that plan are procedures to recommend changes in policy, job descriptions, compensation packages, or other factors which may reduce turnover rates.

C. The following characteristics are present in a FISCAL MANAGEMENT SYSTEM:

1. There is a system that provides for timely budget development, tracking, reporting, monitoring, modifying and forecasting.

2. There have been no audit findings during the past three years of audits, or there is evidence of successful refutation or correction of audit findings.

3. Accurate and timely fiscal information is available to the Policy Council, to the staff, and to the Board of Directors. That information is presented to each group in an understandable and useable format.

4. The fiscal system provides a balance between sound, consistent internal controls and adequate flexibility to respond to the program's goals and needs.

D. The following characteristics are present in a FACILITIES AND EQUIPMENT MANAGEMENT SYSTEM:

1. There is an implemented procedure to analyze the merits of the various options for providing services (e.g., transportation, space, equipment), including lease vs. lease-purchase, vs. purchase.

2. A system to ensure timely replacement of equipment and materials is utilized.

3. All space is properly designed and equipped to serve its designated function.

4. All work environments reflect a valuing of Head Start staff, children, and families through attention to the aesthetics of settings.

5. A plan is in place to inspect, monitor, and maintain all facilities in a timely and cost-effective fashion.

E. The following are characteristics of an AUXILIARY SERVICES SYSTEM:

1. Written transportation plans which define program and/or contracting responsibilities and transportation procedures are used, if applicable.

2. A written procedure for planning efficient and timely transportation routing is used, if applicable.

3. A plan is implemented to develop a pool of trained drivers and aides, if applicable.

4. If an automated data processing system is used, it should be a system that ensures confidentiality, generates useable program reports, and is maintained by a qualified systems analyst, manager, or consultant.

5. An information system which optimizes decision-making capability for administration, staff, and parents is present.

II. EDUCATION INDICATORS

The following characteristics are present in the EDUCATION component:

1. A child assessment system is employed that is developmentally appropriate, individualized and efficient. Information from multiple sources is gathered for all children and is utilized in lesson planning.

2. An individualized plan is in place to upgrade the competence and educational levels of each teaching team member.

3. In a program with single sessions, that program has no more than 17 4-and/or 5-year old children in a classroom, or no more than 15 3-year old children, or no more than 15 mixed age group children. In a program with double sessions of 4-and/or 5-year old children, there are no more than 15 children in any classroom. In a program with double sessions for 3-year-old children, there are no more than 13 children in each classroom. All these models assume two Head Start parent staff. (OPTIONAL UNTIL 1998, WHEN THIS INDICATOR WILL BECOME MANDATORY)

4. A recognized early childhood curriculum, or a locally-based design which is developmentally appropriate, is used throughout the program. All staff and regular volunteers can articulate the curriculum's goals, its strategies for classroom implementation, and how that curriculum meets the needs of the children.

5. Centers are attractive, safe, healthy, and are arranged in a developmentally appropriate manner. This includes both indoor and outdoor environments.

6. Consistent classroom experiences reflect both a valuing of the children's cultures and of other cultures. Anti-bias activities are included.

7. Staff can articulate how practices reflect the results of current early childhood and family development research.

III. SOCIAL SERVICE INDICATORS

The following characteristics are present in a SOCIAL SERVICE component:

1. The initial Family Needs Assessment is completed within 45 days of the family's enrollment and a Family Services Plan is operational within 90 days of program enrollment.

2. The program has an active Social Services Advisory Committee whose membership consists of Head Start parents and representatives of local human service organizations serving low income children and families. The Committee assists the social service staff to enrich that component's services.

3. Child abuse and neglect reporting and referral procedures have been developed with input from the Policy Council, the Social Services Advisory Committee, and has been approved by these groups.

4. Referrals and/or on-site programs are available to parents who want to continue their education or training. These programs are at sites and times convenient for the parents and are implemented jointly with other agencies, the Head Start program, or a combination.

5. Activities that are designed to empower parents and family members to be active community participants after the Head Start experience are available to them from the Head Start program.

6. A plan is being implemented to systematically reduce the caseloads of social service personnel, to reach the Head Start Social Services Task Force Report's suggested caseload of 1:35. The program can demonstrate how it is being responsive to families' needs when its social service personnel have a higher caseload.

IV. PARENT INVOLVEMENT

The following characteristics are present in a PARENT INVOLVEMENT component:

1. A written philosophy of parent involvement is present. It supports flexibility, encourages building upon the interests and strengths of families, and promotes personal and economic self-sufficiency. Evidence is in place to demonstrate the implementation of that philosophy, and the ability of all staff to articulate the philosophy.

2. There is a written and implemented plan which provides a series of social and educational activities that meet the specific needs of diverse family units in the program, and that promotes parent involvement in all facets of the program.

3. There is a written and implemented plan that identifies and diminishes the impact of linguistic and cultural barriers that could prevent maximum family involvement.

4. There is a written and implemented plan that ensures that all component and administrative staff are part of the program's parent involvement options, and know their specific responsibilities.

5. Literature and other professional resources are available in the primary languages of the families.

6. Resources are available to promote parent involvement by exposing families to culturally diverse activities.

7. Innovative approaches are used to promote parent involvement in all phases of the program.

8. A written and implemented plan is used to empower parents to participate in community and school activities as active group members and leaders, both during and after the Head Start experience.

9. For programs of over 500 children, one individual is responsible for the leadership in the parent involvement component, and that person is not assigned responsibilities for other components. That person has advanced training and higher education in such related fields as adult education, social work, counseling, community organization, and human resource administration, as well as paid and/or volunteer experience with Head Start and community groups. For programs of less than 500 children, the leadership roles in the parent involvement are defined, and are understood by all staff, and the person(s) providing the leadership component.

10. Parents are active participants in local, state, regional, or national Head Start groups and/or other human service organizations and Boards.

11. A system is in place and is used to encourage the training, hiring, and developing of Head Start parents and others who lack formal educational credentials, English language proficiency, and literacy skills.

IV. HEALTH INDICATORS

The following characteristics are present in a HEALTH component:

Leadership positions are filled by persons with training and experience identical to those described above.

1. A health component plan is used which includes medical, dental, nutrition, and mental health services. The plan specifies how the health component is integrated with all other

components. It describes how the program values and is sensitive to the cultures of the children and families.

2. A written and service-integrated case management plan is used which is accessible and useable.

3. A written and implemented health and safety plan is known and strictly adhered to by well-trained staff. The following areas shall be included in the plan, but other areas may be included as well:
   - sick child exclusion policy
   - infectious disease control policy
   - health emergency procedures
   - transportation safety procedures
   - daily health and safety check lists
   - first aid training for all staff
   - first aid contents requirements and periodic assessment
   - child sign-in and sign-out procedure
   - child pick-up procedure
   - staff and child accident reporting procedure
   - staff physicals procedure

4. Written and implemented agreements are in place with health services providers which list the responsibilities of both the Head Start program and the provider as well as the intended outcomes of the agreement. Timelines for service delivery and reporting are spelled out.

5. An immunization and screening schedule is used which meets the most recent guidelines of the American Academy of Pediatrics and the Center for Disease Control.

6. A written and implemented health services transition plan is in place which encourages and assists each Head Start family to find a medical home where all family members will receive current and future medical services.

7. A written and implemented plan is in place to assist parents to obtain health services for Head Start siblings.

8. For programs of over 500 children and families, there are separate Coordinators for the Health and Nutrition components. Each Coordinator has a formal education background that includes college courses in health, and/or nutrition, and/or home economics, and/or early childhood education, and/or a related field. For programs of fewer than 500 children, the responsibility for leadership in the delivery of health and nutrition services is spelled out clearly, and those leadership positions are held by persons with training identical to that described above.

9. A cook assistant or a second cook is used in centers where more than over 50 children are eating in a center at one time.

10. The Mental Health Team, including consultants, has at least one person who is fluent in the primary languages of the families.

11. A written and implemented staff wellness plan is in place which provides a variety of options to encourage all staff to achieve maximum physical and mental health.

12. Health services are delivered by a team of paid staff who have a caseload of 1:125 (OPTIONAL). For those programs who have a caseload of greater than 1:125, the program can demonstrate how it is responsive to the timely meeting of children's needs when its health personnel has a higher caseload.

VI. COMPONENT INTEGRATION INDICATORS

The following characteristics are present in COMPONENT INTEGRATION efforts:

1. A written and utilized plan is in place to implement a team management approach in program planning, monitoring and evaluation. The plan ensures that there is input from staff and parents. It outlines how the program will set goals and objectives, write component plans, develop forms, and provide training.

2. A written and utilized plan is present to ensure an integrated approach to case management. A staff with relevant information about the children and families is part of the case management process.

3. A comprehensive and centralized system of information management is used which integrates the child, family, and program records.

4. The pre- and in-service plans include experiences which promote understanding of component integration.

VII. MULTICULTURALISM INDICATORS

The following characteristics are present in the MULTICULTURALISM efforts of the program:

1. A written and utilized curriculum is present implementing the ACF Multicultural Principles document in all classrooms, as well as in all other aspects of the program's service delivery.

2. A written and utilized pre- and in-service plan to implement multiculturalism also is present. All staff are knowledgeable about the ACF Multicultural Principles and can articulate thier implications on their own job performances.

3. Menus are reflective of the children's own culture while introducing foods of other cultures.

VIII. COLLABORATION AND ADVOCACY INDICATORS

The following characteristics are present in the program's COLLABORATION AND ADVOCACY efforts:

1. Formal, written collaboration agreements with other organizations are present, and spell out the roles and responsibilities of all parties, the intended outcomes, and the strategies to be employed to reach those outcomes.

2. A system is used to keep all staff, parents, and Board members updated on proposed local, state, and federal legislation, and policy or regulatory changes that could impact on Head Start, and on the children and families served.

3. Staff members, parents, and Board members serve on local, state, regional, and/or national agency Boards, committees and other planning/coordinating groups. Persons from these groups also serve on the Head Start Policy Council and/or on the agency Board of Directors.

4. The agency administrative and program staff, and/or Policy Council members, and/or Board are members of the National Head Start Association.

5. The agency administrative and program staff, and/or Policy Council members, and/or Board are members of the state and/or regional Head Start Association.

6. The agency administrative or program staff are members of local professional and service organizations.

7. The program has a written and implemented plan to engage in public education efforts about issues of importance to quality of life for low-income children and families.

8. The program has a written and implemented plan about advocacy efforts on behalf of low-income children and families. The plan takes into account the agency's policy on lobbying and other educational and advocacy efforts.

9. The program has a clear and written policy on staff involvement in political activities, community groups and activities, and professional organizations. This policy also explains the agency's position on the issuing of political statements. The policy has been explained to and can be articulated by staff.

10. Collaborative and advocacy efforts have been built into the long-range planning of the program.

IX. TRANSITION INDICATORS

The following characteristics are present in TRANSITION efforts:

1. A written and implemented plan is in place for the recruitment, orientation, and welcoming of parents and other family members to the Head Start program.

2. Written and utilized transition agreements are in place with other Head Start programs, child care centers, and receiving school districts. These agreements contain, but are not limited to, the following:
   - The policy for sharing of Head Start information.
   - Specific activities that Head Start and the collaborator will operate together, to minimize the effects of the transition process for children and families.
   - The types and frequencies of interaction among Head Start staff and staff from the other program, including but not limited to face-to-face sharing of developmental information about each child.

3. A written and implemented procedure is in place to follow up on the progress of Head Start children and families after they leave the program. (OPTIONAL).

4. A written and implemented plan is used to provide supportive and referral services to Head Start children and families after they have left the program. (OPTIONAL)

X. DISABILITIES INDICATORS

Recently, ACF published its final regulations on Performance Standards for the Disabilities Component. Head Start Programs now are in the process of meeting these Performance Standards. Therefore, compliance with these standards will be considered evidence of ACHIEVEMENT in the Disabilities area. If the Head Start Program has not had a Regional Office review using the new Disabilities Performance Standards, it will be the responsibility of the program to provide evidence that is has complied with each of the Performance Standards.

June, 1994

CONTRIBUTORS TO THE NHSA QUALITY INITIATIVE

NHSA SELECT COMMITTEE ON QUALITY

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THE FOLLOWING PERSONS OR ORGANIZATIONS CONTRIBUTED WRITTEN COMMENTS ON THE DRAFT NHSA QUALITY INITIATIVE

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Head Start, Taunton, Massachusetts
East Coast Migrant Head Start, Arlington, Virginia
SCEOP/Head Start, Santa Rosa, California
United Way of Chicago, Illinois
Ohio Head Start Association

Mississippi Head Start Directors Association
Region VII Head Start Board
Michigan Head Start Association
Missouri Head Start Directors Association
Three unsigned comments also were received

Special thanks also are due to the more than over 500 parents who provided oral comments at the 1992 NHSA Parent Conference in Atlanta, Georgia, and the 1993 NHSA Parent Conference in Los Angeles, California.

THE FOLLOWING PERSONS PROVIDED INFORMATION AND TESTIMONY TO THE SELECT COMMITTEE:

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