

Early Head Start Services

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Early Head Start - Evidence-Based Model for Prenatal to Age Three

EHS programs provide intensive, comprehensive child development and family support services. Early Head Start's mission is:

- ▶ To promote healthy prenatal outcomes for pregnant women
- ▶ To enhance the development of very young children, and
- ▶ To promote healthy family functioning



EHS Funding & Eligibility

- ▶ EHS programs are funded federal to local.
- ▶ Currently there are 8,082 EHS slots in Illinois, both Home-based and Center-based, with 43 EHS grantees.
- ▶ Eligibility is based on age and income--Pregnant women, infants and toddlers who are at 100% or below the Federal Poverty Level. (For a family of 4, FPL is \$25,100 a year or less.)
- ▶ Families experiencing homelessness or children in foster care are automatically eligible.
- ▶ Also a family is eligible if they qualify for TANF child-only payments.
- ▶ In addition, programs must have a weighted selection criteria that includes the above and other community risk factors in order to prioritize enrollment.



Eligibility, Recruitment, Selection, Enrollment, and Attendance

How do we ensure the most
vulnerable children are served?



Comprehensive Education, Health and Family Supports

Early Head Start takes a comprehensive approach to meeting the needs of the whole child and family. This two generation approach supports stability and long-term success for families who are most at risk. Education, health, nutrition, family engagement, disability services, and mental health are just some of the supports for children and families that are provided. Services for pregnant women are also provided including pre- and post-natal services, referrals, newborn visits, and transitions for newborns and their families into program enrollment.



Program Options for EHS

- ▶ EHS programs both home-based and center-based are year round
- ▶ Home-based programs must have 46, weekly, 1 ½ hour home visits per year and 22 socialization experiences per year. Home visitors have 10-12 families on their caseloads. 12 is the maximum.
- ▶ Center-based programs must have 1380 hours of service also called duration.
- ▶ EHS programs can also partner with a local Child Care Center or Family Child Care Home and offer an EHS-Child Care Partnership or EHS-CCP.
- ▶ See this link for more information about EHS-CCPs
<https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-15-03-attachment>
- ▶ EHS-CCP funding is layered with CCAP funding. EHS-CCPs must follow the EHS program standards (HSPPS).

Group sizes and teacher/caregiver-to-child ratios

- ▶ Must have two teachers with no more than eight children, or three teachers with no more than nine children.
- ▶ Each teacher must be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children.
- ▶ A program must minimize teacher changes throughout a child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care.



Qualifications of Staff

- ▶ Early Head Start center-based teacher qualification requirements: As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.
- ▶ Home visitors: A program must ensure home visitors providing home-based education services:
 - ▶ (i) Have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree; and,
 - ▶ (ii) Demonstrate competency to plan and implement home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children's progress across the standards described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families.



Family Partnerships and Services

- ▶ Strong family partnerships support the bond between parents, infants and toddlers.
 - ▶ Partnerships between EHS staff and parents are important to promoting the bond between parents and their young children
 - ▶ Allows for trust and sharing to occur related to child's strengths and challenges at home and in the EHS setting
 - ▶ Parents will be more likely to share home experiences and cultural practices, link to community partners and work toward family goals



Family Partnership Agreement and Process

- ▶ Set of opportunities you offer families to develop and implement individualized goals
- ▶ Includes the responsibilities of families and staff, timetables, and strategies for achieving those goals
- ▶ Not a form that you fill out, or ask parents to fill out
- ▶ An interactive experience that happens over time and can include many different types of interactions



EHS Required Transitioning Services

- ▶ The Head Start Program Performance Standards (HSPPS) Part 1302 Subpart G—Transition Services §1302.70-72 include transition regulations that all Early Head Start grantees must follow.
- ▶ To ensure program’s practices for transitions from Early Head Start to Head Start, Head Start to kindergarten, and between programs are in compliance, the standards call for family and community collaboration and implementing strategies and practices that support successful transition.



Curriculum

- ▶ Curriculum models vary but must be research-based
- ▶ A single curriculum may not address all of the developmental domains
- ▶ Curriculum is a complex idea containing multiple components, such as goals, content and method. It is influenced by many factors, including society's values, content standards, accountability systems, research findings, community expectations, culture, language, and individual children's characteristics. (NAEYC and NAECS/SDE)



Indicators of Effective Curriculum

- ▶ • Children are active and engaged.
- ▶ • Goals are clear and shared by all.
- ▶ • Curriculum is research-based.
- ▶ • Valued content is learned through investigation and focused, intentional teaching.
- ▶ • Curriculum builds on prior learning and experiences.
- ▶ • Curriculum is comprehensive.
- ▶ • Professional standards validate the curriculum's subject-matter content.
- ▶ • The curriculum is likely to benefit the children.



EHS Curriculum in a “Nutshell”

- ▶ Infants and toddlers cannot be treated like preschoolers. The focus of curriculum in Early Head Start is on process. Meaning learning and development evolved through relationships, responsive caregiving, and naturally occurring development versus preschool curriculum that focus more on learning through content, the exposure to concepts, play, and activities that are generally more structured.
- ▶ Dr. Lally from West Ed says “Every baby is his or her own curriculum. And by that he means that babies are born ready to learn. They're curious. They're interested. They want to know how things work. And if the teacher is a good observer, she'll find that the baby is telling her, all the time, what it is he or she wants to learn and where he or she wants to go.”

Curriculum Resources

- ▶ Creative Curriculum - Diane Trister-Dodge, et al
- ▶ Beautiful Beginnings - Helen Raikes, et al.
- ▶ High-Scope
- ▶ Partners for a Healthy Baby - Florida State
- ▶ Parents as Teachers
- ▶ Baby Talk
- ▶ Educating and Caring for Very Young Children
- ▶ Innovations
- ▶ West Ed Program for Infant-Toddler Caregivers



Screening & Assessment

- ▶ Screening - a brief process using health and developmental screening instruments used to make judgment(s) about children in order to determine if a referral for further evaluation is necessary.
- ▶ Screening - complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends
- ▶ Includes vision and hearing



Screening and Assessment (cont.)

- ▶ Assessment - the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify:
 - ▶ The child's unique strengths and needs and the services appropriate to meet those needs; and
 - ▶ The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.
- ▶ Assessment is ongoing throughout child's enrollment and tracks child's progress



Screening and Assessment Resources

- ▶ Ages & Stages Questionnaire
- ▶ Denver Developmental Screening II
- ▶ Battelle Developmental Inventory Screening Test
- ▶ Birth to Three Assessment & Intervention System
- ▶ Minnesota Child Development Inventory
- ▶ Minnesota Infant Development Inventory
- ▶ Transdisciplinary Play Based Assessment (TPBA)
- ▶ Assessment, Evaluation, and Program System (AEPS)
- ▶ Infant-Toddler and Family Instrument



Continuity of Care

- ▶ What does the research say about babies and toddlers and continuity of care?
 - ▶ The most important relationships usually begin in the family, when an infant forms an attachment relationship with the person who is primarily responsible for the infant's care.
 - ▶ Providers and caregivers who regularly care for very young children can have a positive impact on child development by forming continuous, strong attachments with children.



Continuity of Care (cont.)

- ▶ What does this look like?
 - ▶ Children stay with same caregiver(s) throughout EHS
 - ▶ Mixed age groups?
 - ▶ Same age groups?
 - ▶ Licensing implications?
 - ▶ Space/supply/equipment implications?
 - ▶ Primary Caregiving
 - ▶ Staffing implications?



Health, Safety, and Facilities

- ▶ How are you going to meet the health, mental health, dental health, safety and facility requirements for infants and toddlers?
- ▶ What does the community assessment tell you about mental health needs in the community that might affect children?
 - ▶ Maternal depression
 - ▶ Substance abuse
 - ▶ Community /domestic violence
- ▶ Staffing - staff vs. consultant. Training for ALL!



Mental Health Consultation

- ▶ Illinois Model, Support and Resources
- ▶ **Allison Lowe-Fotos, MSW, LCSW**
Policy Manager, Illinois Policy
Ounce of Prevention Fund



What's different for EHS?

- ▶ Infant's first dental visit - AAP, AAPD, ADA, HSAC...
- ▶ EPSDT for newborns, infants, toddlers
- ▶ Space requirements - room size/layout, crib/cot spacing, etc...
- ▶ Car seat use - training for parents/caregivers
- ▶ Working with pregnant women
- ▶ Resources -
 - ▶ Caring for Our Children: National Health and Safety Performance Standards for Out-of-Home Care - AAP
 - ▶ Infant Toddler Environmental Rating Scale
 - ▶ Performance Standards



Inclusion of At-Risk Children with Disabilities

- ▶ 10% of enrollment
- ▶ Early Intervention
- ▶ A program must ensure enrolled children with disabilities, including but not limited to those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities.



Community Partnerships

- ▶ Ensuring formal linkages and coordination with community agencies located in the program's service area or in the state that provide services to families with children within the Birth-to-Five age range.



**For more information
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