

Family Partnerships

SUBPART C — FAMILY AND COMMUNITY PARTNERSHIPS

1304.40

Family Partnerships

- (a) Family Goal Setting
- (b) Accessing Community Services and Resources
- (c) Services to Pregnant Women who are Enrolled in Programs Serving Pregnant Women, Infants, and Toddlers
- (d) Parent Involvement - General
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INTRODUCTION TO 1304.40

Head Start offers parents opportunities and support for growth, so that they can identify their own strengths, needs and interests, and find their own solutions. The objective of 45 CFR 1304.40 is to support parents as they identify and meet their own goals, nurture the development of their children in the context of their family and culture, and advocate for communities that are supportive of children and families of all cultures. The building of trusting, collaborative relationships between parents and staff allows them to share with and to learn from one another.

This section discusses family goal setting through the family partnership agreement process, access to community services and resources, services to pregnant women, and parent involvement across all areas of Head Start — including child development and education, health, nutrition, mental health education, community advocacy, transition practices, and home visits.



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Performance Standard 1304.40(a)(1)

(a) Family goal setting.

(1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.

Performance Standard 1304.40(a)(2)

(2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).

Rationale: By working in a partnership that is driven by parents' identification of their family's strengths and needs, parents and staff determine how the program can support families in pursuing their goals. *This rationale serves 45 CFR 1304.40(a)(1)-(5).*

Guidance: Early establishment of a partnership process between parents and staff provides for the exchange of valuable information about the child and her or his family. Sensitivity to family privacy is important, however, as parents have the right to choose how much personal information to share, as well as if and how this information is recorded. The desire of agencies to collect information "up front," therefore, must be balanced against the necessity of allowing time for staff and families to develop meaningful one-on-one relationships. Early and frequent interaction and follow-up help build trusting relationships. Once such relationships are established, parents will be more likely to openly discuss issues that interest or concern them.

Related Information: See 45 CFR 1304.51(g) concerning record-keeping systems.

Guidance: The family partnership agreement process provides opportunities for families to set goals and to design an individualized approach for achieving those goals. Staff assist families, when they are ready, in identifying and defining goals in measurable terms, discussing what needs to be done to achieve these goals, and how the accomplishment of each goal will be determined.

The emphasis here is on the process of relationship building, and not on the agency's system of keeping family records. Because the family partnership agreement process is family driven, plans will vary across families, and, in some cases, may not be written documents. In order to help families document the agreement process and progress toward achievement of their goals, methods such as written plans, case notes, tape recordings or other means are used. In the case of families returning or moving from an earlier Head Start experience, the partnership process builds upon any existing agreement.

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Performance Standard 1304.40(a)(3)

(3) To avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement must take into account, and build upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. Grantee and delegate agencies must coordinate, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

Performance Standard 1304.40(a)(4) & (5)

(4) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.

(5) Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.

Guidance: To facilitate efficient access to appropriate information, grantee and delegate agencies:

- Discuss with families other community agencies that are assisting them currently or have assisted them previously;
- Develop an approach to confidential information sharing that is sensitive to family privacy and endorsed by all human service agencies in the community; and
- Develop strategies with other community agencies to ensure that responsibility for delivering services to the family is shared properly.

When working with other community agencies or organizations that may appropriately have the lead in case management, the grantee or delegate agency does not require parents and staff to duplicate needlessly the process of developing family plans. Instead, it is more useful to support families in achieving the goals set in preexisting family plans. In such instances, the grantee or delegate agency documents its efforts to participate in the process of supporting the accomplishment of goals.

Guidance: In collaboration with parents, staff develop a variety of group and individual opportunities to interact with parents on a regular basis. Interactions with families recognize the customs and beliefs of children and families. To develop meaningful relationships with families, agencies:

- Work with Parent Committees to plan and publicize an array of individual options and group activities;
- Include culturally relevant activities that interest both men and women;
- Plan activities at varying times of the day and week — such as at breakfast, at the end of the day, or on weekends — in order to encourage the participation of as many parents as possible;
- Develop alternative work schedules to allow staff to interact with working families during weekend events, such as picnics, religious and Tribal ceremonies, or other cultural events;
- Respect the uniqueness of each family, and train staff and volunteers to recognize that families differ across many dimensions, including language, family structure, religion, and educational and socioeconomic background;
- Maintain an annual calendar of culturally relevant dates, taking care not to acknowledge one group while possibly slighting another;

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Performance Standard 1304.40(b)(1)

(b) Accessing community services and resources.

(1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

- Consider the needs of family members with disabilities when planning meetings and activities; and
- Honor the primary language of the family by enlisting the aid of bilingual and biculturally trained individuals who have experience with the cultures and languages of families.

Rationale: All families can benefit from access to community services and resources. *This rationale serves 45 CFR 1304.40(b)(1)-(2).*

Related Information: See 45 CFR 1304.40(b)(2) regarding follow-ups to service referrals, 45 CFR 1304.40(g)(1)(ii) on providing comprehensive information about community resources, and 45 CFR 1304.41(a)(2) on establishing collaborative relationships with community organizations.

Guidance: Because of the diversity of interests and needs of families, staff are familiar with the array of available services (and of the quality of such services). Agencies assist parents in learning how to identify and access community services in the following ways:

- Make appropriate references in the family partnership agreement process to community resources that are critical for accomplishing goals;
- Provide up-to-date resource directories, invite representatives from various community agencies to speak with individual families and at committee meetings, and maintain displays that include brochures and information sheets concerning community services;
- Assist in locating services, translators, and translations in the families' preferred languages; and
- Form partnerships with other community agencies to assist families to gain access to services and resources.

Performance Standard 1304.40(b)(1)(i)

(i) Emergency or crisis assistance in areas such as food, housing, clothing, and transportation;

Guidance: Families may require immediate assistance; and, agencies have clear policies and guidelines related to crisis intervention in order to address these needs. It is important to train staff in culturally sensitive, realistic crisis intervention techniques and procedures for referring families to appropriate resources in the community. Home visitors and other staff who provide services directly to families are able to identify signs of crisis, to make referrals that link families to appropriate services, and to support families during crisis periods, without building dependence.

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Performance Standard 1304.40(b)(1)(ii)

(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence; and

Related Information: See 45 CFR 1304.24(a)(3)(iv) concerning community mental health resources, 45 CFR 1304.40(f) regarding mental health education programs, and 45 CFR 1304.41(a)(2)(ii) concerning community partnerships with mental health providers. Also, see 45 CFR 1301.31(e), Appendix A to 45 CFR 1301.31, and 45 CFR 1304.22(a)(5) concerning requirements for reporting child abuse and neglect, and 45 CFR 1304.52(k)(3) for related training.

Guidance: Agencies assist parents to form linkages with counseling programs that target specific mental health issues. Educational materials and opportunities to learn about mental health can be provided through brochures, bulletin boards, community resource and referral information, support groups, and by ensuring that well-informed staff are available to informally and confidentially discuss issues with children and families and to make appropriate referrals.

Mental health information to parents includes, but should not be limited to:

- prevention programs for at-risk families,
- help for other family members through such groups as Al-Anon and other support organizations,
- identification of resources relating to domestic violence, and
- information about local substance abuse treatment programs.

Performance Standard 1304.40(b)(1)(iii)

(iii) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

Guidance: Staff assist parents in identifying and securing access to continuing education, training, and employment opportunities by:

- Encouraging and assisting parents to participate in and keep a record of volunteer work and training activities, both inside and outside the Head Start community, particularly in areas that may lead to paying jobs;
- Providing information and referrals to education and training programs;
- Establishing a formal career path within the Head Start program;
- Forming partnerships with family literacy and adult education programs, training programs, and employment service programs; and
- Becoming a formal training or work site for welfare-to-work programs.

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Performance Standard 1304.40(b)(2)

(2) Grantee and delegate agencies must follow-up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families' expectations and circumstances.

Guidance: While Head Start staff and families are assessing the accomplishment of goals identified through the family partnership agreement process, they also discuss the level of family satisfaction with the services they receive. To determine such satisfaction (or lack of satisfaction), staff may ask parents to discuss questions such as:

- Did the services match your family's individual needs and expectations?
- Did the service agency treat you with understanding and respect?
- What problems, if any, did you encounter at the agency?
- Do you have suggestions for what Head Start staff could do to improve the process of referring families to services?

By accompanying parents to community agencies on a periodic basis, staff can see for themselves whether or not families are receiving the requested services, and whether the referral process needs to be improved.

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Performance Standard 1304.40(c)(1)(i), (ii) & (iii)

(c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

Related Information: See 45 CFR 1304.40(f) concerning health, nutrition, and mental health education; and see 45 CFR 1304.24(a)(1)(vi) for additional guidance on supporting parents' participation in any mental health interventions.

Guidance: As staff serve as advocates and liaisons between pregnant women and service providers, their role includes:

- Educating pregnant and breast feeding women through brochures, bulletin boards, discussions, and other means about proper health and nutrition and about the effects of substance abuse on fetal development;
- Explaining how inadequate nutrition leads to the delivery of low birthweight babies, and assisting families to access and to enroll in assistance agencies, such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- Encouraging expectant parents to keep all prenatal appointments and to attend all childbirth classes. Staff encourage the participation of fathers, while remaining sensitive to the cultural backgrounds of families;
- Working with the Health Services Advisory Committee to develop linkages in the community that assist pregnant women;
- Discussing with parents the need to be prepared to provide information to health care providers about genetic, environmental and other health risks;
- Helping expectant parents to identify family and cultural support networks that may provide support and assistance;
- Establishing a support group for new and expectant parents;
- Developing and making available a list of substance abuse treatment programs, including those that work with pregnant women; and
- Identifying resources to meet day-to-day needs, such as baby clothing and diapers.

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Performance Standard 1304.40(c)(2)

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

Guidance: Both mothers and fathers, as well as any other family members responsible for infant care, are encouraged to learn about fetal development and proper postpartum care. Such education and information includes:

- basic knowledge about fetal development,
- risks to the fetus that may occur during pregnancy, such as effects from alcohol, smoking, and other toxic substances,
- what to expect during labor and delivery, and encouragement for families to attend childbirth classes. Agencies may make arrangements for staff or volunteers interested in training as labor support persons to be with parents during labor and delivery,
- what to expect during postpartum recovery, including the possibility of maternal depression, and
- a schedule of community-based parenting classes and support groups, or parenting classes at the program.

All Head Start agencies are expected to include maternal and child health topics in the health education programs required by 45 CFR 1304.40(f), and are expected to encourage pregnant women to secure access to comprehensive prenatal and postpartum care.

Performance Standard 1304.40(c)(3)

(3) Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers. For those who choose to breast feed in center-based programs, arrangements must be provided as necessary.

Related Information: See 45 CFR 1304.23(b)(1)(iv) on nutrition needs of infants and toddlers, and 45 CFR 1304.23(e)(2) on facilities for the storage of breast milk.

Guidance: It is important to respect each mother's decision concerning whether or not to breast feed, and to be sensitive to cultural differences that may affect that decision. Agencies serving pregnant women, infants, and toddlers support those mothers who choose to breast feed by:

- Conveying a positive attitude toward breast feeding in orientation and educational programs, and in culturally appropriate materials for mothers;
- Designating a quiet, comfortable, and private place where mothers may nurse their infants;
- Providing mothers with necessary fluids and nutritious snacks; and
- Training staff to serve as lactation (breast feeding) consultants.

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Performance Standard 1304.40(d)(1)

(d) Parent involvement — general.

(1) In addition to involving parents in program policy-making and operations (see 45 CFR 1304.50), grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs.

Performance Standard 1304.40(d)(2)

(2) Early Head Start and Head Start settings must be open to parents during all program hours. Parents must be welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities. The participation of parents in any program activity must be voluntary, and must not be required as a condition of the child's enrollment.

Rationale: Parent participation in the design of activities and experiences that will assist in expanding parental strengths and interests is essential. By welcoming parents during all program hours, agencies demonstrate respect for them as the primary educators of their children. Observation of children and participation in group activities also provide parents with opportunities to learn how programs operate and to see how their child is learning and growing. *This rationale serves 45 CFR 1304.40(d)(1)-(3).*

Guidance: Establishing a process through which parents and staff jointly determine the activities to be developed leads to more meaningful parent involvement. Together, parents and staff decide what roles parents and other community agencies play in assisting staff to plan and implement activities consistent with parents' needs and interests, and with the cultural and linguistic diversity of the families (see 45 CFR 1304.40(a)(5)).

Related Information: See 45 CFR 1306.33(b) for parental participation requirements in home-based programs.

Guidance: The program staff welcome parents and communicate the importance of parental participation to the success of the Head Start experience by:

- Maintaining an environment in which all family members are welcome at all times — men as well as women, and members of extended and non-traditional families. Visual cues, such as pictures and posters, indicate to fathers and extended family members that they are welcome;
- Informing parents of the different volunteer roles and parental involvement opportunities that are available. Parents participate in classrooms, on field trips, in community events, in supporting program operations, and by preparing materials at home; and
- Arranging opportunities for parent participation that take into account parental work, education, or training schedules, as well as family obligations.

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Performance Standard 1304.40(d)(3)

(3) Grantee and delegate agencies must provide parents with opportunities to participate in the program as employees or volunteers (see 45 CFR 1304.52(b)(3) for additional requirements about hiring parents).

Related Information: See 45 CFR 1304.52(b)(3) regarding the requirement that parents be given priority for employment in positions for which they are qualified.

Guidance: Through the development of an ongoing volunteer program, agencies place parents in positions that match their interests, abilities, and time availability, and that provide opportunities to add to their job skills and experience. Agencies assign a person the duties of coordinating and supporting volunteers. It is important to develop a diverse array of volunteer opportunities that span many areas of the program.

To recruit parents as employees, agencies post program job vacancies in newsletters and on bulletin boards in locations such as churches, schools, clinics, laundromats, libraries, and stores.

Ways to assist parents to qualify for employment in Head Start include:

- Selecting parents as substitute classroom aides;
- Establishing on-site training classes offered by local institutions; and
- Providing evening and weekend sessions on developing job-readiness and job skills.

Performance Standard 1304.40(e)(1)

(e) Parent involvement in child development and education.

(1) Grantee and delegate agencies must provide opportunities to include parents in the development of the program's curriculum and approach to child development and education (see 45 CFR 1304.3(a)(5) for a definition of curriculum).

Rationale: Parental involvement in the program's approach to child development and education enhances the ability of parents and staff to work together to support each child's growth and learning in the home and program environments. Parents who understand how children grow and develop usually are more responsive to their children's needs, and are better able to support child development. Parental involvement also provides parents with opportunities to share knowledge about their children so that staff can individualize the program to support each child's individual pattern of development and learning. *This rationale serves 45 CFR 1304.40(e)(1)-(5).*

Related Information: See 45 CFR 1304.21(a)(2) on involving parents in planning activities for the child development and education program, and 45 CFR 1304.21(c)(1) on implementing a curriculum.

Guidance: Some suggestions for involving parents in the ongoing process of individualizing and developing the program's approach to child development and learning follow:

- Develop a process for parents to make suggestions, individually or in groups, on such topics as goals and activities for children, what staff and parents can do to help children achieve developmental and educational goals, and the relevance of the curriculum to the culture and language of enrolled families;

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Performance Standard 1304.40(e)(2)

(2) Grantee and delegate agencies operating home-based program options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children.

Performance Standard 1304.40(e)(3)

(3) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff (see 45 CFR 1304.21 for additional requirements related to parent involvement).

- Provide parents and staff with information and training on developmentally appropriate practices;
- Provide opportunities for parents, community members, and early childhood professionals to serve on education committees and subcommittees; and
- Involve parents in planning classroom and home activities in areas such as art and music experiences, field trips, storytelling, and preparation of foods particular to their various cultures.

Guidance: When home visitors and other staff work with parents, parents are active partners in the learning process. In accordance with the principles of adult learning, staff:

- Encourage active participation, independent learning, and problem-solving;
- Identify, acknowledge, and build upon past experiences, and use current experiences as learning opportunities; and
- Use the home as the setting for adult learning, to enhance the parents' role as the primary educators of their children.

Related Information: See 45 CFR 1304.51(c) on staff-family communications; and see the *Head Start Home Visitor Handbook*.

Guidance: Ways to support family members in their parenting roles include:

- Encouraging parents to use home materials and family routines and conversations to help children learn concepts, develop language and other skills, and explore feelings;
- Assisting parents to foster the knowledge, self-confidence, self-esteem, and sense of independence they need to strengthen their role as the primary influence in their child's life;
- Supporting parents in their efforts to find opportunities to spend quality time with their children during meal time, bath times, bed times, travel, and on weekends;
- During home visits, reviewing the activities and experiences of the parent and child since the last visit. This provides opportunities for discussing child development principles, appropriate activities, behavior management strategies, and family concerns about children;
- Establishing a buddy system to ensure that frequent one-on-one contacts between staff and parents occur in the program setting;

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Performance Standard

1304.40(e)(4)(i) & (ii)

(4) Grantee and delegate agencies must provide, either directly or through referrals to other local agencies, opportunities for children and families to participate in family literacy services by:

(i) Increasing family access to materials, services, and activities essential to family literacy development; and

(ii) Assisting parents as adult learners to recognize and address their own literacy goals.

- Maintaining a daily log or notebook through which parents and staff can share observations and comments;
- Taking the communication requirements of parents into account when developing methods of communicating with them. For example, if parents have difficulty with written communication, agencies make extra efforts to share information, observations, concerns, and comments through phone contacts or through face-to-face meetings; and
- Providing parents with information about programs and services available to children with disabilities, and in particular, the right of all children to a free and appropriate education under the Individuals with Disabilities Education Act (IDEA).

Related Information: See 45 CFR 1304.21(a)(4)(iii) and (iv) on promoting language use of children and supporting children's emerging literacy and numeracy development; and see CFR 1304.41(a)(2)(vii) on forming partnerships with institutions such as libraries and museums.

Guidance: To increase family participation in literacy-related services, staff:

- Plan literacy activities that involve both parent and child, provide information on how to incorporate literacy activities into everyday family routines, and take time to demonstrate and reinforce parent practices that promote literacy in both English and the home languages if they differ;
- Encourage families to check books out of the public library or to acquire books that may be available free or at low cost through local programs promoting literacy;
- Recruit qualified volunteers to serve as tutors, coaches, and mentors, and to collect and distribute reading materials;
- Establish a Head Start book-lending collection;
- Refer parents to adult literacy programs in the community, matching families with programs sensitive to issues of language and culture; and
- Promote partnerships with local libraries, museums and family literacy programs, and invite representatives from local literacy programs to meet with Head Start families and staff to plan collaborations.

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Performance Standard 1304.40(e)(5)

(5) In addition to the two home visits, teachers in center-based programs must conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program (see 45 CFR 1304.21(a)(2)(iii) and 45 CFR 1304.40(i) for additional requirements about staff-parent conferences and home visits).

Performance Standard 1304.40(f)(1)

(f) Parent involvement in health, nutrition, and mental health education.

(1) Grantee and delegate agencies must provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

Guidance: Staff-parent conferences do not take the place of the home visits required under 45 CFR 1304.40(i), or of daily communication with parents. Conferences provide teachers and parents with the opportunity for an in-depth discussion of each child's development and adjustment to the program. Conferences, which occur at the Head Start facility, in the home, or at any other appropriate location, provide a time for parents to share their observations of their children, ask questions, discuss their expectations, or express concerns. Conferences also offer opportunities to identify ways to improve the child's learning in the home and program environments.

Rationale: As the primary caregivers, parents play the lead role in maintaining the health and nutrition of their children. Learning more about health, nutrition, and mental health assists parents in establishing healthy habits in the home and in securing access to needed services in the community. *This rationale serves 45 CFR 1304.40(f)(1)-(4).*

Related Information: See 45 CFR 1304.21(c)(1)(iii) on integrating educational aspects of health, nutrition, and mental health services into program activities.

Guidance: When planning medical, dental, nutrition, and mental health education programs, each interaction with families provides an opportunity to convey health education. Staff:

- Use a variety of methods for conveying information, for example, guest speakers, hands-on experiences, or newsletters;
- Consider parent attitudes, cultures, languages, beliefs, fears, and educational levels. To the extent possible, education for parents should be designed around each family's individual characteristics;
- Make use of content experts in the areas of health, nutrition, and mental health for assistance in designing appropriate programs;

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1304.40(f)(2)(i), (ii) & (iii)

(2) Grantee and delegate agencies must ensure that, at a minimum, the medical and dental health education program:

(i) Assists parents in understanding how to enroll and participate in a system of ongoing family health care;

(ii) Encourages parents to become active partners in their children's medical and dental health care process and to accompany their child to medical and dental examinations and appointments; and

(iii) Provides parents with the opportunity to learn the principles of preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics (e.g., maternal and child health and the prevention of Sudden Infant Death Syndrome), information specific to health needs of individual children must also be made available to the extent possible.

- Refer to the Community Assessment, and consider using community resources when developing education programs for parents; and
- Consult with the Health Services Advisory Committee.

Related Information: See 45 CFR 1304.20(a)(1) on assisting parents in accessing a source of care, 45 CFR 1304.20(e) on involving parents in child health and developmental services, 45 CFR 1304.22 for further information on child health and safety, and 45 CFR 1304.40(c) for suggestions of health education topics for pregnant women.

Guidance: By working with parents, both individually and in groups, agencies assist families to become more aware of basic aspects of health care systems, and the services that are available to them. Staff and parent discussions about health care emphasize the importance of parents understanding all medical and dental procedures affecting their child, particularly as treatment relates to the family's knowledge about child health and development. Staff encourage parents to:

- Accompany their child to appointments, provide emotional support, if the child is apprehensive, and ask providers to explain medical conditions and procedures in understandable terms;
- Enroll in a system of ongoing family health care, rather than relying upon emergency rooms. Agencies provide the names and addresses of medical practices, clinics, or health maintenance organizations, including a list of providers who accept Medicaid, as well as information about after-hours care and how to obtain medical advice by telephone;
- Apply for Medicaid. Options for obtaining health insurance or low-cost medical care are discussed, if the family is not eligible for Medicaid;
- Recognize the importance of preventive care and of detecting signs of health problems;
- Model healthy behaviors by having the child observe parents going to the doctor and dentist; and
- Keep their child connected with a "medical home," after the child leaves Head Start.

In some cases, staff will need to work with parents and providers to facilitate more active parent involvement. For example, the schedule of working parents may make them unable to accompany their children to examinations. Night clinics or services at non-traditional times will make services more accessible. Services are not delayed or denied because of parents' working hours. If parents are unable to accompany their children to appointments, they are provided information about treatment and follow-up.

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1304.40(f)(3)(i) & (ii)

(3) Grantee and delegate agencies must ensure that the nutrition education program includes, at a minimum:

- (i) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets; and
- (ii) Parent discussions with program staff about the nutritional status of their child.

Performance Standard

1304.40(f)(4)(i), (ii) & (iii)

(4) Grantee and delegate agencies must ensure that the mental health education program provides, at a minimum (see 45 CFR 1304.24 for issues related to mental health education):

- (i) A variety of group opportunities for parents and program staff to identify and discuss issues related to child mental health;
- (ii) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff; and
- (iii) The active involvement of parents in planning and implementing any mental health interventions for their children.

Home visitors and other staff encourage and assist parents to integrate health education into daily routines in the home. For example, staff assist parents in assembling a first aid kit, including information on emergency first aid, and in “child-proofing” the home.

Related Information: See 45 CFR 1304.23(a) on discussions between staff and parents of each child’s nutritional needs, and 45 CFR 1304.23(d) on parent education activities related to nutrition.

Guidance: An effective nutrition education program conveys the message that what the child eats has long-term effects on health and development. Nutrition education provided by program staff is a supplement to, and not a replacement for, nutritional advice from health care professionals.

Parents and staff share information about the child’s eating habits and nutritional needs on an ongoing basis. In addition to the topics required by 45 CFR 1304.23(a), discussions between staff and parents can focus on such issues as economical food buying and individual family challenges, such as distance from supermarkets or inadequate refrigeration or cooking facilities.

Related Information: See 45 CFR 1304.24(a)(1)(vi) on supporting parents’ participation in any needed mental health interventions.

Guidance: Regular meetings and training sessions with parents and staff, as well as one-on-one interactions, are used to identify and to discuss a variety of topics related to child mental health. Mental health professionals assist parents in promoting a positive mental health environment at home, in recognizing stress factors and other risk factors, and in knowing when and how to ask for appropriate help from other parents, extended family members, members of the local or Tribal community, and professional resources.

Group opportunities allow parents to share experiences and to develop their own solutions to problems they encounter with their children. It may be beneficial to establish family support groups that meet on a regular basis or to refer families to existing support groups in the community. In addition, families may wish to privately discuss mental health issues related to their child and family.

Discussions about mental health issues are facilitated by such actions as:

- Building trusting and respectful relationships between staff and parents, so that parents will be comfortable in sharing information on sensitive issues and confident that their privacy will be respected;

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- Staff modeling healthy habits and programs providing positive working conditions and staff training;
- Including parents in meetings that discuss issues related to individual children, and respecting and supporting the right of parents to make informed decisions to meet the interests of their child;
- Ensuring that staff are aware of their limitations in dealing with serious mental health issues; and
- Encouraging parents to talk confidentially with a trusted staff member who can refer them to professionals or other staff, when appropriate. Agencies may choose to designate specific staff members for parents to contact with mental health issues.

When there are misperceptions about mental health professionals, staff, community elders, or other respected individuals known to the family may be called upon to bridge the gap between parents and mental health professionals. Parents, mental health professionals, and staff need to work together to build a realistic mental health plan that best serves the needs of individual children and families.

By listening to parents and staff, the mental health professional gains a better understanding of family concerns and cultural issues, thus helping him or her to facilitate appropriate interventions. In addition, the mental health professional can help to explain the concept of “mental health” to parents and staff, as well as identify and develop their skills, and offer suggestions for more effective parent-child and teacher-child interactions.

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Performance Standard 1304.40(g)(1) & (2)

(g) Parent involvement in community advocacy.

(1) Grantee and delegate agencies must:

(i) Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs; and

(ii) Establish procedures to provide families with comprehensive information about community resources (see 45 CFR 1304.41(a)(2) for additional requirements).

(2) Parents must be provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest.

Rationale: The active involvement of parents in advocacy and activities with other community members develops self-esteem and builds skills, while helping to organize and enhance community services and resources that best respond to parents' needs and interests.

Related Information: See 45 CFR 1304.41(a)(2) for suggestions on how to form linkages with community service agencies.

Guidance: Staff and parents are encouraged to work together in a creative manner to identify ways that parents can play a role in supporting the improvement of community services. By using a broad definition of parental involvement, it is possible to overcome challenges such as parental work and training schedules, difficulties securing child care and transportation, language barriers, and the length of the family's stay in the local area.

Ways for parents to influence community services include, but are not limited to:

- Receiving information about the roles and functions of Head Start policy groups early in the program year, and during recruitment and enrollment;
- Participating actively in Parent Committees and policy groups, which provide opportunities for developing confidence and skills for further community advocacy, and encouraging community members to attend policy group meetings;
- Serving on the Health Services Advisory Committee and other advisory committees;
- Becoming involved in groups and organizations that support the culture of the family or community;
- Participating in parent-teacher organizations and local school boards and communicating with school organizations about ways that parents can assist in decision-making in schools;
- Joining or starting various community committees that have well-defined goals, such as improving neighborhood safety;
- Obtaining information on organizing techniques and, as appropriate, using Head Start facilities and equipment for meetings;
- Taking individual actions to improve the community; and
- Helping other parents and community members to understand the impact they have on the character of community services and the impact that such services have on the lives of Head Start families.

The active involvement of parents and staff in an ongoing process of identifying and evaluating resources and services is needed to

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maintain comprehensive and up-to-date information about community resources. One way to let families know about available services and resources is by providing appropriate lists of community resources published by other public or private community agencies. If there is no comprehensive list of community resources, or if the existing lists are not sufficiently comprehensive or up-to-date, the agency itself could develop a directory. It is helpful to provide information about the experiences of Head Start families with the services, based upon agency follow-ups to referrals conducted under 45 CFR 1304.40(b)(2), as well as basic information about hours, location, telephone number, and so forth.

Parent participation in developing and updating information about community resources improves the usefulness of the information. Parents, for example, could visit and conduct on-site interviews at community agencies in order to gather information that is specifically related to Head Start families. Staff are encouraged to train parents on how to use the information provided about community resources to access services that meet the goals identified in the family partnership agreement process.

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Performance Standard 1304.40(h)(1) - (4)

(h) Parent involvement in transition activities.

(1) Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting.

(2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.

(3) To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, grantee and delegate agencies must:

(i) Provide education and training to parents to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting; and

(continued, next page...)

Rationale: A thoughtful plan leading up to actual transition and placement, developed with active parental involvement in the planning and transition process and with sensitivity to the multiple aspects of transition, can significantly enhance the success of the child and family in a new environment. *This rationale serves 45 CFR 1304.40(h)(1)-(4).*

Related Information: See 45 CFR 1304.41(c) for further information on transition activities.

Guidance: Children and families need to be supported during transitions. Parents are assisted to understand what to expect in new environments; and staff assist children and parents throughout the year with transitions in and out of the programs by:

- Encouraging children and parents to visit the new program, before the children begin. The parents and children visit, take part in sample activities, and meet staff and other children and parents;
- Making orientation information available, including information about parental rights and opportunities for parent participation so that they are prepared for active involvement in the activities and committees of their child's Head Start program, school, or child care setting;
- Enlisting experienced parents to work with newly participating parents to provide one-on-one support;
- Developing a packet of information about the child's progress which the family can take with them to the next program;
- Scheduling education and training about transitions throughout the year, supporting parents in being well-prepared for the changes they face;
- Forming support groups or providing other forms of follow-up assistance to support parents as they seek to continue to be their children's advocate in non-Head Start settings; and
- Providing education and training on local education program options, such as enrollment in a magnet school or a bilingual education program, as well as on the governance structure of the education system in their community, and how to be an advocate in that system, both for their child and for community-wide changes.

Migrant families may need additional assistance in locating services at their next destination site to ensure a smooth transition.

For families transitioning to school, staff play an important role in encouraging and facilitating meetings between parents and teachers, counselors, principals, and other school personnel. Staff assist in "opening the door" to communication between parents and

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Performance Standard

1304.40(h)(1) - (4)

(continued...)

(ii) Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children's education.

(4) See 45 CFR 1304.41(c) for additional standards related to children's transition to and from Early Head Start or Head Start.

Performance Standard

1304.40(i)(1) - (3)

(i) Parent involvement in home visits.

(1) Grantee and delegate agencies must not require that parents permit home visits as a condition of the child's participation in Early Head Start or Head Start center-based program options. Every effort must be made to explain the advantages of home visits to the parents.

(2) The child's teacher in center-based programs must make no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 45 CFR 1306.32(b)(8). Other staff working with the family must make or join home visits, as appropriate.

(continued, next page...)

school personnel, and provide assistance, as needed. To support parents, staff and parents discuss strategies for communicating effectively with school personnel, addressing, for example, issues such as differences in language or background, so that parents are recognized as the primary educators of their children.

Rationale: Home visits are valuable in building respectful relationships with parents and in developing a broad understanding of every child in the program. *This rationale serves 45 CFR 1304.40(i)(1)-(6).*

Related Information: See 45 CFR 1304.21(a)(2)(iii) on encouraging parent participation in staff-parent conferences and home visits.

Guidance: Teachers and other staff have many opportunities to discuss with parents the advantages that home visits provide for both parents and children. Home visits are opportunities for:

- Making connections between the home and program settings;
- Learning more about parent-child interactions;
- Developing positive relationships, which allow parents and staff to get to know one another;
- Identifying learning opportunities in home environments;
- Identifying techniques that can be generalized to other children in the family; and
- Focusing individualized attention on family strengths, interests and goals.

Teachers are required to make two visits to the home of each child, in addition to the two staff-parent conferences required under CFR 1304.40(e)(5). Any additional home visits are coordinated to support the partnership between family and program staff.

If two home visits are not possible in a program of less than 90 days in duration, the agency still arranges two additional meetings with the parents, in addition to the two staff-parent conferences.

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Performance Standard

1304.40(i)(1) - (3)

(continued...)

(3) Grantee and delegate agencies must schedule home visits at times that are mutually convenient for the parents or primary caregivers and staff.

Performance Standard

1304.40(i)(4) & (5)

(4) In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at an Early Head Start or Head Start site or at another safe location that affords privacy. Home visits in home-based program options must be conducted in the family's home. (See 45 CFR 1306.33 regarding the home-based program option.)

(5) In addition, grantee and delegate agencies operating home-based program options must meet the requirements of 45 CFR 1306.33(a)(1) regarding home visits.

More frequent interactions provide opportunities to exchange important information about the child. In particular, agencies serving infants and toddlers schedule frequent home visits, because infants and toddlers develop so rapidly.

Agencies document instances when parents expressly forbid home visits. In such cases, staff continue to work on building a trusting relationship, which, over time, may provide opportunities for meeting with families in their homes. Sensitivity to parents' cultural preferences is an important consideration. Flexibility in the scheduling of home visits may be needed for working parents and others with time constraints. Agreeing to meet at an alternative location may be a solution for some families, under the circumstances discussed below in 45 CFR 1304.40(i)(4).

Related Information: See 45 CFR 1306.33(a)(1) and 45 CFR 1306.34 regarding home visits in home-based and combination-option programs.

Guidance: Agencies operating center-based programs have some flexibility in allowing visits to be conducted outside the home, but it is critical that staff understand that visits outside the home are appropriate only under exceptional circumstances. Every effort is made to conduct the visit in the home. Services in the home-based option must be provided in the family's home, because the home setting is integral to the success of this option.

Agencies ensure that teachers, home visitors, and other staff are provided with appropriate training, supervision, and support for safely conducting home visits. Support may include a monitoring system or the assignment of two individuals to make certain home visits. Because staff may find themselves in threatening situations, they are cautious during home visits, and follow basic safety guidelines and precautions. Staff are encouraged to look to the family, its strengths and its ways of coping with potentially hazardous situations.

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Performance Standard 1304.40(i)(6)

(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

Guidance: A visit to the family of each newborn child provides an opportunity to identify and to discuss needs and interests related to the child's optimal development, including the importance of connecting with a "medical home." It also underscores the program's emphasis on early intervention and on supporting parents as they adjust to the demands of life with a newborn child. Suggested ways for arranging visits by health staff include employing staff with the necessary training and experience, contracting for services, and collaborating with a public health or other community agency.

Community Partnerships

1304.41

Community Partnerships

- (a) Partnerships
- (b) Advisory Committees
- (c) Transition Services

Performance Standard

1304.41(a)(1)

(a) Partnerships.

(1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements).

INTRODUCTION TO 1304.41

Head Start serves families within the context of the community, and recognizes that many other agencies and groups work with the same families. The objective of 45 CFR 1304.41 is to ensure that grantee and delegate agencies collaborate with partners in their communities, in order to provide the highest level of services to children and families, to foster the development of a continuum of family centered services, and to advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

The standards in this section cover three major areas: (a) partnerships with other community agencies; (b) the formation of advisory committees; and (c) the development of transition services.

Rationale: Community planning fosters the development of a comprehensive system of family centered services attuned to the complex and diverse needs of children and families. *This rationale serves 45 CFR 1304.41(a)(1)-(2).*

Guidance: Grantee and delegate agencies enhance program services by playing an active role in facilitating community partnerships. The following are suggestions for encouraging communication, cooperation, and possible linkages with community partners:

- Develop formal and informal networks of contacts with the representatives of a wide range of community organizations;
- Involve families as active partners in the community planning process;
- Be knowledgeable of how policy changes at the national, State, Tribal, and local levels affect services and resources for children and families;
- Ensure that privileged information is shared in a manner that improves service delivery, while respecting the family's right to privacy and complying with the agency's confidentiality policies;
- Initiate or join in community-wide interagency councils, service integration efforts, and other planning initiatives to ensure that Head Start principles and programs are well-represented in planning activities; and
- Consult with Head Start State Collaboration Offices and build on existing national and State agreements when pursuing local partnerships.

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Performance Standard 1304.41(a)(2)

(2) Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access of children and families to community services that are responsive to their needs, and to ensure that Early Head Start and Head Start programs respond to community needs, including:

Performance Standard 1304.41(a)(2)(i), (ii) & (iii)

- (i) Health care providers, such as clinics, physicians, dentists, and other health professionals;
- (ii) Mental health providers;
- (iii) Nutritional service providers;

Guidance: When establishing and maintaining collaborative relationships, the following approaches are helpful:

- Draw upon the agency's data sources, including its Community Assessment and discussions with staff and parents regarding family partnership agreements, to identify organizations that provide services responsive to children and families;
- Engage with parents and staff, and with potential partners, in discussions about the purposes and goals of all proposed collaborative relationships;
- Commit to identify specific areas for working together to achieve shared goals for children and families;
- Nurture a mutually respectful environment in which everyone's contributions to the partnership are acknowledged;
- Develop forums or other mechanisms, such as team meetings and working agreements, for working together on an ongoing basis;
- Consider the staff resources needed to maintain collaborative relationships; and
- Recognize that collaborative relationships are strengthened through formal, written agreements, which help to ensure that relationships among agencies endure after the initiators of the agreements are no longer involved.

Related Information: See 45 CFR 1304.20(c)(5) on limitations to using program funds for professional medical and dental services. Also see 45 CFR 1304.23(b)(1)(i) regarding the requirement that agencies use funds from USDA Child Nutrition Program.

Guidance: To secure access to a broad range of services, agencies are encouraged to consider and seek out partnering with many different types of health care, mental health, and nutritional services organizations such as local health departments, community health centers, managed care organizations, medical or dental schools, and professional associations. The Health Services Advisory Committee is one of several sources of information on providers and resources in the community.

Written agreements with providers support collaborative agreements. It also is useful to provide feedback to providers on how services are received by families, on whether or not parents understand the information provided to them, and on how services to families may be enhanced.

Grantee and delegate agency discussions with State, Tribal, and local officials can lead to local collaborations to implement and supplement such national interagency agreements as those between the Head

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Start Bureau and the Indian Health Service (IHS), the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program of the Medicaid programs and the Food and Consumer Service's Supplemental Nutrition Program for Women, Infants, and Children (WIC).

When selecting community partners in the area of mental health, it is important to consider the cultural appropriateness of the services provided, the sensitivity of mental health professionals to challenges facing Head Start families, and experience in working with young children.

Related Information: See 45 CFR 1304.20(f)(2) concerning program individualization for children with disabilities.

Guidance: Grantee and delegate agencies are aware that under the Individuals with Disabilities Education Act (IDEA), the State Education Agency has the responsibility to ensure the availability of a "free and appropriate public education" for all children with disabilities, within the legally required age range in the State. As described in 45 CFR 1308.4, grantee and delegate agencies collaborate, in partnership with parents, with the State Education Agency, local education agencies (LEAs), Tribal agencies, and other agencies to ensure that all children with disabilities are provided with a comprehensive assessment, and a free, appropriate education.

When grantee or delegate agencies arrange for services through the local educational agency or another agency, a written agreement specifies the services to be provided directly by Head Start, as well as those services to be provided by other agencies. Grantee and delegate agencies serving children during summer months engage in additional negotiations with LEAs in order to secure services during months when most schools are not in session.

Related Information: See 45 CFR 1301.31(e) and Appendix A to 45 CFR 1301.31 for regulatory requirements relating to the identification and reporting of child abuse and neglect. Guidance also is available on methods for reporting cases of child abuse and neglect (45 CFR 1304.22(a)(5)), and for training volunteers and staff (45 CFR 1304.52(k)(3)(i)).

Guidance: Family preservation and support programs have been the focus of Federal, State, Tribal, and local efforts to coordinate the delivery of social services to families served by multiple agencies. Grantee and delegate agencies:

- Identify and participate in any State, Tribal, or local coordination initiatives concerning family support and preservation programs, and to support the meaningful involvement of families in planning processes;

Performance Standard

1304.41(a)(2)(iv)

(iv) Individuals and agencies that provide services to children with disabilities and their families (see 45 CFR 1308.4 for specific service requirements);

Performance Standard

1304.41(a)(2)(v) & (vi)

(v) Family preservation and support services;

(vi) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;

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- Determine how grantee and delegate agencies can be an integral part of the community's family support system;
- Seek out and consider establishing linkages to a broad range of support services, including drop-in centers, crisis-intervention programs, parenting classes, support groups, and recreational and social activities; and
- Encourage the development of family support and preservation programs in rural areas and in other areas where few such programs exist.

Grantee and delegate agencies also establish linkages with Child Protective Services (CPS) agencies, as well as with any law enforcement agencies or other agencies to which suspected child maltreatment must be reported by Federal, State or Tribal law.

Agencies contribute to community efforts to prevent and treat child abuse and neglect by collaborating with local child abuse prevention programs and with public and private agencies serving children and families affected by physical, emotional, or sexual abuse and neglect. It is important to advocate for CPS investigators who are familiar with the culture and speak the language of the families concerned.

Performance Standard 1304.41(a)(2)(vii)

(vii) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;

Related Information: See 45 CFR 1304.41(c) on working with local elementary schools to support successful transitions from Head Start into elementary school.

Guidance: Suggestions for increasing family access to educational and cultural materials and activities include:

- Developing partnerships with public and school libraries, bookmobiles, and traveling art exhibits;
- Taking advantage of cultural events, local museums, family concerts, storytelling activities, and other performances geared to children; and
- Inviting community organizations and groups to co-sponsor cultural events at Head Start facilities.

Performance Standard 1304.41(a)(2)(viii)

(viii) Providers of child care services; and

Related Information: See 45 CFR 1304.41(c) on working with providers of child care services to support successful transitions between Head Start and other child care settings.

Guidance: By collaborating with child care providers, agencies meet the needs of enrolled families requiring full-day services (or non-traditional child care schedules) or services for siblings and, at the same time, promote continuity of care. In addition, the overall quality of local child care services is enhanced by sharing local resources, training, and knowledge. The following are suggestions for collaboration:

- Initiate and coordinate opportunities for joint training;

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- Use multiple funding sources to establish full-day services;
- Share facilities, resources, and equipment; and
- Increase access to services by coordinating transportation resources.

Potential community partners include:

- child care resource and referral organizations,
- public and private, center-based programs,
- networks of family child care homes,
- public and private schools,
- employer-based child care programs,
- local child care associations,
- State, Tribal, and local governments,
- subsidized child care programs, and
- State and community coordinating councils.

Performance Standard

1304.41(a)(2)(ix)

(ix) Any other organizations or businesses that may provide support and resources to families.

Guidance: Agencies are encouraged to draw upon the knowledge and experience of parents in identifying the many organizations in the community that provide services and resources for families with young children. Large corporations, small businesses, and other organizations are invited to collaborate in supporting children and families in the community. The involvement of organizations and businesses:

- Expands and enhances the visibility of the Head Start program in the community;
- Broadens community representation in policy groups;
- Provides sources of donated goods and other resources;
- Establishes linkages that lead to training opportunities and entry-level jobs for parents; and
- Provides a source of volunteers with specific skills in management, communication, budgeting, finance, and marketing.

Performance Standard

1304.41(a)(3)

(3) Grantee and delegate agencies must perform outreach to encourage volunteers from the community to participate in Early Head Start and Head Start programs.

Rationale: Community volunteers enhance services, provide positive role models, and promote linkages to the broader community.

Related Information: See 45 CFR 1304.3(a)(20) for a definition of “volunteer;” 45 CFR 1304.52(j)(2) for health screening requirements for volunteers; and 45 CFR 1304.52(k) for required training of volunteers.

Guidance: Agencies follow a variety of strategies to attract community volunteers. Parents are instrumental in recruiting

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other parents, former Head Start parents, grandparents, or other relatives, and additional community residents.

Agencies are encouraged to identify an individual to help coordinate volunteers, someone who would be responsible for recruiting, screening, training, assigning, and providing job descriptions and feedback regarding their performance. When assigning volunteers, agencies match a volunteer's skills and interests with program needs.

Performance Standard

1304.41(a)(4)

(4) To enable the effective participation of children with disabilities and their families, grantee and delegate agencies must make specific efforts to develop interagency agreements with local education agencies (LEAs) and other agencies within the grantee and delegate agency's service area (see 45 CFR 1308.4(h) for specific requirements concerning interagency agreements).

Related Information: See 45 CFR 1308.4 regarding disabilities services plans, and 45 CFR 1304.41(a)(2)(iv) concerning partnering with agencies providing services to children with disabilities and their families.

Guidance: See cross-references under "Related Information" for this standard.

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Performance Standard 1304.41(b)

(b) Advisory committees.

Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

Rationale: Advisory Committees provide agencies with a broad range of professional expertise and help promote linkages to existing community resources. The knowledge of committee members can be drawn upon in tailoring programs to address community issues affecting local families. Additionally, Advisory Committee involvement in program planning and review is likely to increase the desire of Committee members to assist with successful program implementation.

Related Information: The Health Services Advisory Committee is involved in many different aspects of program design and operations. For further guidance, see the following:

- 45 CFR 1304.20(a)(1)(i) and (ii) on finding sources of health care and developing child health care guidelines,
- 45 CFR 1304.20(b)(1) concerning the selection and use of developmental screening tools,
- 45 CFR 1304.20(c)(5) concerning the identification of medical and dental resources,
- 45 CFR 1304.20(e)(4) and (5) concerning involvement in children's health care and parental authorization for services,
- 45 CFR 1304.22(a), (a)(1) and (a)(3) concerning health emergency procedures,
- 45 CFR 1304.22(b)(1) regarding conditions of short-term exclusion,
- 45 CFR 1304.22(c), including (c)(3), regarding medication administration and parental authorization,
- 45 CFR 1304.22(e)(3) regarding the use of nonporous gloves,
- 45 CFR 1304.22(f)(1) on first aid kits,
- 45 CFR 1304.23 (a)(4), (b)(1) and (b)(4) regarding the identification of community nutritional issues and the planning of nutritional services,
- 45 CFR 1304.23(b)(3) on dental hygiene,
- 45 CFR 1304.24(a)(3)(iv) concerning the identification of community mental health resources,
- 45 CFR 1304.40(c)(1) concerning linkages to services for pregnant women,
- 45 CFR 1304.40(f) concerning the development of health, nutrition and mental education programs for staff and parents,
- 45 CFR 1304.40(g) regarding parental participation on the Health Services Advisory Committee,
- 45 CFR 1304.41(a)(2) concerning community partners in health and nutritional services,
- 45 CFR 1304.51(a)(1) on program planning, and

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- 45 CFR 1304.52(j)(1) and (2) concerning staff and volunteer health.

Guidance: The Health Services Advisory Committee addresses program issues in the medical, dental, mental health, nutrition, and human services fields. The work of the Committee is based upon the written plan for implementing services in Early Childhood Development and Health Services.

It is important to convene a Health Services Advisory Committee early in the program year, with the expectation that it will meet on a regular basis. Committee members are drawn from community volunteers, including Head Start families and a variety of health and human service professionals and providers. Agencies need to make an effort to recruit individuals representative of the racial and ethnic groups served by their program.

Where appropriate, agencies establish other advisory committees whose task is to address specific needs within the community. These committees are composed of consumers and professionals who can provide expert advice in dealing with complex issues and conditions facing families and communities. Such committees or subcommittees are established in a manner similar to the Health Services Advisory Committee. Examples of committees that may be established on a short-term or a long-term basis include committees on child care, education, facilities, family literacy, transitions, transportation, and economic development.

Rationale: Communication and coordination with schools and child care agencies is needed, if agencies are to support children and families in making smooth adjustments to settings that may differ in philosophy, teaching style, or structure. Coordinated transition services enable staff from different settings to plan for the strengths and needs of individual children. *This rationale serves 45 CFR 1304.41(c)(1)-(3).*

Guidance: Transition procedures are to be ongoing and not limited to one-time efforts at the end of the program year.

Written agreements with schools and other child care settings are helpful in clarifying roles, responsibilities, and timelines related to transitions, and in securing a clear commitment to action by key personnel.

Performance Standard

1304.41(c)(1)

(c) Transition services.

(1) Grantee and delegate agencies must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into Early Head Start or Head Start and from Head Start into elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or other child care settings. These procedures must include:

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Performance Standard 1304.41(c)(1)(i)

(i) Coordinating with the schools or other agencies to ensure that individual Early Head Start or Head Start children's relevant records are transferred to the school or next placement in which a child will enroll or from earlier placements to Early Head Start or Head Start;

Guidance: Parents, staff, policy groups, and representatives of schools and child care settings are included in discussions of both the types of records to be transferred and standard procedures for their delivery. In conjunction with schools and child care settings, grantee and delegate agencies may develop a simplified record form that summarizes pertinent information concerning the child's physical, cognitive, and socio-emotional developmental profile.

Staff and families work together to ensure the transfer of relevant records between placements. Parents play an active role by taking responsibility for delivering copies of records to the appropriate personnel in the school or next placement. At a minimum, parents should consent to and sign release of information forms prior to any transfer of individual child or family records. Follow-up procedures are important to determine whether the records reach appropriate teachers.

When children enter the program, agencies ask parents about the existence of medical and other relevant records and discuss the benefits of, and appropriate procedures for, securing agency access to such records. Migrant programs develop procedures to quickly get records from one site to another. One procedure is to develop transfer packets to be carried by parents from one setting to the next. Even if records are not readily available, it is important that services to migrant children not be delayed.

Performance Standard 1304.41(c)(1)(ii)

(ii) Outreach to encourage communication between Early Head Start or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming;

Guidance: To encourage active and ongoing communication between agency staff and their counterparts in schools and other child care settings, the following strategies are recommended:

- Meet with the school superintendent and administrators of other child care settings to establish contacts and channels of communication, and to discuss ways to enhance continuity between programs;
- Encourage policy group members to meet with school boards and parent organizations, or to invite school organizations to an open house, in order to provide them with information about Head Start programs and families; and
- Invite teachers, child care staff, and administrators to visit programs and to interact with the children, as well as to be community representatives on Policy Committees, Policy Councils, or education advisory committees.

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Performance Standard

1304.41(c)(1)(iii)

(iii) Initiating meetings involving Head Start teachers and parents and kindergarten or elementary school teachers to discuss the developmental progress and abilities of individual children; and

Performance Standard

1304.41(c)(1)(iv)

(iv) Initiating joint transition-related training for Early Head Start or Head Start staff and school or other child development staff.

Guidance: Families are encouraged to take an active role in discussing the developmental progress and abilities of their children. Meetings involving Head Start teachers, parents, and elementary school teachers provide opportunities for parents to raise concerns they may have about their child's placement, receipt of necessary services, or general progress. Effective communication in such meetings is enhanced by the use of interpreters, as needed. Meetings to discuss special needs that require additional services are scheduled, as appropriate.

Guidance: Joint transition-related training allows teachers and staff to work together to share resources in order to facilitate continuity of programming and to ease transitions for children and families. Suggestions for initiating joint transition-related training follow:

- Invite staff from a variety of settings to participate in transition-related training at the Head Start facility;
- Pool resources to develop parent brochures, videos, and other materials on transition topics;
- Gather information concerning local training opportunities, and publicize those opportunities through newsletters and other agency communication systems; and
- Offer training workshops to staff of all program settings in order to discuss strategies for effectively communicating with parents of diverse backgrounds.

Community Partnerships

Performance Standard 1304.41(c)(2)

(2) To ensure the most appropriate placement and services following participation in Early Head Start, transition planning must be undertaken for each child and family at least six months prior to the child's third birthday. The process must take into account: The child's health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in Early Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program.

Performance Standard 1304.41(c)(3)

(3) See 45 CFR 1304.40(h) for additional requirements related to parental participation in their child's transition to and from Early Head Start or Head Start.

Related Information: See 45 CFR 1304.20(f)(2)(iii) on planning transitions for children with disabilities.

Guidance: Early development and implementation of a plan for a toddler's transition to preschool focuses parents and staff on supporting the continuing growth of the child. Therefore, transition planning may address issues such as the following:

- ways for the family to meet the child's health needs, including maintaining access to an ongoing source of medical care,
- the appropriate placement of the child, given his or her needs and the availability of Head Start and other child development programs, and the steps that need to be taken by parents to enroll the child in such programs, and
- the family's progress in meeting family goals, including the goals set forth in the family partnership agreement process, as well as strategies for continuing to meet ongoing or newly identified goals.

Related Information: See 45 CFR 1304.40(h) regarding parental participation in transitions.

Guidance: See cross-references under "Related Information" for this standard.