

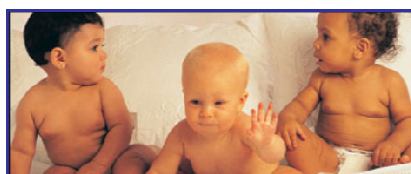
Infant Toddler Specialist Group

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Babies Can't Wait & Zero to Five Consulting
and Associates



ARRA EHS Stimulus Funds: Framing Your Application Part 2



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Welcome and Housekeeping

Thanks for joining us!

- Please mute your phone - *6
- We'll be saving up and compiling questions along the way – you can ask your questions in two ways, and Katy will put together the list during the webinar:
 - Type your question into the public 'chat' box in the lower left corner
 - Email your question to katy@wsaheadstarteceap.com



Host Introductions

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Presenter Introductions

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Welcome to Early Head Start

**Serving Infants/Toddlers,
Families and Pregnant Women**

When I grow up I want to be an artist!



AGENDA

Health, Disabilities and Brain Development

Pregnant Women

Individualization

More key elements of quality programming

Partners



Head Start Program Performance Standards

- Mandatory regulations grantee and delegate agencies must implement in order to operate a Head Start program.



Performance Standards

1301 Grants Administration

1302 Funding and refunding

1304 Program Performance Standards

1305 ERSEA: Eligibility, Recruitment,
Selection, Enrollment, and Attendance

1306 Staff requirements

1308 Children with Disabilities (preschool)



December 12, 2007 Head Start Act

Public Law 110-134 "Improving Head Start for School Readiness Act of 2007" reauthorizing the Head Start program.

Significant revisions to the previous Head Start Act and authorizes Head Start through September 30, 2012.



2007 Head Start Act and Performance Standards

Health
Disabilities
Governance
Staff requirements
Serving English Limited Proficient Families



EHS Performance Standards

Subpart B— Early Childhood Development and Health Services

- 1304.20 Child Health & Developmental Services
- 1304.21 Education & Early Childhood Development
- 1304.22 Child Health and Safety
- 1304.23 Child Nutrition
- 1304.24 Child Mental Health



Health Standards

Compliance with health regulations and time lines/recordkeeping 1304.22 & 1304.51(g)

Medical Home 1304.20(a)(1)(i)

Developmental, sensory, and behavioral screenings within 45 days 1304.20(b)(1)

Oral Health- (1304.20(c)(3))



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Health Standards Questions

How will we obtain vision screenings, hearing screenings, dental screenings on babies if their primary physicians feel they are too young to test?

What research-based developmental screening tool will we use? How does it fit with what preschool Head Start is using?

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Health Standards

Center-based option must provide diapers (1304.53(b) & ACF-PI-HS-09-03 and formula 1304.23(b)(1)



Bottle fed children - held during feeding (1304.23©(5))

Cribs- three feet apart 1304.22(e)(7)

Emergency procedures 1304.22(a)



Health Standards Questions

How will we encourage parents to bring expressed milk to the center for their children. How will we store and label it?

Where will we store crib supplies? (not in the cribs)

What about SIDS?



Disabilities

10% enrolled by mid program year PI-09-04

Referrals to local early intervention agency follow up
1308.4(f) SEC. 645A(b)(11)

Support parent participation in the evaluation and IFSP
process 1304.20(f)(2)(iv) & 1308.19

Referral for suspected Disabilities (1304.20(f)(2)(ii))



Disabilities

Most natural environment
vs.
least restrictive environment

EHS is not a disabilities program – it is a program where children with disabilities can fully enjoy the most natural environment with their typically developing peers.



Partnering with Part C

EHS provides opportunities to provide early intervention services in a “natural” environment”

- Dual enrollment
- Push-in, pull-out services



Disabilities Questions

How can we support and include children with disabilities without turning into a Part C program?

How can we support their families in collaboration with Part C?



Brain Development

The day-to-day environment and the relationships that are built and maintained support brain development.

Children's cognitive, linguistic, social, emotional, and physical needs must be considered.

Over-stimulation and under-stimulation can work against optimal brain development



Brain Development

Babies who work to shut out excess noise lose their "open spaces," those fleeting moments in the first few months of life during which infants are alert, quiet, and receptive.

That's when parents can really connect with their babies -- playing blinking games with them, singing softly, and speaking in an intimate whisper.

These moments are vital not only for bonding but for language development as well.



Brain Development

Infants and toddlers who experience violence in their homes or communities are at increased risk for:

- irritability
- disturbances in appetite and sleeping
- crying and emotional distress
- aggression
- temper tantrums
- fearfulness
- inability to separate from their parents or caregivers
- regression in newly acquired skills (such as toileting or language)

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Brain Development questions

How will brain development research be a guiding force in our services?

How will we use it to support the writing of our grant application?

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EHS Prenatal Services



Serving Pregnant Women

Comprehensive prenatal and postpartum care.

Prenatal education on fetal development, labor and delivery, and postpartum recovery

information on the benefits of breast feeding, SIDS, Fetal Alcohol Syndrome, Shaken Baby Syndrome, Brain Development, Smoking



EHS Prenatal Services

Serving Pregnant Women

Need access to medical professionals

Be careful about giving advice

Getting paid the same amount of money as you receive for children so services should be comprehensive and ongoing.



Prenatal Health Issues

"Moderate to severe maternal periodontal disease identified early in pregnancy is a risk factor for delivery of an SGA [small-for-gestational-age] infant.

SGA infants have a higher mortality rate than normal or above normal weight babies.



Prenatal Health Questions

How can we help prevent infections in pregnant women?

When do we seek additional help?

What medical professionals will support our services to pregnant women?



Partnering for Pregnant Women

Local Health Departments, programs, providers
Black Infant Health Program
Services for pregnant teens
Mental health agencies
Drug and alcohol treatment programs
Prisons
Healthy Families America
School Districts
WIC



Culture & Individualization **1304.21(a)(i)-(iii)**



Each family's culture must be recognized to support each child's self identify and competence

Teachers must develop cultural competence through ongoing self-awareness, knowledge of the families and their cultures and on-going skill building.



Culture & Individualization **1304.21(a)(i)-(iii)**



Infants make their own curriculum –
and it is all about routines.

Children learn through imitation and exploration in
the context of close, caring relationships.

J. Ron Lally



Culture & Individualization questions

How will we support the culture of each child?

How will we recognize and support diverse parenting practices in areas such as feeding, sleeping, separating and sharing?



More Individualization questions

How will our staff attend to children's individual rates of development and meet their individual needs?
[1304.21 (i,ii, iii)]

What system will we put into place to track progression of children's goals and objectives?



Dual Language Learning

Serving limited English proficient children and their families

Head Start Performance Standards

- 1304.21 Education and Early Childhood Development
- 1304.23 Child Nutrition
- 1304.40 Family Partnerships
- 1304.51 Management Systems Procedures
- 1304.52 Human Resources Management
- 1304.53 Facilities, Materials and Equipment
- 1306.20 Program Staffing
- 1309.0 Eligibility Criteria: Speech Language Impairment



Non Federal Share

OHS funds 80% of total costs

Local programs provide 20% of the total cost of the program (25% of the Federal award)

Non federal share can include:

– Cash and In-kind contributions

- No longer balanced on the back of the parents



EHS Administrative Requirements

Board of Directors:
program oversight and accountability

Head Start Policy Council

Parent education and training to make sure parents
are able to be meaningfully involved



EHS Administrative Requirements

Annual grant submission with program goals and
objectives based on local community assessment
with annual updates



ERSEA Requirements

Eligibility
Recruitment
Selection
Enrollment
Attendance



ERSEA Questions

How will we find eligible children who fit the criteria of our chosen options?

How will we select pregnant women to ensure that their child will have a place available in the appropriate option when the baby is born?



More ERSEA Questions

What changes do we need to make to our program to include year-round enrollment?

What kind of attendance records do we need to ensure full attendance in a year-round program?



Transitions

Systematic procedure for transitioning children and parent from EHS to HS or other local early childhood program.

Pregnant Mothers
EHS home-based option to center-based option
EHS to Head Start or
EHS to Child Care Partners, Family Child Care

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Transitions Questions

What changes do we need to make to our Head Start selection and enrollment procedures to ensure the eligible EHS children receive preference for enrollment when they turn 3 years old?

(for non-Head Start programs) What agreements do we need to put in place with our local Head Start in order to make sure our EHS children receive preference for enrollment when they turn 3 years old?

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Partnership Considerations

ACYF-IM-HS-01-06

- Grantees are encouraged to operate programs that do not "compartmentalize" children, teachers, staff or facilities on the basis of funding source.

Programs must be prepared to **document the fair allocation of costs** between the Head Start program and the non-Head Start program.



Partnerships

Contractual relationship to provide EHS programs and/or services

Subcontractor must have base funding from other sources

Must meet all EHS standards and/or services provided by EHS grantee



Partnering with Other Agencies

Programs are encouraged, and in some cases required, to partner with other programs such as:

- Child care
- Early intervention/special education
- Health care providers
- School districts



Funding Opportunities

Subsidized Child Care (State & Fed)
Teen parent funds
Preschool Grants,
Part C for children with disabilities
TANF
Even Start
Early Reading First
Title 1



Other Collaborations and Connections

Mental Health connections who understand infant mental health

Infant/toddler nutrition & breastfeeding - USDA, WIC



Braiding and Blending Funds

Separate funding streams are “braided” to support unified/seamless services.

More flexible pots of funding are “blended” into one funding pool



Partners and Funding Question

What local partners can we contact who can bring resources to the table and work with us so more children can be served?

How flexible are their funding streams?



Enrollment

Federal dollars determined by enrollment.

Must maintain full enrollment at all times.

- **Dual enrollment** – child is enrolled in more than one program.



Dual Enrollment – Subsidized Child care



Family must meet both sets of requirements

Eligibility includes EHS income limits AND
need for child care

Parents must be working, in school, vocational
training...

Programs must meet highest standard

– for example, strictest adult/child ratio



Financial Management

ACYF-IM-HS-01-06

- Cost sharing arrangements worked out in advance and reflected in the agency's **approved** Head Start grant do not require separate cost allocation procedures to separate the Head Start costs from other costs.



Financial Management

ACYF-IM-HS-01-06

- Grantees should develop their child care programs, including cost sharing agreements, in conjunction with other child care funding agencies in order to take advantage of these other funding sources.



Cost Allocation Information



Educational Institutions OMB Circular A-21

Government Organizations OMB Circular A-87

Nonprofit Organizations OMB Circular A-122

Hospitals Appendix E to 45 CFR, Part 75

Commercial Organizations (For profit) 48 CFR Part 31



Financial Management Question

What contracts and partnerships can we put into place in time to submit with the grant application?



Regulatory Challenges



- Eligibility
- Program requirements
- Funding
- Teacher qualifications
- State Child Care Licensing Regulations



Prohibition Against Fees

The Head Start Act and 45 CFR 1305.9 has a strict prohibition against charging fees for participation in Head Start programs.

- Fees can be charged:
 - Only for the non-Head Start portion of the day.
 - A family copayment to support extended day services if a copayment is required in conjunction with the collaborative partner.



Double dipping?

If I use two funding sources for one child, is this considered “double-dipping?”

– No, there are different funding source requirements. Neither Federal nor state funds are sufficient to provide high quality comprehensive full day, full year services.

Cost allocation plans and/or budget narratives should address specific uses of each funding source.



Partner Agency services?

How do I know a partner agency will operate high quality services?

– Lead agencies (grantees) must monitor partner programs.

The grantee is the responsible agency and held accountable to meeting all EHS Performance Standards.



Other Considerations



EHS has a LOT of requirements and federal scrutiny

- Funds come directly from federal government to local programs
- Transition at age 3 – process, procedures, regulations



Effective Leadership

Organizational structures and systems to support the program or the expansion of the program - keeping in mind the comprehensive nature of the program

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Effective Leadership Question

What will our management and support team need to look like in order to completely support all EHS areas?

If we have an existing structure, what changes do we need to make in order to support a new or expanded program? More of the same or a totally new structure?

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Self Assessment/ Ongoing Monitoring

There are requirements for annual self-assessments and ongoing monitoring.

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Self Assessment Question

How can we briefly reference our self assessment in the grant application to show we will pay attention to EHS and that we have a system in place to make changes based on the results?

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Ongoing Monitoring Question

Do we have a well developed monitoring system to address all of EHS program areas?

- Health and Safety? Nutrition?
- Curriculum? Screening & Assessment? Individualization?
- Attendance? Enrollment? Transitions?
- Family Engagement? Prenatal and Postpartum services?
- Mental Health & Disabilities? Staff Training & Development?



Key Management Systems

- Governance
- Record Keeping
- Human Resources
- Communication
- Ongoing Monitoring
- Planning
- Fiscal Management-Accountability



Questions and Discussion



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“Communities (have) to be created, fought for, tended like gardens. They expand or contract with the dreams of (their) members. Their vitality and viability are in direct proportion to the size of their dreams”

Barack Obama

Dreams from my Father: A Story of Race and Inheritance