1304.20 Developing Child Health Status

**Subpart B -- Early Childhood Development and Health Services**

Head Start’s commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of 45 CFR 1304.20 is to ensure that, through collaboration among families, staff, and health professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs.

The standards in this section address the initial determination of a child’s health status and developmental needs, and discuss ongoing services provided in collaboration with parents and professional service providers.

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<td>Performance Standard</td>
<td><strong>Rationale:</strong> Because of the rapid development of young children, annual observations are not sufficient to record changes that have an impact upon a child’s health and development. It is important, therefore, to implement ongoing evaluation procedures that identify health or developmental concerns in a timely fashion.</td>
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<tr>
<td>1304.20(d)</td>
<td><strong>Related Information:</strong> For additional information on child observations, see 45 CFR 1304.21(c)(2) and 45 CFR 1304.20(b)(3).</td>
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<td>(d) Ongoing care.</td>
<td><strong>Guidance:</strong> Strategies for gathering observations and recordings on individual children include:</td>
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- When parents or staff observe changes, those observations are shared with a health professional. All sources of information are used in evaluating each child;  
- For infants and toddlers, ongoing observations include patterns of eating, sleeping, elimination, and general activity, and this information is shared with parents daily;  
- Children are observed throughout the day, as they participate in indoor and outdoor activities, routines, transitions, arrivals, and departures; and  
- Parents are regularly provided with information on developmental milestones, and are asked for their observations concerning their child’s development. |
Performance Standard

1304.20(f)(2)(i)

(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or

Related Information: Part C (formerly Part H) of the Individuals with Disabilities Education Act (IDEA) requires that States develop and implement a program of early intervention services for all infants and toddlers with disabilities and their families. Such a program must include written IFSPs specifying the major outcomes expected for each child and family, and the early intervention services necessary to help reach such outcomes. Each IFSP is a written plan developed by a multidisciplinary team, including parents or guardians, and contains:

- a statement of the infant’s or toddler’s present levels of physical, cognitive, language, speech, and psycho-social development and self-help skills,
- a statement of the family’s strengths and needs with regard to supporting the development of their infant or toddler,
- a statement of the major outcomes to be achieved, along with the criteria, procedures, and timelines used to determine whether progress has been made, and whether a revision of the outcomes or services is necessary,
- a statement of the specific early intervention services needed to meet each child’s and family’s needs, including frequency, intensity, and method of delivery,
- the projected dates for beginning services, and the anticipated duration of those services,
- the name of the case manager responsible for implementing the plan and coordinating with other persons and agencies, and
- the steps to be taken to support the child’s transition to preschool services, such as those specified under the IFSP and the IEP.

The IFSP reflects the kinds of intervention strategies and services the family believes will ensure that major outcomes for the child and family are achieved. Head Start services for infants and toddlers with disabilities are carefully tailored to each IFSP. Families are given continuing opportunities to express their preferences and concerns, in order to help identify the resources they bring, as well as the resources and service options they need to address their concerns.

Guidance: Development of the IFSP is a major step in a family-centered process of early intervention that emphasizes respect for family autonomy, independence, and decision-making and the development of partnerships between families and professionals to meet the individual needs of each child with disabilities. Ongoing communication with the local Part C agency will ensure that a coordinated approach supportive of families, but not duplicative or burdensome, is developed.
Performance Standard

1304.20(f)(2)(ii)

(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State’s program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

Guidance: Head Start staff share information with families about services for infants and toddlers with suspected disabilities, and refer families to the appropriate local early intervention agency. Staff recognize that the process for developing the IFSP is as important as the plan itself, and literally depends upon the development of strong partnerships between families and the professionals who help them. Even though assessment and IFSP development may be performed by another local agency, Head Start staff support families in the IFSP evaluation and development process by helping them to:

- Understand their rights, including the right to participate in the development of the IFSP and the right to approve or disapprove it;
- Gather preliminary information, such as pregnancy and birth histories, health records, and developmental observations that will assist in assessing the child’s needs;
- Understand the process of assessment and diagnosis, and the findings;
- Come to terms with fears, concerns, and needs;
- Articulate the family’s immediate and long-range intervention strategies and service priorities; and
- Learn how services from more than one agency can be coordinated.

Related Information: See 45 CFR 1304.40(h) on involving parents in transition activities, and 45 CFR 1304.41(c) on transition services, especially (c)(2) concerning transitions for toddlers approaching their third birthday.

Performance Standard

1304.20(f)(2)(iii)

(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and

Guidance: Regulations for Part C of IDEA require the transition of infants and toddlers from Part C services to preschool services to be addressed, including:

- Discussions with and training of parents regarding transition issues, including future placements and long-range goals, strategies, and service priorities for the child and family;
- Preparation of each infant or toddler with disabilities for changes in service delivery or placement, including specific steps to help the child adjust to and function in a new setting;
- Discussions with parents about the IEP development process (see 45 CFR 1308.19); and
- Development of a transition plan at least six months before the child’s third birthday, as required by 45 CFR 1304.41(c)(2).

Head Start agencies are aware that, in some States, at the discretion of families, Part C services governing IFSP development and implementation may be substituted for the IEP services that are specified in Part B of IDEA. Agencies, therefore, should be aware of all
Performance Standard

1304.21(a)(1)(i)

(a) Child development and education approach for all children.

(1) In order to help children gain the social competence, skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies’ approach to child development and education must:

(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;

Guidance: Program responsiveness to individual children is accomplished through comprehensive curriculum and by providing various materials, activities, and experiences that support a broad range of children’s prior experiences, maturation rates, styles of learning, needs, cultures, and interests. Adults respect diversity among children by being responsive to children’s cues — being especially sensitive to the development of growing infants and toddlers, and the need to design activities reflective of the observed stages and interests of children. Toward that end, the following strategies are useful:

- Supply a variety of materials and planned activities designed to encourage individual and group play;
- Provide continuous opportunities for children of all ages and abilities to experience success;
- Increase the complexity and challenge of activities, as children develop;
- Use a variety of materials found in the home when conducting home visits;
- Observe children carefully to identify their preferred ways of interacting with the environment, taking into account their:
  - skills in handling objects and materials,
  - frequency of conversation,
  - interest in listening to stories and songs, and
  - choices to work alone or with others.

§ 1304.21 Education and early childhood development.

Introduction to 1304.21

The objective of 45 CFR 1304.21 is to provide all children with a safe, nurturing, engaging, enjoyable, and secure learning environment, in order to help them gain the awareness, skills, and confidence necessary to succeed in their present environment, and to deal with later responsibilities in school and in life. Each child is treated as an individual in an inclusive community that values, respects, and responds to diversity. The varied experiences provided by the program support the continuum of children’s growth and development, which includes the physical, social, emotional, and cognitive development of each child.

The Education and Early Childhood Development standards, which apply in all program options and settings, are grouped into three parts: (a) the approach for all children; (b) additional requirements for infants and toddlers; and (c) more specific requirements for preschoolers. The rationale and guidance describe a developmentally appropriate model, as defined in 1304.3(a)(7). Throughout this section, the term "adults" refers to all adults with whom children come into contact, including teachers, home visitors, parents, assistant teachers, and other staff. In some instances, specific references to "parents" is made to emphasize the importance of their relationship with the program.
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<td><strong>Performance Standard</strong></td>
<td><strong>Guidance</strong>: Adults help infants and toddlers develop positive and secure relationships by:</td>
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<tr>
<td>§ 1304.21 Education and early childhood development</td>
<td>- Assigning a teacher or home visitor to each infant (see 45 CFR 1304.52(g)(4) about staffing patterns). Staff changes, when they must occur, are gradual, to maintain the emotional security of infants and toddlers;</td>
</tr>
<tr>
<td>(a) Child development and education approach for all children</td>
<td>- Valuing continuity in language and culture when assigning staff to a child;</td>
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<tr>
<td>b) Child development and education approach for infants and toddlers.</td>
<td>- Communicating frequently with family members about the child; and</td>
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<tr>
<td>(1) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5) for a definition of curriculum):</td>
<td>- Encouraging families to volunteer in the program, to increase staff understanding of a child’s culture and home routines.</td>
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<tr>
<td>(i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52(g)(2));</td>
<td><strong>Rationale</strong>: Children’s feelings of security and attachment influence all aspects of development, including the curiosity and confidence necessary to explore the environment.</td>
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<tr>
<td>(ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and</td>
<td><strong>Guidance</strong>: Responsive, nurturing caregiving is crucial to infants’ and toddlers’ feelings of security within relationships and within the environment, and is a foundation for later development. Each child needs to feel secure and to know that there is an adult who responds sensitively to his or her cues and developmental changes, and who:</td>
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<tr>
<td>(iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.</td>
<td>- Feeds infants when they are hungry and comforts them when they are distressed (see 45 CFR 1304.23(b)(1)(iv) and 1304.23(c)(5) regarding feeding infants);</td>
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<tr>
<td>(2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:</td>
<td>- Supports and encourages infants to learn by observing them as they interact with the environment;</td>
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<tr>
<td>(i) Encourages the development of self-awareness, autonomy, and self-expression; and</td>
<td>- Interacts with infants and toddlers by gently holding, talking, and gesturing with them;</td>
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<tr>
<td>(ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.</td>
<td>- Provides an emotionally secure and physically safe environment that allows mobile infants and toddlers to explore and to develop independence and control; and</td>
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<tr>
<td>(3) Grantee and delegate agencies must promote the physical development of infants and toddlers by:</td>
<td>- Nurtures the individuality of infants and toddlers by giving them choices and by providing opportunities for them to do things for themselves.</td>
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<tr>
<td>(i) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and</td>
<td>- Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.</td>
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</table>
Performance Standard

1304.21(b)(2)(i)

(2) Grantee and delegate agencies must support the social and emotional
development of infants and toddlers by promoting an environment that:

(i) Encourages the development of self-awareness, autonomy, and self-expression; and

Rationale: The social and emotional growth of infants and toddlers
develops through their relationships with caregivers. A safe and
secure environment nurtures positive relationships with peers and adults.

Guidance: Teachers, home visitors, and parents provide experiences
that encourage young children to develop self-awareness, autonomy,
trust, and exploration, by:

- Affirming each child as an individual;
- Responding to the child’s sense of pleasure in his or her own
  successes;
- Establishing face-to-face contact and engaging in playful
  exchanges of sounds and simple games;
- Using pictures and photographs of infants and toddlers with their
  families;
- Responding to children’s behaviors associated with fears or
  needs; and
- Developing activities that match children’s developmental levels
  and honor their preferences.

Performance Standard

1304.21(b)(2)(ii)

(ii) Supports the emerging communication skills of infants and toddlers by providing
daily opportunities for each child to interact with others and to express himself or
herself freely

Rationale: Children acquire and develop communication skills through
observation and practice. They learn verbal and nonverbal means of
communicating needs, thoughts, and feelings by imitating the
behaviors of others.

Guidance: Adults encourage language development by engaging
children in a variety of songs, stories, poems, books, and games.

Adults develop realistic expectations of children’s speech and
language by:

- Engaging children in the use of verbal and nonverbal methods of
  communication;
- Providing opportunities for appropriate interactions with peers and
  in daily activities, such as at meal times;
- Using descriptive language and behaviors during routine activities,
  such as diapering, to build a foundation for the use of language;
- Responding to young children’s first attempts at conversation by
  expanding on their vocalizations or gestures; and
- Reading stories, singing songs, reciting rhymes and encouraging
  children to hold and manipulate books.
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<tr>
<th>Performance Standard</th>
<th>Rationale: A comprehensive program for infants and toddlers encourages play and active exploration to support the development of gross motor skills which enhance self-confidence, independence, and autonomy.</th>
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<tr>
<td>1304.21(b)(3)(i)</td>
<td><em>Grantee and delegate agencies must promote the physical development of infants and toddlers by:</em></td>
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<td>(iii) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and</td>
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<td><em>(ii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.</em></td>
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<tr>
<td></td>
<td><em>Rationale:</em> Infants and toddlers develop fine motor skills through sensory exploration and opportunities to practice the coordination of specialized motions.</td>
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<td><em>Guidance:</em> Infants and toddlers develop physical skills and strength through repetition. Adults aid such development through:</td>
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<td>• Activities and materials that involve grasping, dropping, pulling, pushing, throwing, touching, and mouthing;</td>
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<td>• Opportunities for hand-eye coordination, such as fitting objects into a hole in a box, and self-feeding; and</td>
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<td></td>
<td>• Opportunities for infants and toddlers to interact</td>
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<tr>
<td>1304.22(e)(5)</td>
<td><em>Related Information:</em> See 45 CFR 1304.20(d) for information about the ongoing care of each child.</td>
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<tr>
<td>(v) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.</td>
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<td></td>
<td><em>Guidance:</em> When diapering a child:</td>
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<td>• Make certain that the child is safely secured at all times;</td>
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</table>
|                      | • Diaper on an elevated, nonporous surface used only for that
• Talk to the infant or toddler while diapering;
• Note anything unusual in the child’s diaper;
• Situate the diaper changing area as close to a water source as possible;
• Change children at regular intervals, or when obviously appropriate; and
• Be mindful of contamination risks, taking precautions to minimize those risks. Such precautions include: washing the adult’s and the child’s hands; properly securing soiled diapers or clothing; and cleaning and disinfecting all soiled surfaces.

Diapering procedures are posted in the diaper changing area.

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<tr>
<th>Performance Standard</th>
<th>Rationale: Spacing cribs and cots properly is an effective means of avoiding the spread of contagious illness, and it ensures that each child can be checked on and attended to quickly, in case of emergencies.</th>
</tr>
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<tr>
<td>1304.22(e)(7)</td>
<td>Related Information: See 45 CFR 1304.53(a)(5) for guidance on cribs and usable space requirements.</td>
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<tr>
<td>(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.</td>
<td><strong>Guidance:</strong> Children can be placed in alternating head-to-foot positions, at least three feet apart, in order to prevent the face-to-face spread of germs.</td>
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<td></td>
<td>For purposes of hygiene, all bed linen is assigned to children for their exclusive use while enrolled in the program, and no child sleeps on an uncovered surface. Seasonably appropriate covering also is provided. Washing all linens on a regular basis, as well as immediately following an illness, and after &quot;accidents,&quot; helps prevent the spread of germs. If linens are air dried, there is a possibility that germs may not be killed. The heat from machine drying or ironing linens will kill germs. Cribs and cots are also regularly disinfected.</td>
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</table>
INTRODUCTION TO 1304.23

The objective of 45 CFR 1304.23 is to promote child wellness by providing nutrition services that supplement and complement those of the home and community. Head Start’s child nutrition services assist families in meeting each child’s nutrition needs and in establishing good eating habits that nurture healthy development and promote life-long well-being.

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<tr>
<td>1304.23(a)</td>
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<tr>
<td>(a) Identification of nutritional needs.</td>
<td>As the nutritional needs of young children change rapidly over a period of weeks or months, periodic reassessment is necessary. For infants and toddlers, it is especially important that parents provide and regularly update certain key nutritional information about their children’s needs, feeding, and elimination patterns. It also is important that parents share with appropriate personnel special nutritional and feeding requirements for children with disabilities.</td>
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Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

- how and when each child is fed,
- whether the child consumes breast milk or formula,
- the introduction of new foods and solid foods,
- the child's elimination patterns,
- feeding preferences and problems, and
- safe food preparation and handling.

Throughout the year, staff and parents also discuss nutritional changes and specific issues surrounding weaning, teething, the introduction of solid foods, the appropriateness of different foods at various developmental levels, infant reactions to new foods or to food changes, and strategies for dealing with adverse reactions to various foods.

Daily conversations with parents that address infant and toddler food intake, as well as eating and elimination patterns, are one method of...
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<td>1304.23(b)(1)(iv)</td>
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</table>

(iv) Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.

**Related Information:** For information on CACFP requirements, see 7 CFR Part 226. Similarly, 7 CFR, Parts 210 and 220, contains information to assist centers serving meals in accordance with the School Meal Initiatives for Healthy Children. See 45 CFR 1304.40(c)(3) for further information on breast feeding.

**Guidance:** Agencies other than school systems follow the CACFP meal patterns. School systems may follow the nutrition standards set forth in the School Meal Initiatives for Healthy Children, which prescribe nutrition standards, appropriate nutrient and calorie levels, and quantities of menu items and foods for different age groups.

Breast milk is the optimal food for infants, as it gives them complete nutrition in the first four to six months of life, continues to be an important nutrient source for the first year, and helps to provide them with resistance to infection. According to the American Academy of Pediatrics (AAP), the introduction of cow’s milk, skim milk, 1 percent to 2 percent fat milk, and evaporated milk is not recommended in the first 12 months of life. The AAP recommends that children between age one and two receive whole cow’s milk, instead of skim or 1 percent to 2 percent fat milk, unless recommended otherwise by the child’s primary health care provider.

The introduction of solid foods is usually accomplished between four and seven months of age, depending upon each child’s nutritional and developmental needs, and only after consultation with the parents and the primary health care provider. Until a child has reached the above ages, he or she is not able to completely digest solid food, and the neuromuscular skills needed for eating and swallowing solid foods are not yet well-developed. New foods, therefore, are introduced one at a time, at least one week apart, to make it easier to identify food allergies or intolerances.

Caregivers help toddlers become independent at meal times by encouraging them to select from a variety of acceptable foods, including those that represent cultural preferences. It also is helpful to cut their food into small pieces, as toddlers often swallow pieces of food whole. Head Start staff and the toddler’s parents, in some cases with consultation and advice from a qualified nutritionist, registered dietitian, or health care provider, are responsible for what the toddler is offered, as well as where, when, and how food is served. The toddler, on the other hand, is responsible, within reason, for how much food she or he eats. Young children have a tendency to display daily sharing information. Therefore, time is set aside to discuss these issues, perhaps as parents come to pick up their children.
variation in the kind and quantity of food consumed due to varying energy levels, differing stages of growth, and an emerging sense of independence. Therefore, meals do not need to be completely balanced each day. Rather, dietary intake should be balanced over a period of several days, or a week, to provide adequate nutrition. For that reason, documenting children’s food consumption is an important part of staff members’ ongoing observation of each child.

Although infants and toddlers may eat many different kinds of food, some foods pose a high risk of choking. Therefore, agencies avoid serving such foods, examples of which are:

- hot dogs or sausage rounds,
- whole grapes, hard raw vegetables and fruits, and uncooked dried fruit, including raisins,
- candy,
- whole nuts, beans, seeds or grain kernels,
- pretzels, chips, peanuts, and popcorn,
- marshmallows, chewing gum, and spoonfuls of peanut butter, and
- chunks of meat.

Some other foods also may pose health risks to children less than a year old, including honey, since it may contain a kind of botulism that is harmful to infants, and foods that can be highly allergenic, such as eggs and cow’s milk.

Home visitors and other staff discuss with families the feeding stages of infants and toddlers and how families meet the special nutritional and feeding requirements of the youngest children. The CACFP infant and toddler meal patterns are discussed and used as a guide for parents to serve appropriate quantities and varieties of food at home.

**Performance Standard**

1304.23(b)(1)(vii)

(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed “on demand” to the extent possible or at appropriate intervals

**Performance Standard**

1304.23(b)(2)

(2) Grantee and delegate agencies operating home-based program options must

**Related Information**: For specific information on the proper method of storing and handling breast milk and formula, see 45 CFR 1304.23(e)(2).

**Guidance**: Feeding on demand is the best way to meet an infant’s nutritional and emotional needs. In addition, feeding on demand helps infants to develop trust and a feeling of security. However, feeding on demand does not mean offering food every time an infant shows signs of discomfort. A crying infant may want attention and interaction or sleep, and not food.

When the individual needs of a particular child vary from expected eating patterns, eating too much or too little, for example, staff should consult with the child’s parents, and a qualified nutritionist, registered
provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization) dietitian, or other health professional before establishing a new feeding pattern. Children should never be forced to eat at home or in the program setting. However, since individual children’s food preferences and eating patterns may vary dramatically, both staff and parents can benefit from information and training about ways to encourage good eating habits in all children.

Nutritious snacks often provide an important part of a child’s daily food intake. For older children, agencies may wish to keep snacks, such as fruit, peanut butter, vegetable sticks, and whole grain products, available at all times, so that hungry children can select nutritious food for snacks. Snacks also may be provided to children on field trips, group socializations, health clinic visits, or during other, off-site experiences.

Performance Standard

1304.23(b)(3)

(3) Staff must promote effective dental hygiene among children in conjunction with meals

Related Information: For further guidance on baby bottle tooth decay (infant dental caries), see 45 CFR 1304.23(c)(5).

Guidance: Effective dental hygiene practices differ according to the age and developmental level of the child. Guidelines for toothbrushing and good dental hygiene follow:

- Infant teeth are cleaned, beginning with the eruption of the first tooth at about five or six months of age. Use a gauze pad for infants less than one, and switch to a toothbrush at one year of age. Use only water to clean teeth (not toothpaste), since an infant will likely swallow the toothpaste. When a toddler is able to spit toothpaste out without swallowing it, an adult begins brushing the child’s teeth twice a day with a small amount of fluoridated toothpaste;
- Staff and parents are educated about proper ways to prevent baby-bottle tooth decay and other early childhood cavities;
- Proper care of teething toys is considered part of dental hygiene, as toys need to be kept clean and never shared;
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<tr>
<th>Performance Standard</th>
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<tr>
<td>1304.23(c) (c) Meal service. Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children</td>
<td>See 45 CFR 1304.53(b)(1)(iii) for information on child-sized furniture and equipment. See 45 CFR 1304.23(c)(4) and (c)(5) for information on the important role of nutritional services in supporting the development and socialization of infants and toddlers. See 45 CFR 1304.23(b)(1)(iv) for information on introducing foods to infants and toddlers.</td>
</tr>
<tr>
<td>1304.23(c)(3) (3) Sufficient time is allowed for each child to eat;</td>
<td>See 45 CFR 1304.23(c)(5) for information on holding and interacting with infants during feeding. See 45 CFR 1304.53(b)(1)(iii) for information on child-sized furniture and utensils.</td>
</tr>
<tr>
<td>1304.23(c)(4) (4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;</td>
<td>When high chairs are used for older infants and toddlers, staff securely strap in the children, rather than rely upon high-chair trays for restraint. Whenever possible, children in high chairs are pulled up to the table, to include them in family style meals</td>
</tr>
<tr>
<td>1304.23(c)(5) (5) Infants are held while being fed and are not laid down to sleep with a bottle;</td>
<td>Rationale: It is important to hold infants and to establish eye contact while feeding them, in order to enhance bonding and to establish a sense of security. The practice of giving infants a bottle when lying down to rest is dangerous, as it may lead to choking, ear infections, or dental problems such as baby bottle tooth decay (infant dental caries). Related Information: See 45 CFR 1304.21(b)(1)(ii) for information on trust and emotional security. Guidance: The growth and development of children during their first year of life requires many changes and adaptations with regard to feeding. Staff and parents help infants have a positive experience by feeding them in a relaxed setting and at a leisurely pace. If possible, breast feeding mothers are encouraged to come to the program setting to feed their children. Staff and parents use the following techniques for feeding infants:</td>
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</table>
• Wash hands with soap and water before feeding;
• Find a comfortable place for feeding;
• Hold the infant in their arms or on their lap during feeding, with the infant in a semi-sitting position, with the head tilted slightly forward and slightly higher than the rest of the body, and supported by the person feeding the infant;
• Communicate and interact with the infant in a calm, relaxed, and loving manner, by cuddling and talking gently;
• Hold the bottle still, and at an angle, so that at all times the end of the bottle near the nipple is filled with liquid and not air;
• Ensure that the liquid flows from the bottle properly by checking that the nipple hole is of an appropriate size; and
• Burp the infant at any natural break during, and at the end of, a feeding.

Infant cereal is served with a spoon, unless there is a medical reason for some other approach.

As children grow older, they may prefer to hold their own bottles, and may do so while in an adult’s arms or lap, or while sitting in a high chair or similar chair.

Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles with them for long periods during the day. Parents and staff are taught that breast feeding also may cause baby bottle tooth decay (infant dental caries).

Older infants do not need to be held when eating solid foods. Instead, they may sit in a high chair or other chair scaled to size. It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize the risk of choking.
<table>
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<tr>
<th><strong>Performance Standard</strong></th>
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<tr>
<td>1304.23(e)(2)</td>
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<tr>
<td>(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula</td>
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</table>

| **Rationale:** |
| Proper storage and handling of breast milk and infant formula is necessary to prevent spoilage, to minimize bacterial growth, and to ensure that each infant receives his or her own mother’s milk or the correct brand of formula. |

| **Related Information:** |
| See 45 CFR 1304.40(c)(3) on the benefits of breast feeding and agency support of nursing mothers. |

| **Guidance:** |
| All bottles of breast milk and formula are refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately. |

Staff and parents work together to ensure that all containers of breast milk and formula are dated, clearly labeled with the child’s name, and used only for the intended child. Unused breast milk and formula are discarded after 48 hours, if refrigerated, or after 3 months, if frozen. Frozen breast milk and formula is thawed in running, warm water, or in the refrigerator. Once frozen breast milk thaws, it is used within 24 hours, and is never refrozen.

If breast milk or formula is to be warmed, bottles may be placed in a pan of hot, not boiling water for five minutes, after which the bottle is shaken well and the milk temperature tested on the preparer’s wrist before feeding. Bottles of formula or breast milk are never warmed in a microwave oven, since microwaves heat unevenly and may cause severe burning. To avoid spoilage, avoid warming bottles of formula or breast milk at room temperature, or in warm water, for extended periods.

Home visitors and other staff work with parents to find safe methods for storing and handling breast milk and infant formula in both home and program environments, and for transporting breast milk, as needed.
**1304.24**

**Child Mental Health**

**(a) Mental Health Services**

**Introduction to 1304.24**

Head Start embraces a vision of mental wellness. The objective of 45 CFR 1304.24 is to build collaborative relationships among children, families, staff, mental health professionals, and the larger community, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.

The Child Mental Health standards, 45 CFR 1304.24(a), cover working collaboratively with parents, securing the services of mental health professionals, and developing a regular schedule of on-site mental health consultations involving mental health professionals, program staff, and parents.

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<tr>
<th><strong>Head Start Performance Standard</strong></th>
<th><strong>Guidance related to Early Head Start</strong></th>
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<tr>
<td><strong>Performance Standard</strong></td>
<td><strong>Guidance:</strong> Staff have many opportunities to exchange information with parents on child development and growth. In formal and informal settings, information on the following topics can be presented.</td>
</tr>
<tr>
<td>1304.24(a)(1)(ii)</td>
<td><strong>The typical development of young children.</strong> Information provided to parents helps them understand some behaviors that they may view as problematic, such as attention seeking and saying &quot;no,&quot; as part of a temporary phase that plays a positive role in the child's development.</td>
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<tr>
<td>(ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues</td>
<td><strong>The development of individual children.</strong> When parents and staff understand and respect each child’s particular abilities and temperament, undue pressure on both parents and children can be avoided. For example, some children develop motor skills faster than their peers, while others are able to control strong feelings at an earlier age than most. Training and information can help parents and staff recognize when each child is ready to achieve a particular skill or needs special help.</td>
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<td></td>
<td><strong>Supporting parenting in the first few months following a birth.</strong> This period may be a time of stress, as parents adjust to new roles and cope with challenges such as limited sleep. Enlisting a family member or finding someone who can assist new parents with the care of their new baby and with other household responsibilities can ease this transition.</td>
</tr>
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</table>
• Recognizing and understanding behavior that is an expression of their child’s response to a stressful situation. It is helpful to understand that sudden changes in a child’s behavior may be the child’s response to a stressful situation.

• **Ways to assist parents in helping children deal with separation issues.** To help the child during separation, encourage parents to spend time in the facility with their child; bring tangible reminders of home and family, such as a favorite toy or photos; assist the child to play out themes of separation and reunion; and reassure the child about his or her parents’ return. Parents, too, may experience anxiety over separation from their children. Staff help parents with such separation anxiety by validating their feelings, and by encouraging parent participation in the program.

• **Attachment issues.** To facilitate secure relationships and attachments to adult caregivers, consistent care from a small number of adults is advised. Agencies arrange for the same teacher to remain with the infant or toddler for the longest possible time in the program.

  **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.

### 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**

**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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<tr>
<th>Head Start Performance Standard</th>
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<tr>
<td><strong>Performance Standard</strong></td>
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<tr>
<td>1304.40(c)(1)(i), (ii) &amp; (iii)</td>
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<tr>
<td>(c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.</td>
<td>Guidance: As staff serve as advocates and liaisons between pregnant women and service providers, their role includes:</td>
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<tr>
<td>(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:</td>
<td>• 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;</td>
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<tr>
<td>(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;</td>
<td>• 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);</td>
</tr>
<tr>
<td>(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</td>
<td>• 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;</td>
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<tr>
<td>(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.</td>
<td>• Working with the Health Services Advisory Committee to develop linkages in the community that assist pregnant women;</td>
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<td><strong>Performance Standard</strong></td>
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<tr>
<td>1304.40(c)(2)</td>
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<td>(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 post-partum recovery (including maternal depression).</td>
<td>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:</td>
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<td>• basic knowledge about fetal development,</td>
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<td>• risks to the fetus that may occur during pregnancy, such as effects from alcohol, smoking, and other toxic substances,</td>
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<td></td>
<td>• 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</td>
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</table>
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.

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.

**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.

Performance Standard

1304.40(h)(1) - (4)

(h) Parent involvement in transition activities.

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

**Guidance:** 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.

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...
**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.

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### 1304.41

**Community Partnerships**

(a) Partnerships

(b) Advisory Committees

(c) Transition Services

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#### 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.

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<th><strong>Head Start Performance Standard</strong></th>
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<td>Performance Standard</td>
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<tr>
<td>1304.41(c)(2)</td>
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<tr>
<td>(2) To ensure the most appropriate placement and services following participation in</td>
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<tr>
<td><strong>Related Information:</strong> See 45 CFR 1304.20(f)(2)(iii) on planning transitions for children with disabilities.</td>
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<tr>
<td><strong>Guidance:</strong> Early development and implementation of a plan for a toddler's transition to preschool focuses parents and staff on</td>
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</table>
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.

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.

### 1304.52

**Human Resources Management**

(e) **Home Visitor Qualifications**

(f) **Infant and Toddler Staff Qualifications**

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**Introduction to 1304.52**

The objective of 45 CFR 1304.52 is to ensure that grantee and delegate agencies recruit and select dynamic, well-qualified staff who possess the knowledge, skills, and experience needed to provide high quality, comprehensive, and culturally sensitive services to children and families in the program. Striving for continuous improvement, Head Start offers staff, as well as consultants, volunteers, and members of policy groups and governing bodies, opportunities and support for ongoing training and development.

Head Start is committed to establishing a learning environment in which children, parents, and staff can teach and learn from one another. This section discusses the organizational structure of agencies, staff qualifications, classroom staffing and home visitor requirements, staff standards of conduct, staff performance appraisals, and staff and volunteer health requirements. Training and development for staff, consultants, volunteers, and members of policy groups and governing bodies also are discussed.

### Head Start Performance Standard

#### Performance Standard

1304.52(e)

(e) **Home visitor qualifications.**

Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and 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.
motivating people. In addition, they must have knowledge of community resources and the skills to link families with appropriate agencies and services.

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<th>Performance Standard</th>
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<tr>
<td>1304.52(f)</td>
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<tr>
<td>(f) Infant and toddler staff qualifications.</td>
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</table>

Early Head Start and Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential that addresses comparable competencies within one year of the effective date of the Final Rule or, thereafter, within one year of hire as a teacher of infants and toddlers. In addition, infant and toddler teachers must have the training and experience necessary to develop consistent, stable, and supportive relationships with very young children. The training must develop knowledge of infant and toddler development, safety issues in infant and toddler care (e.g., reducing the risk of Sudden Infant Death Syndrome), and methods for communicating effectively with infants and toddlers, their parents, and other staff members.


<table>
<thead>
<tr>
<th>Guidance:</th>
<th>To ensure that appropriately qualified home visitors are employed, agencies require specific abilities, such as to:</th>
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<td>• Plan and develop with the parents an individualized program for the family, including establishing a caring professional relationship and a climate of mutual trust and respect for the parents;</td>
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<tr>
<td>• Work with parents to strengthen the family’s knowledge of child development, including assisting parents to understand how children grow and learn, and planning and conducting child education activities with the parents which meet the child’s intellectual, physical, emotional, and social needs;</td>
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<tr>
<td>• Assist parents in strengthening the families’ knowledge of health and nutrition, including integrating health and nutrition education into the program, coordinating with other staff and parents regarding health screenings for family members, and providing information and referrals, if necessary; and</td>
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<tr>
<td>• Assist parents to strengthen their knowledge of community resources and support parents in problem solving.</td>
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In addition, grantees may require a Child Development Associate (CDA) for Home Visitors, certain college course work, or a particular level of on-the-job training and experience.

| Rationale: | Working with infants and toddlers requires specialized knowledge and skills in order to properly address the developmental needs of this age group. |

<table>
<thead>
<tr>
<th>Guidance:</th>
<th>Within one year of the effective date of the Final Rule or, thereafter, within one year of hire, staff working with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential or educational degree that addresses comparable competencies. Teachers who work well with infants and toddlers also have certain specific abilities, such as to:</th>
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<tr>
<td>• Maintain an open, friendly, and cooperative relationship with each child’s family, encourage their involvement in the program, and promote parent-child bonding and nurturing parent-child relationships;</td>
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<tr>
<td>• Promote feelings of security and trust in infants and toddlers by being warm, supportive, and comforting, and by establishing strong and caring relationships with them;</td>
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</table>
| • Provide toddlers with experiences and opportunities that allow them to develop curiosity, initiative, problem-solving skills, and
creativity, as well as a sense of self and a feeling of belonging to the group; and
- Conduct developmental screenings of infants’ and toddlers’ motor, language, social, cognitive, perceptual, and emotional skills

**Performance Standard**

1304.52(g)(4)

(4) Grantee and delegate agencies must ensure that each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in any one group. However, if State, Tribal or local regulations specify staff:child ratios and group sizes more stringent than this requirement, the State, Tribal, or local regulations must apply.

**Guidance:** Agencies ensure that they meet the required child:staff ratios by hiring an appropriate number of trained and qualified teachers and by developing daily staffing plans. In addition, as children grow older and transition to new groups, agencies may choose to move the teacher along with the children.

A group of eight is the maximum number of infants and toddlers assigned to two teachers. In some facilities, space allows a group of eight to be assigned to one room. In other facilities, larger rooms are fitted with appropriate dividers to accommodate more than one group, while ensuring that each group functions separately, and that all of the Program Performance Standards are maintained.

**Introduction to 1304.53**

The objective of 45 CFR 1304.53 is to ensure that Head Start’s physical environment supports the delivery of high quality services to all children and families. Facilities, materials, and equipment are selected and maintained to create a learning environment that is safe, accessible, welcoming, comfortable, age-appropriate, culturally sensitive, and in keeping with the individual needs of children and families and the particular features of local programs and communities. Thus, the requirements in this section are closely allied with those in 1304.21, Education and Early Childhood Development.

These standards are the requirements for the Head Start physical environment and the equipment, toys, materials, and furniture that support programming for the ages and individual needs of children served. Many of the requirements in this section also are cited in State, Tribal, or local regulations. It is expected that whichever regulations are more stringent will be met.

**Head Start Performance Standard**

1304.53(a)(2)

(2) Grantee and delegate agencies must provide appropriate space for the conduct of all program activities (see 45 CFR 1308.4 for specific access requirements for children with disabilities).

**Guidance related to Early Head Start**

**Guidance:** Developmentally appropriate indoor and outdoor environments are safe, clean, attractive, and spacious. Appropriate indoor environments for children include:
- floor coverings and soft elements, such as rugs and cushions,
- an open area on the floor for the safe movement of infants and toddlers,
- identifiable areas for different activities and materials, such as blocks, art, books, and dramatic play. These areas allow children to be alone, although supervised, and to engage in individual or group activities, and
- low, open shelves to allow children to see and to select their own materials.
Appropriate outdoor environments for children include:
- a variety of surfaces, such as soil or sand for digging, hills, flat grassy and hard areas for wheeled toys,
- areas of sunlight as well as shade or portable shade equipment,
- a variety of equipment for riding, climbing, balancing, and digging,
- areas for individual and small group

**Related Information:** Agencies must provide:
- cribs and cots for infants and toddlers that are kept at least three feet apart (see 45 CFR 1304.22(e)(7)).

**Performance Standard**
1304.53(a)(3)

(3) The center space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions

**Guidance:** Classrooms are divided into functional areas, using child-sized, age-appropriate shelving; low walls; large pillows; mats; or platforms to separate the different areas. Space for preschool children and older toddlers is arranged to facilitate a variety of large group, small group, and individual program activities.

**Performance Standard**
1304.53(a)(4)

(4) The indoor and outdoor space in Early Head Start or Head Start centers in use by mobile infants and toddlers must be separated from general walkways and from areas in use by preschoolers

**Guidance:** When children of different age groups must make use of a common area, such as an outdoor play area:
- Set the schedule so that children of different age groups occupy the space at different times;
- Ensure that all equipment and toys in shared areas are safe and age-appropriate;
- Ensure that mobile infants and toddlers are kept away from surfaces and equipment that may injure them; and
- Ensure that carpeting is well-padded, secure, and clean (see 45 CFR 1304.53(a)(10)(ii) for requirements on carpeting).

**Performance Standard**
1304.53(a)(5)

(5) Centers must have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child

**Guidance:** See 45 CFR 1304.22(e)(7) which requires that cribs and cots be at least three feet apart.

**Guidance:** When agencies find that at least 35 square feet of usable indoor space per child available for the care and use of children is inadequate because of the presence of cribs and cots, they increase the amount of child usable indoor space available in order to accommodate activities that support the optimum development of infants and toddlers. To make good use of indoor space, agencies:
- Refrain from placing too much furniture or equipment in individual rooms or play areas;
**Performance Standard**

1304.53(a)(10)(vii)

(vii) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable (see 45 CFR 1304.22 for additional emergency procedures);

Guidance: Agencies ensure safe evacuation from a facility by:

- Having enough evacuation cribs and strollers available to evacuate infants, toddlers, and children with disabilities who cannot walk on their own, and smooth ramps on which evacuation cribs and strollers can be wheeled

**Performance Standard**

1304.53(a)(10)(xiv)

(xiv) Toilets and handwashing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas must be separated from areas used for cooking, eating, or children’s activities;

Agencies maintain diapering areas as follows:

- Ensure that they are not located in dental hygiene or food preparation areas, and are never used for the temporary placement or serving of food;
- Ensure that they are located in areas separate from adult bathrooms;
- Ensure that changing tables have impervious, nonabsorbent, clean surfaces; and are sturdy, at an appropriate height for adults to work at when standing, and equipped with railings;
- Include storage areas close to or within the diapering area for clean diapers, wipes, gloves, and other supplies;
- When cloth diapers are used, dispose of the solid waste contents in toilets before placing the diapers in a proper soiled diaper receptacle; and
- Provide handwashing sinks adjacent to the diaper changing tables.

**Guidance:** Child-sized toilets, safe and sanitizable step aids, and modified toilet seats (where there are only adult-sized toilets) should be used in all facilities. If child-sized toilets, step-aids, or modified toilet
Toilet training equipment is provided for children being toilet trained. Seats cannot be used, potty chairs that are easily sanitized are provided for toddlers, preschoolers, and children with disabilities who require them. Handwashing sinks are located nearby. (See 45 CFR 1304.22(e)(6) for additional guidance on cleaning and disinfecting potties.)

**Performance Standard**

1304.53(a)(10)(xvi)

(xvi) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored in a safe and sanitary manner; and

Related Information: See 45 CFR 1304.22(e)(1)(i) and 1304.22(e)(5) about diapering sanitation and hygiene procedures.

The following procedures are for the disposal of soiled diapers:

- Store soiled diapers in containers separate from other waste;
- Provide a sufficient number of diaper containers to hold all of the diapers that accumulate between periods of removal from the premises; and
- Use separately labeled containers for disposable diapers, cloth diapers, and soiled clothes and linens.

**Performance Standard**

1304.53(b)(1)

(b) Head Start equipment, toys, materials, and furniture.

(1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be:

Rationale: Equipment, toys, materials, and furniture have a direct impact upon the development of children’s cognitive, emotional, social, and physical skills. To support educational objectives and an individualized program of services, and to show respect for children and families, equipment, toys, materials, and furniture are matched to the developmental levels, interests, temperaments, languages, cultural backgrounds, and learning styles of children. A variety of attractive materials and toys are accessible in order to provide psychological and emotional comfort and to encourage exploration and learning. Safety risks are avoided if equipment, toys, materials and furniture are safe, durable and well-maintained. To maximize floor space, minimize clutter, and ensure that items can be easily and safely located, items are stored in a safe and orderly fashion. This rationale serves 45 CFR 1304.53(b)(1)-(2).

Pay attention to the number and kinds of toys available at any one time to infants and toddlers to avoid confusion, and rotate the selection of toys to provide variety and new experiences.

(i) Supportive of the specific educational objectives of the local program;

Related Information: See 45 CFR 1304.21 for guidance on the standards related to the program’s child development and education approach and objectives.
<table>
<thead>
<tr>
<th>Performance Standard</th>
<th>Guidance</th>
<th>Rationale</th>
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</thead>
<tbody>
<tr>
<td>1304.53(b)(1)(vi)</td>
<td>Ensure that infant and toddler areas are equipped with diaper changing tables, safe cribs with clean bedding for each infant, and safe, clean cots or mats for each toddler in car.</td>
<td>To assure the safety and comfort of children, stacked cribs are not used.</td>
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<td>(vi) Safe, durable, and kept in good condition; and</td>
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<tr>
<td>Related Information: See 45 CFR 1304.53(a)(10)(x) for further guidance on the standards related to the safety and maintenance of outdoor playground equipment and surfaces.</td>
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<td><strong>Performance Standard</strong></td>
<td><strong>Guidance:</strong> Infant and toddler toys are cleaned and disinfected on a regular schedule, in keeping with the advice of appropriate health authorities. Agencies immediately clean toys that are touched, placed in children’s mouths, or otherwise in contact with bodily secretions. Toys are hand or machine washed with water and detergent, then disinfected or sanitized, and rinsed, before they are handled by another child. <strong>Performance Standard</strong></td>
<td><strong>Rationale:</strong> Research findings demonstrate that appropriate sleeping arrangements for infants reduce the risk of Sudden Infant Death Syndrome (SIDS). However, the causes of SIDS are not fully understood. Some researchers believe that babies who die of SIDS are born with one or more conditions that make them especially vulnerable to the syndrome. Other researchers have proposed alternative explanations. Whatever the cause, most deaths occur by the end of the sixth month, with the greatest number of deaths taking place between two and four months of age. <strong>Guidance:</strong> The practices that will minimize the risk of SIDS, and can be shared with parents, are:</td>
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<tr>
<td>1304.53(b)(2)</td>
<td>(2) Infant and toddler toys must be made of non-toxic materials and must be sanitized regularly.</td>
<td><strong>Guidance:</strong> The practices that will minimize the risk of SIDS, and can be shared with parents, are:</td>
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<td>(2) Infant and toddler toys must be made of non-toxic materials and must be sanitized regularly.</td>
<td></td>
<td>• Counseling pregnant mothers to obtain early and medically recommended prenatal care, to avoid the use of drugs and alcohol, to refrain from smoking during pregnancy, and to breast feed whenever possible;</td>
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<td><strong>Performance Standard</strong></td>
<td></td>
<td>• Ensuring that infants receive regular well-baby health visits, and that they are immunized on the recommended schedule;</td>
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<tr>
<td>1304.53(b)(3)</td>
<td>(3) To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.</td>
<td>• Placing non-mobile infants on their backs, rather than on their stomachs or sides to sleep;</td>
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<tr>
<td>(3) To reduce the risk of Sudden Infant Death Syndrome (SIDS), all sleeping arrangements for infants must use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets or stuffed toys.</td>
<td></td>
<td>• Using firm mattresses and avoiding the use of cushions, soft fluffy blankets, comforters, sheepskins, and pillows;</td>
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<td></td>
<td></td>
<td>• Avoiding the use of soft toys, cushions, stuffed animals or other</td>
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soft materials where infants sleep;
• Maintaining a smoke-free environment;
• Avoiding overdressing infants or overheating rooms where infants play and sleep; and
• Burping infants properly during and after a feeding, before they are put to sleep.

PART 1306 — HEAD START STAFFING REQUIREMENTS AND PROGRAM OPTIONS

Subpart A — General

1306.1 Purpose and scope.

This Part sets forth requirements for Early Head Start and Head Start program staffing and program options that all Early Head Start and Head Start grantee and delegate agencies, with the exception of Parent Child Center programs, must meet. The exception for Parent Child Centers is for fiscal years 1995, 1996, and 1997 as consistent with section 645A(e)(2) of the Head Start Act, as amended. These requirements, including those pertaining to staffing patterns, the choice of the program options to be implemented and the acceptable ranges in the implementation of those options, have been developed to help maintain and improve the quality of Early Head Start and Head Start and to help promote lasting benefits to the children and families being served. These requirements are to be used in conjunction with the Head Start Program Performance Standards at 45 CFR 1304, as applicable.

<table>
<thead>
<tr>
<th>Head Start Performance Standard</th>
<th>Guidance related to Early Head Start</th>
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<tr>
<td>1306.33 Home-based program option.</td>
<td>Grantees implementing a home-based program option must:</td>
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<td>• Provide one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 and 1/2 hours each.</td>
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<td>• Provide, at a minimum, two group socialization activities per month for each child (a minimum of 16 group socialization activities each year).</td>
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<td>• Make up planned home visits or scheduled group socialization activities that were canceled by the grantee or by program staff when this is necessary to meet the minimums stated above. Medical or social service appointments may not replace home visits or scheduled group socialization activities.</td>
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<td>• Allow staff sufficient employed time to participate in pre-service training, to plan and set up the program at the start of the year, to close the program at the end of the year, to maintain records, and to keep component and activities plans current and relevant. These activities should take place when no home visits or group socialization activities are planned.</td>
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<td>• Maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.</td>
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<td>Home visits must be conducted by trained home visitors with the</td>
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content of the visit jointly planned by the home visitor and the parents. Home visitors must conduct the home visit with the participation of parents. Home visits may not be conducted by the home visitor with only baby-sitters or other temporary caregivers in attendance.

- The purpose of the home visit is to help parents improve their parenting skills and to assist them in the use of the home as the child’s primary learning environment. The home visitor must work with parents to help them provide learning opportunities that enhance their child’s growth and development.
- Home visits must, over the course of a month, contain elements of all Head Start program components. The home visitor is the person responsible for introducing, arranging and/or providing Head Start services.

Group socialization activities must be focused on both the children and parents. They may not be conducted by the home visitor with baby-sitters or other temporary caregivers.

- The purpose of these socialization activities for the children is to emphasize peer group interaction through age appropriate activities in a Head Start classroom, community facility, home, or on a field trip. The children are to be supervised by the home visitor with parents observing at times and actively participating at other times.
- These activities must be designed so that parents are expected to accompany their children to the group socialization activities at least twice each month to observe, to participate as volunteers or to engage in activities designed specifically for the parents.

Grantees must follow the nutrition requirements specified in 45 CFR 1304.23(b)(2) and provide appropriate snacks and meals to the children during group socialization activities.

Prepared by the New Mexico Training and Technical Assistance Office
6565 Americas Parkway NE, Suite 200
Albuquerque, NM 87110
Miquela Rivera, Ph.D., Project Manager
Rivera_miquela@bah.com
Cynthia Bernard, M.A., Infant/Toddler Specialist
Bernard_cynthia@bah.com
Wendy Wintermute, Ph.D., Head Start Specialist
Wintermute_wendy@bah.com