Virginia Head Start State Collaboration Office
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Comprehensive Services and Transition Overview
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Early Elementary Subgroup
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2013-2014 Program Year Statistics

• **Children Served**	**16,593**
➢ HS – 3-5/Kindergarten Entry	14,071
➢ EHS – Birth-36 Months	2,390
➢ Migrant/Seasonal HS – Birth-5	132
• **Children by Age**	
➢ 5 Years or Older	127
➢ **4 Years Old**	**8,492**
➢ 3 Years Old	5,667
➢ 2 Years Old	1,093
➢ 1 Year Old	728
➢ Less than 1 Year Old	486
• **Children with an IEP or IFSP**	**1,721**
• **Pregnant Women Served**	**233**
• **Families Served**	**15,485**
• **Homeless Families Served**	**891**
• **Homeless Children Served**	**983**
• **Staff/Jobs**	**3,516**
• **Volunteers**	**19,934**
• **Total Funding**	**$113,075,922**

Comprehensive Services

A. Health, Developmental and Behavioral Screening and Follow-Up

- **Screening** - Within first 45 days of enrollment, all children must receive culturally appropriate sensory, developmental and behavioral screening. If any needs are identified through screening, programs must work with families to provide linkages and access to specialists.

- **Follow Up** – Within 90 days of enrollment, programs must ensure all children have a **source of health care and are up-to-date on all primary and preventative health care** to include:
  - Medical Home/Services
  - Dental Home/Services
  - Mental Health Services
  - Early Intervention Services
  - Special Needs – Part B/619 and Part C Services

- **Funding** – EHS/HS funds may be used for medical and dental services when no other source of funding is available.

B. Child Social – Emotional Health

- **Mental Health Consultation** – Programs must offer a regular schedule of **on-site mental health consultation** involving a mental health professional, program staff, and parents. Consultants must also assist in connecting children with developmental concerns or who demonstrate atypical development to other community mental health resources, as needed.

C. Nutrition

- **Nutritional Services** – Programs must ensure that nutritional services contribute to the development and socialization of enrolled children. Programs must meet the nutritional needs and feeding requirements of each child.
  - Each child in a program must receive meals and snacks that provide **1/2 to 2/3** of the child's daily nutritional needs, depending upon the length of the program day.
  - All children who have not received breakfast at the time they arrive must be served a **nourishing breakfast**.
  - **Dental Hygiene/Tooth brushing** – Programs must provide age-appropriate tooth cleaning/brushing for each child and promote effective dental hygiene among children and families.
  - **Nutritional education** must be provided to parents in an appropriate format (e.g., newsletters, workshops, parent conferences).
  - All programs must participate in the USDA CACFP and other programs as appropriate.

D. Family Partnerships

- **Family Goal Planning and Services**
  - **Family Partnership Agreements** – Programs must work with parents to develop family partnership agreements that describe family goals and responsibilities, as well as timetables, strategies, and progress in achieving these goals.
  - **Services and Resources** – Programs must work with families to access services and resources that are responsive to each family's goals, including:
    - ✓ Emergency/Crisis Assistance such as food, housing, clothing, and transportation
    - ✓ Education and other appropriate interventions, including participation in counseling programs or receiving information on mental health issues, such as substance abuse, child abuse and neglect, and domestic violence
    - ✓ Opportunities to participate in family literacy programs
    - ✓ Opportunities for continuing education, employment training, and other employment services through formal and informal networks in the community
  - **Home Visits** – Family Services Staff provide a minimum of two home visits with parents each year, and additional visits if required based upon the family's needs. Additionally, teaching staff conduct at least two home visits each year, along with at least two staff-parent conferences. Families and children enrolled in EHS/HS through the home-based option (vs. center-based) receive weekly home visits, during which a staff member works with the parent(s) on appropriate early childhood education activities to be conducted with the child in addition to family goal planning and services outlined above.

- **Program Governance** – Programs must establish and maintain a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program. This structure must consist of the following groups, as required:
  - Policy Council – comprised of EHS/HS parents (at least 51%) and community representatives. Policy Council members also elect a representative to serve on the Grantee's Board of Directors.
  - Policy Committee – established at the delegate level.
  - Parent Committee – established at the center level. Parent Committees elect a member to represent them on the Policy Council.

- **Parent Participation (Voluntary)**
  - Head Start settings must be open to parents during all program hours
  - Parents must be welcomed as visitors and encourage to observe children and participate with children in group activities as often as possible
  - Parents must be provided opportunities to participate in the program as volunteers or employees

- **Parent Education** – Programs must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental

needs of their children, to include medical, dental, nutrition, behavioral, and mental health education programs.

- **Parents as Advocates –** Programs must encourage and support parents in becoming involved in community advocacy by:
  - Providing families with information about community resources
  - Encouraging families to influence community services to better meet their needs
  - Providing families opportunities to work together and with other community members on activities that interest them.
  - Providing education and training to parents to prepare them to exercise their rights and responsibilities over their children's educations
  - Working with parents to assure they become their children's advocate as they transition into a difference care and education setting

E. Community Partnerships – Programs must take an active role in community planning to encourage strong communication, cooperation, and information sharing with community partners in order to improve the delivery of services to children and families.

- **Community Collaboration** – Programs must take affirmative steps, such as developing interagency agreements, to establish collaborative relationships with community organizations that deliver necessary services to children and families, including:
  - ✓ Health Care Providers
  - ✓ Oral Health Providers
  - ✓ Mental Health Providers
  - ✓ Nutritional Service Providers
  - ✓ Local Part B/619 and Part C agencies for services for children with special needs
  - ✓ Family Preservation and Support Services
  - ✓ Child Protective Services
  - ✓ Child Care Providers

- **Advisory Committees**
  - Health Services Advisory Committee – made up of EHS/HS parents, professionals, and other volunteers from the community.
  - Other Service Advisory Committees – as needed to address program service issues and to respond to community needs.

Transition Services

Programs must establish and maintain procedures to support successful transitions for enrolled children and families into- and out of- Early Head Start and Head Start, including:

- **Transition Planning**
  - **EHS –** Must be undertaken at least six months prior to the child's third birthday
  - **HS –** Transition Plans are established for each four-year-old child at the beginning of the program year prior to their entry into kindergarten, essentially providing twelve months of transition planning
- **Child Records** - Coordinating with other agencies or schools to ensure that individual EHS/HS children's relevant records are transferred to the next placement in which a child will enroll
- **Communication** - Between EHS/HS and their counterparts in other placements or settings to facilitate continuity of programming
- **Training/Activities** – Initiating joint transition-related training and activities for EHS/HS staff and other early education and care staff in the community
- **Reference Additional Resources**
  - Framework for Effective Practice Supporting School Readiness
  - *Get Ready for Kindergarten* – Activity Calendar for Teachers
  - Transition Plan Example