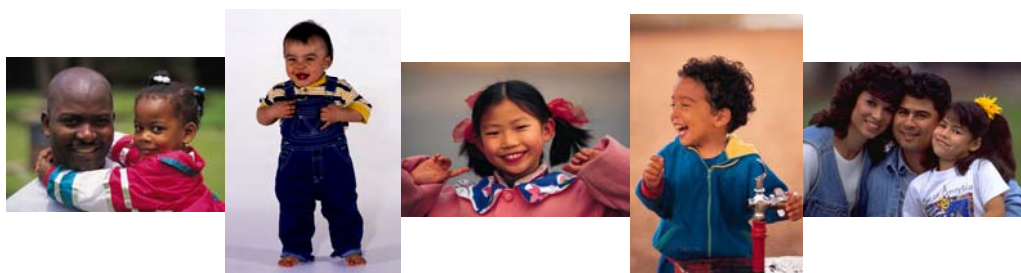


EARLY HEAD START INTEGRATION TOOL



Because **Early Head Start will affect all systems and the implementation of all services** in the program, by answering this list of questions and completing the implementation chart, you will be able to determine:

- how well the organization is functioning,
- what needs to be accomplished to strengthen the organization,
- the specific action steps needed to implement the system changes brought about by EHS.



Adapted from: *Are you Ready for Early Head Start: A Systems Approach to Head Start Excellence*, by Dr. Tim Nolan and Head Start Resource and Training Center “Start-Up” Consultant Training.

EARLY HEAD START INTEGRATION TOOL

Because EARLY HEAD START (EHS) WILL AFFECT ALL SYSTEMS AND THE IMPLEMENTATION OF ALL SERVICES in the program, by answering the following questions, you will be able to know:

- how well the organization is functioning, and
- what needs to be accomplished to strengthen the organization.

By completing the attached chart, you will be able to:

- identify specific action steps to prepare the organization for the system changes that will be brought about by EHS.

Program Governance

- Has leadership supported the concept of EHS? (The leadership of the Executive Director is critical to the success of the program.)
- Does the composition of the governing board meet the requirements of the 2007 Head Start Act?
- Have the roles and responsibilities of the governing board and Policy Council been defined?
- Is there a current policy council that is in compliance with HS mandates? If not, what are the plans for establishing a policy council that will meet HS mandates?
- How will EHS be represented in the governance structure and process?
- Will bylaw changes be necessary?
- How will implementation decisions be made?
- Has the Policy Council and Governing Board been informed of your EHS funding award?
- Have they approved any necessary budget or program implementation revisions?
- How are you involving the policy council and governing board in start-up and implementation of EHS?
- Are EHS parents represented on the Policy Council?

Planning

a) Vision, Mission, Values and Philosophy

- What are the philosophy and the mission of the existing program?
- How will EHS impact the organization's vision, mission, values, and philosophy?
- How will the Early Head Start mission fit with the mission of the existing program?
- What is the vision for the EHS program?
- What are the values that define the vision?
- Will EHS be different than the program or services of the past?
- Is there philosophical "baggage" that needs to be addressed?
- How will the EHS program's philosophy and mission be integrated into program design and implementation?
- What will the program look like in 9 months, 2, 3, 4, and 5 years?
- What is the plan for evaluating and readjusting the model over time?
- By the time EHS children reach 3 years of age, what will be different about them compared with children who have not received EHS services?

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EARLY HEAD START INTEGRATION TOOL

b) Organizational Structure

- What changes in the leadership system and in the organizational framework/capacity/structure will have to be made in implementing EHS?
- Who are the leaders in the agency, both informal and formal, and do they support the concept of EHS?
- Will new leadership need to be hired?
- How has staff been supported to embrace EHS and are they willing to contribute the additional time and effort required to implement EHS (this includes modifying service area plans, policies, and procedures, and in-service training)?
- Is there a person on staff who is knowledgeable about working with pregnant women, infants and toddlers? If so, does that person have the time, authority, energy, and skills in leadership, organizing, and planning to take overall responsibility for the start-up phase and the Start-Up Planner if one is hired?

c) Community Assessment

- How recent is the last community assessment? Is it updated at least annually? How is it done? Does it include parents and the governing bodies? Does it include the whole community or only the Head Start community?
- Have the community needs changed since the original grant was submitted?
- Do the program option(s) reflect the community needs identified (Center and Home-Based, Combination, and/or Family Child Care)?
- How can the program ensure that EHS services meet current community needs (including children with disabilities)?
- Has the Assessment identified community strengths?
- How will community strengths and collaborations with community agencies be utilized to avoid duplication of services?
- What is happening in the external environment which might impact the type and quality of services offered children and families (reduced State Budget Funding, high unemployment, home foreclosures)?
- What does the Community Assessment tell you about the number of eligible pregnant women, infants and toddlers in your service area?
- Are there specific populations of pregnant women in your community that you want to address? Teen parents, incarcerated, women in mental health, alcohol or drug rehabilitation?
- What agencies in the community have demographic data on pregnant women, infants, and toddlers (e.g., WIC, Public Health Department, and your local Human Services Department)?

d) Strategic Goals and Objectives

- Is there a strategic planning process for your agency?
- Has a strategic plan been developed for your agency?
- How does EHS fit into that plan?
- Is there a system for monitoring the progress of the strategic plan? Is EHS included in this system?
- How does EHS fit in with the Three to Five Head Start program? Will it be co-staffed or separately staffed? Will there be overlap? Will a Birth to Five program be implemented?

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EARLY HEAD START INTEGRATION TOOL

- Who are the stakeholders in the program, the community, or regionally who are invested in the success of the EHS program and services to low-income pregnant women and families with infants and toddlers? Are they included in the strategic planning process?
- How will the program provide continuous, uninterrupted services to EHS families in the community?

e) Service Area Plans

- Has staff been identified to develop service delivery plans?
- Have systems been developed for updating service area plans?
- How do service area plans link to identified child, family and community needs?
- How will integration between service delivery plans be ensured?
- Are service area plans a vehicle for accomplishing strategic goals and objectives?
- Do service area plans ensure compliance with Head Start Performance Standards?
- Are service area plans used as part of new staff orientation and training?

Communication

- How will information and decisions be communicated to all stakeholders (staff, community partners, parents, governing bodies, and other stakeholders)?
- How will EHS be integrated into the current communication system?

Record-Keeping and Reporting

- Is there a system for tracking children/ family services that are required by regulations (well child examinations, immunizations, screenings, resources, referrals etc.)?
- How will EHS be integrated into the current record keeping system?
- What data will be collected to document family and child outcomes?
- What other EHS data will need to be collected and reported?
- Who will collect the data and with whom does it need to be shared?
- What record-keeping system will document the program's implementation of services?
- How are reports used to ensure that children are up to date on all required services?
- How will OHS required reporting be handled (PIR, fiscal, monthly enrollment, 10% disabilities)?
- If this is an expanding EHS program, what system is in place for reporting the end of the month ARRA enrollment (separately) and the PIR data (combined)?

Monitoring

- Is there a system in place for the ongoing monitoring of program services and systems?
- Does the system include the review and follow-up of EHS records and reports to ensure that interventions are conducted before problems arise?
- Is the system flexible enough to address the additional timelines and services required for infants and toddlers?
- Does all staff understand their responsibilities for implementing the new EHS services?
- Are responsibilities and lines of supervision clearly defined?
- Is staff trained on the monitoring process and their role in monitoring EHS services?

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EARLY HEAD START INTEGRATION TOOL

Self Assessment

- What is the process for program self-assessment and how will EHS be included?
- How will EHS staff, parents, and the governing bodies be included?
- Has a self-assessment process been selected that includes EHS?

Human Resources

- Has the human resources system explored the availability of potential staff trained in working with infants and toddlers? If qualified persons are not available, what is the plan to recruit, select, train, supervise, and support staff hired to work in EHS?
- What are the plans to meet the mandate of the 2007 Head Start Act that requires not later than September 30, 2010, all teachers in center-based EHS programs have a minimum of a child development associate credential (CDA), and have been trained (or have equivalent coursework) in early childhood development?
- How is the program planning to meet the staff qualifications and staff development needs of the EHS Home Visitors as outlined in the 2007 Head Start Act?
- Is there a system in place to assess the professional development needs of staff? What are the plans to obtain credit based training for staff?
- What system is in place to create a professional development plan for all full-time employees to meet the mandate of the 2007 Head Start Act?
- Will adjustments need to be made to support staff attending school and/or engaging in professional development activities (overtime, comp time, substitutes)?
- What are the plans to implement the process of reflective supervision? Does staff understand the concept of reflective supervision and the importance of regular, collaborative supervision?
- Is there a supervisory structure in which reporting relationships are clearly defined?

Fiscal Management

- How are EHS grant funds being integrated into the program's accounting system and written financial procedures?
- How will shared cost allocation areas be identified and monitored? Is there a written cost allocation plan?
- Are there any areas in which the HS budget may need to be adjusted based on the EHS cost allocation?
- What is the plan for meeting in-kind?
- Are there any adjustments that need to be made in the original budget?
- Is there money budgeted for provision of infant and toddler items such as diapers, cribs, mats, formula, and breast milk storage?
- Is there a system in place for monitoring and reporting the budget versus actual expenditures?
- How will compliance to applicable regulations be ensured and how will adhering to policies and procedures be ensured?
- Is there a plan to have written policies and procedures that comply with all applicable regulations?
- How will a system be ensured to identify, monitor and meet the 15% administrative cost limitation?

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EARLY HEAD START INTEGRATION TOOL

- What system will be in place to collect, document, value, monitor and report in-kind?
- What system will be developed to ensure you meet financial reporting needs/requirements for Board, PC, internal staff, and the Regional Office (ACF).

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

- What is the process for determining eligibility, recruitment, selection and enrollment? Does it include pregnant women?
- What is the plan for recruiting eligible families?
- Do new partnerships for referrals need to be made?
- Does the selection criteria need to be revised to address EHS needs? Does it include pregnant women and children with disabilities that have active IFSPs?
- Will the EHS selection criteria impact the HS selection criteria?
- What are the plans for enrolling infants and toddlers with disabilities; for training staff to work with young children with disabilities and to ensure the mandate of at least 10% of children with disabilities have been enrolled?
- How will children and pregnant mothers be transitioned?
- How will continuity of EHS services be ensured after the delivery of the enrolled pregnant mother's baby?
- How will transition planning begin at least 6 months before each child's third birthday and earlier if needed for a child with a disability?
- Is there a system in place to re-confirm eligibility when a child transitions from EHS to Head Start?
- How will parents be included in transition planning?
- How will relevant records be transferred to ensure continuity?
- Is there a system for documenting and monitoring attendance, and providing follow-up procedures for irregular attendance?

Child Development and Health

a) Child Development

- What curricula will be used for infants/toddlers and pregnant mothers?
- How will individualized curriculum planning be implemented for pregnant women, infants and toddlers?
- Does curriculum planning address inclusion of children with disabilities, dual language learners, those experiencing homelessness and other high risk factors according to the mandates of the 2007 Head Start Act?
- Is there a system for providing Primary Caregiving and Continuity of Care for infants/toddlers?
- How will parents be involved in curricula development and planning?
- What tools will be used for ongoing screening and assessment? How will they be linked to the curricula and individualization?
- Is there an on-going assessment system that links curriculum and assessment and includes (1) observing and recording/analyzing, (2) aligning observations to the assessment tool, (3) planning and individualizing the curriculum, and (4) reporting children's progress and using the results?

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EARLY HEAD START INTEGRATION TOOL

b) Health Services

- What arrangements have been made to provide the 2 week postpartum visit? Which staff will visit the family?
- How will a mental health consultant be accessed to include services to pregnant women, infants, toddlers and their families?
- Is there a resource and referral system in place for pregnant women, infant and toddler mental health concerns and maternal depression?
- How will dental, vision, and hearing screenings for infants and toddlers be obtained?
- How will medical and dental home be established for each infant, toddler and pregnant mother?
- Does the agency have MOUs/IAs with medical, dental, and mental health organizations to provide necessary services, including follow-up for identified needs?
- Are there any health and safety policies and procedures that need to be developed (feeding plans, storing of breast milk and/or formula, diapering)?
- How will health, safety and sanitation procedures be monitored and documented?
- How will USDA requirements be met (how will meals be provided, how will infant/toddler menus be developed)?
- Is a CACFP reimbursement application needed? Who will apply, maintain records and report on requirements?

Family and Community Partnerships

a) Family Partnerships

- Is there a plan for developing and implementing Family Partnership Agreements? Which staff person will have primary responsibility for this activity? How often will the FPA be reviewed and updated?
- Has a system been established to collect and utilize family assessment information? Does this process identify the type and frequency of support to be provided to the pregnant woman? Do you have a system in place to ensure that a child's IFSP is infused into the Family Partnership Agreement?
- How will the agency ensure that families are able to access services not provided by the EHS program? How will the agency ensure that services offered through referrals are received by the families?
- What kinds of services will be provided to pregnant women? How will tracking be implemented to ensure that all pregnant women have access to and have begun prenatal care? What are the program's goals for meeting the needs of pregnant women?
- Have EHS parents and community representatives with a prenatal, infant and toddler expertise been included on the Health Services Advisory Council Committee?
- Have relationships with providers of health services for pregnant women, infants/toddlers in the community been developed?

b) Community Partnerships

- Who are the current partners and what are the current agreements? Are there formal, written agreements with partners that specify what each party is responsible for? Do current agreements need to be revised to include EHS?
- What additional community partnerships will be needed to provide EHS services?

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EARLY HEAD START INTEGRATION TOOL

- How will the program reach out to designated community partners to develop collaborative relationships?
- What is the process for the evaluation of the effectiveness of the collaborative agreements?
- Does the program know who the Part C providers are? Who will be involved in developing interagency agreements (I/A's) with them?
- Are there plans to partner with child care centers or family child care homes to provide services to families? If so, what is the training plan for the staff? How will services be monitored at the child care centers/family child care homes? What confidentiality guidelines are in place to guide the sharing of information about children and families with community partners?
- What initiatives are currently underway in the community that might benefit from having EHS as an active participant?

Program Design

a) Facilities, Materials and Equipment

- Are facilities available or partnerships in place to serve the EHS children and families?
- Does the facility need to be licensed to care for infants and toddlers? Are the facilities developmentally appropriate for infants/toddlers? Can the mandated group size of 8 be met?
- Does the facility have sufficient space for socializations and/or parent meetings? If not, does someone on the team have the skills to work with an architect, contractors, and licensing representatives all the way through the planning, budgeting, and licensing process?
- Does the facility design team include someone who is knowledgeable about infant/toddler care?
- Is there a person on staff that can assist in adapting classrooms for children with disabilities and special needs?
- Does the facility allow for a minimum of 35 square feet of usable space for each child (excluding space taken up by cribs that must be 3 feet apart or equipment)?
- Is there sufficient storage space for rotation of materials to be rotated to meet the developmental needs of each child?
- Has a separate infant/toddler playground been planned? Does it have appropriate surfacing? Has it been adapted for children with disabilities?
- Does the facility meet ADA requirements (including bathrooms)?
- Are there separate hand washing sinks for food preparation and diapering/toileting activities?
- Have appropriate building permits and permissions/documents for all renovations and construction been obtained?

b) Transportation

- Is transportation for EHS children and/or families being provided? If so, how will transportation be provided and do the procedures align with the EHS regulations?
- What transportation policies and procedures (including pedestrian training) need to be written in order to ensure child and family safety?
- How and who will monitor transportation services?

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Program Governance				
EHS is represented in the Governance Structure and Process.				
There is a process of involving the policy council and governing board in start-up and implementation of EHS.				
Planning				
a) Vision, mission, values and philosophy				
The philosophy and mission of the EHS program is integrated into the program design and implementation plan.				
Planning				
b) Organizational Structure				
Any changes needed in the leadership system and organizational framework/capacity/structure to implement EHS have been made and integrated into the overall agency structure.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Planning c) Community Assessment				
There is a system for ensuring that the Community Assessment includes identifying the needs of the EHS population in the community (including children with disabilities).				
Planning d) Strategic Goals and Objectives				
There is a process for including EHS stakeholders (in program and community) into the strategic planning process.				
There is a plan for including EHS in the system for monitoring the progress of your strategic plan.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Planning				
e) Service Area Plans				
There is a system to ensure that EHS is integrated into all service area plans, and there is integration between service delivery plans.				
Communication				
There is a plan for integrating EHS into your current communication system.				
There is a process by which information and decisions are communicated to all stakeholders, including those related to EHS (staff, community partners, parents, governing bodies, and other stakeholders).				
Record-Keeping and Reporting				
There is a plan for integrating EHS into the current record keeping and reporting system.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
There is a system for tracking the children and family services required by regulations (well-child examinations, immunizations, screenings, resources, referrals etc.).				
A record keeping system that documents the implementation of all services, including EHS, has been established.				
Monitoring				
There is a plan for integrating EHS into the ongoing monitoring of program services and systems.				
Staff is trained on the monitoring process and their role in monitoring EHS services.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Self Assessment				
There is a plan for integrating EHS into the current self-assessment process.				
Human Resources				
There is a system in place to assess the professional development needs of staff, establish individual professional development plans, and track the accomplishment of those plans. .				
There is a system in place to train, supervise, and support staff..				
There is a plan to implement the process of reflective supervision in EHS and preferably throughout the agency.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Fiscal Management				
There is a process for integrating EHS grant funds into the program’s accounting system and written financial procedures.				
There is a system in place for monitoring and reporting the budget versus actual expenditures, including EHS.				
ERSEA				
There is a plan to include EHS into the process for determining eligibility, recruitment, selection, and enrollment.				
There is a transition plan for the pregnant mother, infant, toddler, and three-year olds to provide seamless service from pregnancy to pre-school.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Child Development and Health Services				
Ongoing screening and assessment tools for EHS have been identified and have been linked to the curricula and individualization.				
There is a system for implementing individualized curriculum planning for pregnant women and infants/toddlers.				
The agency has MOUs/IAs with medical, dental, and mental health organizations to provide necessary services including follow-up for identified needs.				
There is a system for monitoring and documenting health and safety procedures.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Family and Community Partnerships				
There is a plan for integrating EHS into the current Family Partnership Agreements process.				
The agency will ensure that families are able to access services not provided by the EHS program. The agency will ensure that services offered through referrals are received by the families.				
Agencies have been identified within your community and partnerships have been developed to provide EHS services.				
There is a process for the evaluation of the effectiveness of the collaborative agreements established to support EHS children and families.				

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EARLY HEAD START INTEGRATION TOOL

SYSTEM OR SERVICE	Is Developed and Integrated	To Be Developed and Integrated	Staff Responsible Timelines	Training/ Professional Development Needs
Program Design				
The facility is licensed to care for infants and toddlers. The facilities are developmentally appropriate for infants/toddlers and accommodate the mandated group size of 8.				
The facility has sufficient space for socializations and/or parent meetings. If not, someone on the team has the skills to work with an architect, contractors, and licensing representatives all the way through the planning, budgeting, and licensing process.				
Transportation policies and procedures (including pedestrian training) are written in order to ensure the safety of all children and families.				

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