



DEPARTMENT OF FAMILY AND SUPPORT SERVICES
CITY OF CHICAGO

To: Head Start/Early Head Start Executive and Program Directors

From: Madeline Cancel Hanieh, Director *MC*
Children Services Division

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Subject: Head Start/Early Head Start Home Based/Home Visiting Program Guidance

The Department of Family and Support requires all HS/EHS programs operating the Head Start Home Based program option to adhere to the following guidelines based on the Head Start Performance Standards 45 CFR 1306.33 and CFR 45 1304 and Sec. 645A (i)(2)(A-G). The Head Start/Early Head Start home-based program option includes families and children from prenatal to five years old.

The HB program is comprehensive and addresses all service areas of the Head Start Performance Standards. The services are delivered by home visitors through parents as the first teachers of their children during the home visits and group socializations. In addition, home visitors in the Home Based programs are required to conduct one 90 minute home visit per week and two 90 minute group socializations per month each for at least 90 minutes. The caseload per home visitor is no more than 10-12 families.

HOME VISITS

Home visits are made by qualified and trained home visitors who have a caseload of no more than 10 to 12 families, with the maximum being 12 families. Each home visitor must conduct at least one home visit per week and each visit must last no less than 1½ hours. The total number of visits per year depends on whether the program is operating the full day or part year home-based program option.

Home visitors must conduct the home visit with the participation of parents and may not be conducted by the home visitor with only babysitters or other temporary caregivers in attendance. Child development experiences must be addressed at every visit. Over the course of a month all program content areas must be covered during the course of home visits. The home visitor is the person responsible for introducing, arranging and/or providing Head Start/Early Head Start services, making referrals and providing additional support to families experiencing multiple or sustained stresses.

Home Visits are a vehicle for engaging in a process of collaborative partnership building between staff and families. The goal of this partnership is to establish mutual trust and to identify family strengths, capacities, needs, goals, and necessary services to support progress. The home visit is a time to review the progress of the child's development and education services, health screening and results, connect families with health resources within their community, and provide resources and referrals during times of emergency and crisis situations. The partnership that develops between staff and families should include other agencies that also provide services and support to the family in an effort to avoid any duplication of efforts.

Depending on the structure of the Head Start/Early Head Start program, the education, social service, health and nutrition staff are expected to support the home visitor in providing resources and supports to families. This should be a collaborative relationship with the home visitor being the primary contact with the family.

GROUP SOCIALIZATION

According to the Head Start Performance Standards (1306.33), Home Visitors must conduct at least two group socializations per month or for programs operating year-round, 24 socializations per year lasting at least 90 minutes. The purpose of socialization experiences for infants and toddlers is to support child development by strengthening the parent-child relationship. For Head Start children the parent-child interactions and relationships are still a main focus but experiences may more strongly emphasize peer group interaction through age appropriate activities. Grandparents and extended families may be included in activities especially if grandparents are significantly involved in the lives of the children and parents being served.

The content of the group experience reflects this emphasis and incorporates the goals of the program and participating families. Goals may include helping parents to better understand child development, encouraging parents to share their parenting challenges and joys with one another, providing activities for parents and children to enjoy together, offering structured and unstructured learning opportunities for both children and families and modeling successful strategies for engaging children and supporting their development. All socialization activities and materials should be sensitive to family's cultural values and beliefs, be appropriate for the ages of the children in the group and maintain a focus on child development issues, parenting and the parent-child relationship. To support the relationship building focus, parents and infants should be together or in close proximity during socialization activities. However as infants become more mobile and independent there may be times when children and parents are separated for short periods.

Finally, socialization experiences should be linked to home visits by supporting the goals established during the home visits. According to the performance standards (45 CFR 1304.4(a)(2)) the Family Partnership Agreement must include the specific roles of parents in

socializations and home visits. This provides the mechanism for connecting the two and ensuring that socialization experiences build on family goals and are meaningful to participants.

Although the space for socialization may be license exempt because the parents are in attendance with their children , it must meet the health and safety requirements of the Head Start Performance Standards 1306.30 (c) including 1304.53 physical environment and facilities and comply with 1308.4 for children and parents with disabilities.

SERVICES TO PREGNANT WOMEN

For EHS programs enrolling pregnant women, home visits are conducted to ensure pregnant women have access to comprehensive prenatal and postpartum care. A home visit is also used to provide prenatal education on topics such as fetal development, labor and delivery, postpartum recovery (including maternal depression), and the benefits of breastfeeding. Group socialization may also be scheduled with the mothers in order to form peer relationships and supports for each other.

ESSENTIALS OF THE HOME BASED OPTION

I. Developmental screening, ongoing observation and assessment, and curriculum planning

DEVELOPMENTAL SCREENINGS

Each child must receive a developmental and social-emotional screening using the required instrument according to age, performed within 45 days of the child's attendance in the program. These screenings help to determine whether the child is in need of further evaluation for disability services and provides a snapshot of the child's development. Each program must follow the DFSS guidelines for screening children. For children 3-5 the screening must be conducted by the home visitor and it is very important to gather parent information about their children. For children 0-3 and for the ASQ-SE the screening should be completed by the parent and the home visitor together. The screening decision/results must be entered into COPA.

Developmental screenings must occur within 45 days of the child starting in the program and are conducted according to the protocols and the guidance in the "Early Childhood Developmental Screening Process." The instruments used are as follows:

- a) Ages and Stages Questionnaire Developmental Screening (ASQ) for children in the Early Head Start Program (0-3 years old.)
- b) Early Screening Inventory-Revised (ESI-R) Developmental screening for children in both Head Start program (3-5 years old.)
- c) Ages and Stages Questionnaire-Social/Emotional (ASQ-SE) for children in both Head Start and Early Head Start programs (0-5 years old.)

HEARING AND VISION SCREENING

All Head Start (3-5 years old) programs have forty-five (45) calendar days from the first date of attendance to obtain hearing and vision screenings for children. The home visitor with the assistance of the health coordinator arrange for the screenings to be conducted by the DFSS H & V Team (See DFSS Health Requirements). EHS programs may receive the screenings as a part of the well-baby assessment. The results are to be recorded on the child's physical examination records.

New born Infants/toddler hearing screenings will be added to the screening protocols and will be conducted by the FSS Hearing and Vision (H & V) Screening Team. All screenings will be conducted according to the Early Childhood Hearing Outreach (ECHO) guidelines using an Otoacoustic Emission (OAE) Hearing Screener equipment. To obtain screenings, all programs will follow the process set up by the H & V Screening team.

CURRICULUM PLANNING

According to the Head Start Performance Standards, the plans for using a curriculum includes: 1) the goals for children's development and learning; 2) the experiences through which they will achieve these goals; 3) what staff and parents do to help children achieve these goals; and 4) the materials needed to support the implementation of the curriculum, [45 CFR 1304.3(a)(5).] Curriculum Planning ensures that activities are developmentally appropriate and carried out according to Head Start/Early Head Start and program philosophy, policies and procedures.

The home visiting curriculum is designed to help families understand child development, learn about their children through observation, and respond effectively to promote their children's learning during play. The DFSS Home Based program utilizes the following research/evidence based parent curricula to train parents to meet the developmental and learning goals outlined in the HS PS:

- a) "Partners for a Healthy Baby" which is used for prenatal visits in the Pregnant Moms program and may be used for up to 60 months.
- b) "Parents as Teachers" may be used for prenatal through 60 months
- c) "The Creative Curriculum Learning Games " may be used for birth through 60 months
- d) "Creative Curriculum for Infants, Toddlers and Two's" and "Creative Curriculum for Preschool to five year-olds may be used as a resource and may be helpful in creating and setting up environments that support children's learning development during socializations.

ONGOING ASSESSMENTS

The Teaching Strategies GOLD assessment system must be used by all programs to evaluate child progress toward developmental outcomes. Home visitors are responsible for collecting observations regularly during both home visits and socializations. Observations from the parent can also be considered and used as data for the assessment process. All timeframes and procedures for assessment completion and data analysis must be adhered to as per DFSS policy.

DISABILITY SERVICES

It is expected that of all Head Start/Early Head Start programs, regardless of program option, recruit and enroll at least 10% of children with disabilities. The home visitor in collaboration with the disabilities coordinator must assist the parents in securing the evaluation and services for the child. Delegate agencies must follow the DFSS guidelines for referring children for evaluation and providing services for children with identified disabilities.

Goals for children's development and learning are established in partnership with parents and based on the child's ongoing developmental assessment.

2. Medical, Dental, Mental Health and Nutrition

The health services area consists of medical, dental, nutrition, mental health services and developmental screenings. Delegate agencies must ensure that each child meets the health requirements that are set forth in the "DFSS Health Requirements Memorandum." This document is available on the CSD website. In order to support healthy development, each child must have a physical and dental examination along with all the required screenings and immunizations outlined in the health requirements memo. Follow up and referral services is a critical part of health services requirement since many families may be facing stress, chronic health illnesses such as AIDS, substance and alcohol abuse, diabetes, etc.

Mental Health

Mental Health services are another important part of Head Start/Early Head Start Health services. Head Start adopts a wellness and strength-based approach to mental health services. The DFSS Mental Health Scope of Services outlines the services to be provided for all programs, including the Home- Based program.

These services include the group and individual observations for children and planning with parents, home visitors and other staff in the program. Group and individual observations are to take place during group socializations. When necessary, referrals are made to community agencies. Required workshops must be provided for parents and staff.

It is particularly important for home visitors, to note signs of abuse or neglect and follow the agency's policies for documenting concerns and making reports to the DCFS. Information and resources should also be provided to the families on alcohol and substance abuse prevention as well stress management.

Nutrition

Nutrition services and education based on the Head Start Performance Standards must be provided during socializations and must be overseen by registered dietitians or nutritionists. Hence, the qualified nutritionists for the delegate agency must manage the nutrition programs and ensure that the services provided through the home visitor are appropriate to the age of the child and meet all the required guidelines. Menus must be prepared by the nutritionist with input from parents. Socializations provide excellent opportunities to address nutrition and healthful eating habits through activities such as menu planning, discussion and the preparing and sharing of snacks or meals.

Meals or snacks are to be provided during socializations and must meet the standards outlined in 1304.23(b)(2). Age appropriate food experiences are to be provided during home visits and socializations as well as education provided to parents. Infant formulas are also to be provided during socializations. A comfortable space including furniture is to be available for parents who are breastfeeding and proper refrigeration and storage provided for breast milk (Follow the DFSS Breastfeeding guidelines.) Family style meal service must be adhered to during socializations and encouraged during home visits. Oral health care such as tooth brushing and gum cleaning for infants are all part of the nutrition service routines during home visits and socializations depending on the goals being accomplished for the families.

3. Family partnerships and goal setting

Family Partnerships

A Family Partnership Agreement must be created for each family to support the needs of children and families. Parents are engaged and involved in setting goals and developing experiences guided by the curriculum. In addition, parents identify goals for their own and family's growth and development. The home visitor assists the families in meeting those goals that support their child's healthy development and the Head Start goal of family growth and development and school readiness for children.

Parent Involvement

Parent participation is an essential and expected goal for the home-based option. Parents must be present for and involved in the home visit. They assist in planning and assessing home visits and attend the group socializations planned for the

children and parents. In addition, parent involvement is one of the foundations of the Head Start program.

Home-based program parents must be provided opportunities to participate in the program governance process. Thus, parents in the home based program must be given the opportunity to participate in the agency's decision making process which includes participation on the Parent/Policy Committees. Parents from each program option should be represented on the Policy Committee. Other ways of encouraging parent involvement and volunteerism are in the program's special events, meetings, trainings, field trips and employment and academic opportunities. For the home-based program, parent involvement in meetings, home visits, field trips, and socializations may be counted as In-Kind services.

Home visitors and families participate in the transition process into Head Start as a child reaches the age of three

4. Community collaborations to meet additional family needs

Most families served by the Head Start/Early Head Start Home-Based and Home Visiting programs are very vulnerable families. It is therefore imperative that all services available through the program and in communities are made available to them in order satisfy family needs and goals that are stated or unstated. Agencies must seek out and develop formal and informal partnerships with community based organizations in all the various service areas that may be of assistance to the families. The social service coordinators or agency administrators may be of assistance in establishing these relationships.

Eligibility and Enrollment

In selecting children and families to be enrolled in the HS/EHS home based program option, each delegate is required to apply its eligibility criteria to prioritize its enrollment opportunities. Families must be at or below the Federal Poverty Level, children must meet the age requirements, and 10 percent of the enrollment opportunities must be available to children with disabilities. Over income families must be approved by DFSS. Eligibility criteria are outlined in the COPA enrollment procedures. All conditions for enrollment and re-enrollment apply to the home-based program.

Attendance

Attendance in the home-based program is determined by the child's presence during the home visits and group socializations. Both home visits and socializations should be counted as an attendance day. Home visits are recorded the following Monday regardless of day conducted. Socializations are recorded on the actual day, which is generally Friday. Guidance around this subject was provided to all home-based programs. Please refer to attached memo.

a. COPA: Documentation of Home Visit and Attendance

All Head Start and Early Head Start program options, programs are required to document services delivered to children and their families, in the Home Based/Home Visiting option. In order for the Department of Family and Support Services to track and monitor home visits, it is necessary for all visits conducted to fulfill the requirements of the Home Based option to be written up and documented the same manner.

There are three areas of documentation that must be completed for all Head Start and Early Head Start children and families enrolled in a Home Based/Home Visiting option, and a fourth for pregnant women enrolled in Early Head Start.

- 1. CHILD VISITS** – For each home visit, a record needs to be completed under the “Visits” tab in the COPA Child record.

< Agencies		< Sites		< Classes	
Agency: FSS		Site: Blue North		Class: Jennifer's Classroom	
				Size= 25	
New Child Visit HELP?					
Child Name: Earline Alexander		Child ID: 225286		DOB: 08-06-2008	
Age: 3 yr / 7 mo / 3 day		Gender: Female			
Visit Date:	<input type="text"/>	Visit Time:	<input type="text"/>	Visit Duration:	<input type="text"/>
Visit Location:	Please Select	Required Visit	<input type="checkbox"/>	Visit Result:	Please Select
Visit Types: <input type="checkbox"/> Parent Conference <input type="checkbox"/> CFE/FSW Home Visit <input type="checkbox"/> Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Pregnancy Nutrition Visit <input type="checkbox"/> Family Contact Visit <input type="checkbox"/> Home Visitor/Home Based Visit			<input type="checkbox"/> Teacher Home Visit <input type="checkbox"/> Disabilities <input type="checkbox"/> Nutrition <input type="checkbox"/> Pregnancy Health Visit <input type="checkbox"/> Center Visit <input type="checkbox"/> Socialization		
			Performance Standards: <input type="checkbox"/> 1304.21 Education and Early Childhood Development <input type="checkbox"/> 1304.22 Child Health & Safety <input type="checkbox"/> 1304.23 Child Nutrition <input type="checkbox"/> 1304.24 Child Mental Health <input type="checkbox"/> 1304.40 Family Partnerships		
Visit Purpose: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Observations/ Visit Outcome: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Family Members Present: <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Secondary Caregiver <input type="checkbox"/> Other <input type="text"/>		Staff Name: Please Select Others Present: <input type="text"/>			
Next Visit Date: <input type="text"/>		Topic: <input type="text"/>			
Delete Record		<input type="button" value="Submit Visit Report"/>			

Performance Standards addressed, and a brief description what was discussed and agreed to during the visit relevant to child development, such as child health and safety, nutrition, literacy, mental health, etc. This section is not meant to record activities relevant to Family Partnership or Family Services.

2. FAMILY VISITS – A Family Visit record should be completed for any visit in which Family Partnership or Family Services are dealt with.

The Family Visit record must include date, time, duration, visit location, result, Visit types, Performance standards addressed, and a brief description of what was discussed and agreed to during the visit relevant to Family Partnership and Family Services.

It is likely that Home Visitors will often write up a Family Visit Record and a Child Visit record for the same visit. This is necessary because the Family Visit record becomes part of the Family Partnership Agreement, while the Child Visit does not. The Family Visit should ONLY be used to document those activities relevant to the Family Partnership Agreement, such as Family goal setting, referrals, employment or continuing education, parent’s health and nutrition, etc.

3. ATTENDANCE – “Attendance” for Home Based HS/EHS actually refers to how many children were visited during the week. In order to avoid the negative impact a home visiting cluster would otherwise have on an agency’s monthly attendance percentage, DFSS has instructed agencies to record all attendance for Home Based children on one

day per week in the COPA attendance module, and to record the other days of the week as Non-class Days.

- 4. SERVICES TO PREGNANT WOMEN** – Pregnant women who are enrolled in the Early Head Start program need to have specific types of services and referrals documented in the Prenatal Services tab of the Family record in COPA. Services to be documented include Prenatal and Postpartum Health Care, Mental HealthCare, Substance Abuse Treatment and Prevention, Prenatal Education on Fetal Development, and Information on benefits of breastfeeding.

Prenatal Services for Pregnant Women	
Family Name: <u>snow white</u>	Family ID: <u>305018</u> Birthdate: 07-31-1974
*In which trimester of pregnancy was the mother enrolled?	Please Select
*Is the pregnancy medically high risk?	
*Has the mother received a dental examination(s) and (or) treatment within the last 12 months	
*Medical Insurance	*Specify
Service received while in EHS program	Date
<input type="checkbox"/> *Prenatal health care	
<input type="checkbox"/> *Mental health interventions and follow-up (previously including substance abuse prevention)	
<input type="checkbox"/> *Substance abuse prevention	
<input type="checkbox"/> *Substance abuse treatment	
<input type="checkbox"/> *Prenatal education on fetal development	
<input type="checkbox"/> *Information on benefits of breastfeeding	
<input type="checkbox"/> *Postpartum health care	
<input type="button" value="Submit"/>	

Please note that documentation of services to pregnant women in COPA should only be done for women who are counted as enrolled in an Early Head Start program funded by the Chicago Department of Family and Support Services. For other pregnant women, including parents of children enrolled in Head Start or Child Care programs, or women enrolled in Early Head Start programs not funded by DFSS, the pregnancy should be documented in COPA only in case notes as related to Family Services, Referrals and Family Partnership. Women not enrolled in a DFSS funded EHS program should not be marked as pregnant on the Family Data Sheet – doing so would include her information in our EHS reports.

For additional resources, you may visit the ECKLC link at:

<http://ecklc.ohs.acf.hhs.gov/hslc/hs/resources>