



## Head Start Service Components

*Child-Focused Services, Family-Focused Partnerships*

### Overview

Head Start’s service delivery model follows a holistic, family-centered approach to support the healthy development and school readiness of children from low-income families. Head Start not only treats parents as partners in their children’s development, but also supports parents’ education, health and access to social services in the community. This family-oriented approach to early childhood services is essential to the program’s ability to serve low-income families who are often facing hardship and need additional support in order to invest in their children’s healthy development.

**The Head Start program provides services to children** in five major domains of development, listed below. In each of these service components, programs are required to improve child wellbeing and school readiness both through direct service provision as well as through family and parent education and support. The program acknowledges the important role of families and parents in child development and incorporates them as partners. For example, health guidelines require that programs assist parents in updating children’s health care and in establishing a plan for ongoing dental treatment. Nutrition guidelines require that parents be consulted regarding their child’s nutritional needs, and mental health guidelines require that programs collaborate with parents to help them understand, identify, and cope with child mental health. Parents are also invited to provide input regarding the educational curriculum and learning practices of their Head Start program.<sup>1</sup> These examples underscore Head Start’s approach towards families and parents as vital partners in the healthy development of children and illustrate how Head Start embeds family participation in all domains of service.

**Head Start programs are also required to provide services and supports directly to families**, above and beyond what is required for the five service components. Agency staff must work with families to set and achieve goals, often by implementing individualized family partnership agreements. Agencies must also work with all participating parents to provide access to community services and resources such as crisis assistance (such as food, housing and transportation), education and intervention services relating to mental health issues, substance abuse or domestic violence, and continuing education and employment training assistance. These additional family-focused services are essential to Head Start’s ability to address the needs low-income children.<sup>2</sup>

Listed below are the five major service components provided to Head Start children, with examples of specific activities or guidelines required for each.

Service components <sup>3</sup>	Examples of required guidelines or approaches <sup>4</sup>
Child Health and Developmental Services	<ul style="list-style-type: none"> <li>• Health care status, dental and medical: determine if child has a source of health care within 90 days; if not, have a health care professional assess the status of the child’s preventive and primary health care. Assist parents in updating child’s health care and ensuring the child remains up-to-date.</li> <li>• Developmental, sensory and behavioral concerns: screenings within 45 days of admittance, guidance from a mental health or child development professional to address identified needs.</li> </ul>

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Service components <sup>3</sup>	Examples of required guidelines or approaches <sup>4</sup>
<p>Child Health and Developmental Services (continued)</p>	<ul style="list-style-type: none"> <li>• Follow-up treatment, dental and medical: help parents establish a plan for ongoing treatment and provide dental or medical equipment such as fluoride treatment and other preventive dental treatment.</li> <li>• Children with disabilities: ensure that services for children with disabilities are aligned with Individualized Family Service Plans (IFSP) and Individualized Education Plans (IEP) and refer infants and toddlers suspected of having a disability to the local early intervention agency, and older children to their local education agency.<sup>5</sup></li> </ul>
<p>Child Health and Safety</p>	<ul style="list-style-type: none"> <li>• Health emergency procedures: policies and procedures to respond to medical and dental emergencies.</li> <li>• Medication administration: written procedures for the storage, handling and administration of child medication.</li> <li>• Exclusion policies: ill or injured children may be temporarily excluded from the program until they can be accommodated or pose no risk to others.</li> <li>• Hygiene: washing hands and disinfecting equipment.</li> <li>• First aid: fully stocked first aid kits in every facility and on every outing.</li> <li>• Safety practices: training and awareness.</li> </ul>
<p>Child Nutrition</p>	<ul style="list-style-type: none"> <li>• Individualization: discuss nutritional needs of each child with family.</li> <li>• Nutrition program: follow the recommendations of the USDA meal pattern or nutrient standard menu planning requirements.</li> <li>• Meal time treatment of children: eating time, treatment of relationship between child and food.</li> </ul>
<p>Child Mental Health</p>	<ul style="list-style-type: none"> <li>• Collaboration with parents: help parents to understand, identify, and cope with child mental health.</li> <li>• Mental health professionals: regular visits to help identify and cope with any problems.</li> <li>• Mental health consultations: on-site consultations to promote positive child mental health through responsive program practices, staff and parent education, and referrals to other community mental health resources, as needed.</li> </ul>
<p>Education and Early Childhood Development</p>	<ul style="list-style-type: none"> <li>• Program’s child development and education approach must:                         <ul style="list-style-type: none"> <li>○ Support social and emotional development</li> <li>○ Support the development of cognitive and language skills</li> <li>○ Support each child’s physical development (specific to center-based settings)</li> <li>○ Involve parents</li> <li>○ Include children with disabilities (align services with IEP)</li> </ul> </li> <li>• Programs must have a written, research-based curriculum that is aligned with the <a href="#">Head Start Child Development and Early Learning Framework</a> and state early learning standards. No specific curricula are required or recommended. Parents must be invited to provide input regarding the “development of a program’s curriculum and approach to child development and education.”</li> <li>• Additional separate specifications for infants and toddlers compared to preschoolers.</li> </ul>

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#### Sources & notes:

Program performance standards for the operation of Head Start programs by grantees and delegate agencies, 45 CFR §1304 (2007). Retrieved from [http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/management/fiscal\\_pps\\_00244\\_093005.html](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/supervision/management/fiscal_pps_00244_093005.html).

<sup>1</sup> Program performance standards for the operation of Head Start programs by grantees and delegate agencies, Education and early childhood development, 45 CFR § 1304.21 (2007). Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304>.

<sup>2</sup> Program performance standards for the operation of Head Start programs by grantees and delegate agencies, Family partnerships, 45 CFR §1304.40 (2007). Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.40%20Family%20partnerships..htm>.

<sup>3</sup> All services provided are free of charge to the child or family. Programs may not charge parents any fees for services provided under the authority of their Head Start grant.

<sup>4</sup> 45 CFR § 1304.21, op. cit.

<sup>5</sup> For more information regarding IEPs, see: Head Start program performance standards on services for children with disabilities, Developing individualized education programs, 45 CFR § 1308.19 (2005). Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1308/1308.19%20Developing%20individualized%20education%20programs%20%28IEPs%29.htm>.