

School Readiness Action Steps for **Infants and Toddlers**

All Head Start agencies must establish program goals for improving the school readiness of participating children, birth to five; and follow steps to achieve these goals (**45 CFR XIII 1307.3 (b)(1)&(2), as amended**).

This document will help Head Start agencies providing birth-to-three services meet the needs of infants and toddlers when using the *Four Strategic Steps* outlined in ACF-PI-HS-11-04.

1 **Establish Goals for Improving School Readiness Across Domains;**

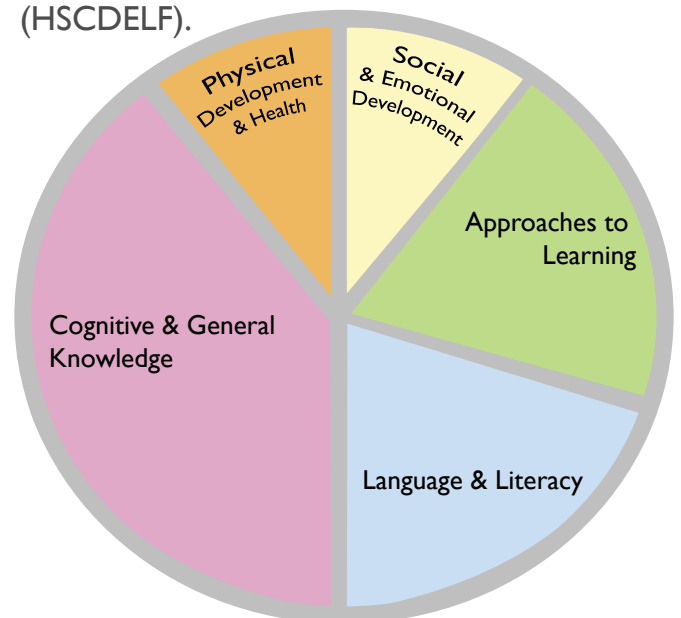
- Set appropriate goals for infants and toddlers that address each of the five essential domains (see sidebar).
- Goals should reflect:
 - Rapid growth and development of infants and toddlers;
 - The significance of learning within trusting relationships; and
 - The importance of continuity of care.
- For programs with birth-to-five services, decide if it's best to have:
 - One set of goals for children, birth-to-five; or
 - Separate infant/toddler goals that align with preschool goals.
- Ensure goals are appropriate for infant and toddlers and provide the foundation for future learning through alignment with State's early learning guidelines, as appropriate, and requirements and expectations of schools children will be attending.
- Engage parents and community partners providing birth-to-three services in the goal setting process.

Goals are broad statements that convey the highest developmental achievement children should reach through program services.

The five essential domains are:

1. Physical development and health;
2. Social and emotional development;
3. Language and literacy development;
4. Cognition and general knowledge; and
5. Approaches to learning.

These domains are represented by the inner wheel at the center of the *Head Start Child Development and Early Learning Framework* (HSCDELFL).



2 Create and implement an action plan for achieving the established school readiness goals;

- Use curriculum, program strategies and care practices that:
 - Reflect the varying developmental needs of infants and toddlers;
 - Support children's progress toward goals; and
- Foster family engagement, healthy parent-child relationships, and parents' efforts to support their child's ongoing growth and learning.
- Make sure teachers, home visitors, families and community partners delivering services understand the goals and know how to support children's progress.
- Provide training and professional development on implementing high quality practices that support infant and toddler development (i.e. responsive care).

3 Assess child progress on an ongoing basis and aggregate and analyze data at multiple times throughout the year; and

- Have a systematic process to collect and analyze child assessment data.
- Ensure the ongoing process and tools used for child assessment:
 - Provide information about behaviors, skills and knowledge areas for each goal; and
 - Are sensitive to the rapid development of infants and toddlers.
- Collect and study data at least three times per year, or two times for programs operating less than 90 days.

Look at program-level progress using norms or criterion references for same-age infants and toddlers when available.

- Use the mid-point data gathering/study time as a chance to make changes, if needed.
Identify ways to enhance the curriculum, program strategies, and/or care practices used with infants and toddlers to help them reach the goals.
- Use information learned from ongoing child assessment to create individual plans for children that include strategies for staff and parents to support each child's progress across domains.

4

Examine data for patterns of progress for groups of children in order to revise, or develop and implement plans for program improvement.

- Look for patterns of progress and outcomes in groups of infants and toddlers served by the program.

Decide what groupings (e.g., by ages, rates of attendance, program option or setting, language groups, or risk factors) will best inform your program assessment, quality, and improvement plans.

- Use the information learned through the child assessment data to inform program self-assessment and improve program services.
- Implement strategies to enhance program performance and design so all children succeed, such as adjusting the:
 - Focus or frequency of training and support for staff;
 - Type of strategies for engaging families; and
 - Type or intensity of services.

Assessment data for groups of infants and toddlers:

- Should be looked at separately from data on preschool-aged children.
- May have a smaller sample size than groups of preschool-aged children due to:
 - » Wider range of ages;
 - » Rapid growth rate;
 - » Lower caregiver-child ratios;
 - » Mixed-age groups and
 - » Different program options and settings.

School Readiness FAQ's

Available on the ECLKC

What is school readiness?

Head Start defines school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life. [The Head Start Approach to School Readiness](#) means that children are ready for school, families are ready to support their children's learning, and schools are ready for children. Head Start is a leader in the early childhood field with a strong, clear, and comprehensive focus on all aspects of healthy development, including physical, cognitive, and social and emotional development, all of which are essential to children getting ready for school.

What are school readiness goals?

School readiness goals articulate the program's expectations of children's status and progress across the five essential domains of child development and early learning that will improve children's readiness for kindergarten [[§ 1307.2](#)]. Goals are broad statements that articulate the highest developmental achievement children should attain as a result of Early Head Start and Head Start services. Agencies outline the steps of progression toward these goals through a developmental sequence of age- and stage-appropriate behaviors, skills, and knowledge that children birth-to-five need to acquire to accomplish each broad goal.

What are the five essential domains of child development and early learning?

The five essential domains include (1) language and literacy development, (2) cognition and general knowledge, (3) approaches toward learning, (4) physical well-being and motor development, and (5) social and emotional development. School readiness goals must, at a minimum, address these essential domains of development and early learning [[§ 1307.3\(b\)\(1\)\(ii\)](#)]. The five essential domains apply to infants, toddlers and preschool-aged children and are noted at the center of the [Head Start Child Development and Early Learning Framework \[PDF, 248 KB\]](#) wheel.

When must programs have their school readiness goals established?

The establishment of school readiness goals should already be a part of the grantee planning process. The Head Start Program Performance Standards require that programs develop long-term and short-term goals [[§ 1304.51\(i\)\(1\)](#)]. The Head Start Act as amended in 2007 better defined those requirements to ensure the inclusion of school readiness goals [[641A\(g\)\(2\)](#)]. Per [§ 1307.3\(b\)\(1\)](#), all Head Start and Early Head Start agencies must have school readiness goals established as of December 9, 2011.

What levels of progress do programs track toward their established goals in the five essential domains?

Programs are to measure children's progress at two levels: 1) individual child; and 2) program-wide. The purpose for tracking child level progress is to inform individualized curricular plans and conversations between program staff and parents in an ongoing manner. The purpose of tracking children's progress at the program-wide level is to inform the program's self assessment and continuous improvement plans to ensure quality. [The Head Start Learning from Assessment Toolkit](#) includes questionnaires to assist management in reflecting on the ongoing child

assessment systems for [center-based](#) [PDF, 59KB] and [home-based](#) [PDF, 55KB] program services.

Are programs to aggregate data for various program options, including home-based and family child care?

The purpose of analyzing the aggregated data is to learn if the program is supporting growth and developmental progress across each of the domains for all participating children in each program option and setting. The fourth School Readiness Action Step outlined in the attachment to [ACF-PI-HS-11-04](#) [PDF, 30KB] recommends that programs examine the patterns of progress and outcomes (or achieved goals) for groups of children served by the program which may include: by age; by program setting; by program option; and other categories. Agencies may cut and analyze program-level data into groups that they find most valuable to inform their program assessment, quality, and improvement plans. It is likely that agencies operating various program options may find it useful to aggregate data by those groupings.

What data should be used?

Programs should begin with their existing collection of information as they determine the outcomes of services in achieving school readiness goals:

- What information is currently gathered that marks child and family progress in the various settings and options? Include currently used tools, instruments, methods and processes.
- What information does this data provide related to how services ensure support to the various groups of children and families in meeting the “developmental” marks across each domain?
- What additional information is still needed to get a complete understanding about the impacts of programming and services? Family members offer an incredible amount of information that is useful to programs in providing individualized services as well as enhancing program options.

Must agencies make changes after analyzing the data?

Agencies should use the information learned from the analysis and reporting of aggregated data to do the following:

- **Take stock of current status.** Be thoughtful and thorough. Use existing evidence to inform management, staff and parents about program, family, and child outcomes; and
- **Think about possible changes** to procedures, tools, and practice based on current evidence. Remember: major changes may not be needed or prudent to children and families or to the program as a whole. Document ideas, discuss with others, create hypothesis, determine next steps (including no action, small adaptations, or big changes), and continue to gather information and evidence over an extended period of time.

FAQs Applicable to Agencies Serving Infants and Toddlers

Are programs that provide birth-to-three services required to have school readiness goals for infants and toddlers?

Yes. Per § 1307.3(b)(1)(i) all Head Start and Early Head Start agencies must establish program goals for improving school readiness of children that appropriately reflect the ages of children participating in the program from birth to five.

Does the EHS Program Performance Measure Conceptual Framework relate to school readiness goals?

Yes. The [EHS Program Performance Measure Conceptual Framework](#) [PDF, 225KB], also known as the EHS pyramid model, represents the foundational elements that programs serving infants and toddlers need to deliver high quality services. Such services are delivered to infants, toddlers and their families to support child development and early learning across the five essential domains framed within the program's school readiness goals [§ 1307.2]. The EHS Program Performance Conceptual Framework is currently being revised to reflect school readiness and will be posted on the [Infant/Toddler Programs Framework](#) page.

Are programs serving children birth-to-five expected to align their infant and toddler school readiness goals with their preschool school readiness goals?

Yes. Per § 1307.3(b)(1)(ii), school readiness goals for infants and toddlers must align with the [Head Start Child Development and Early Learning Framework](#) (HSCDEL) around the five essential domains, as well as State early learning guidelines and the requirements and expectations of the schools, as they apply to infants and toddlers. The five essential domains are at the [center of the HSCDEL wheel](#) [PDF, 248KB] and apply to infants, toddlers, and preschool-aged children.

Are Head Start programs that provide birth-to-five services expected to have the same school readiness goals for birth-to-three and preschool-aged children?

Not necessarily. School readiness goals refer to the program's expectations of children's status and progress across the five essential domains [§ 1307.2]. As programs consider the appropriateness of their state's early learning guidelines and local education agency (LEA) expectations for children birth-to-five, some programs may choose to separate their birth-to-three school readiness goals from their preschool goals. Others may opt to have broad birth-to-five school readiness goals for each of the five essential domains. Either way, programs need to ensure that their school readiness goals for each domain (including indicators, milestones, or objectives) appropriately reflect infants, toddlers, and preschool-aged children participating in the program [§ 1307.3(b)(1)(i)].

What should agencies consider as they align infant and toddler goals with preschool goals?

Agencies should consider that children's development and early learning progresses through a developmental sequence, or continuum, from birth to age five. Agencies must ensure that each goal, along with its objectives, appropriately and accurately reflect the various ages and stages of the children [§ 1307.3(b)(1)(i)]. Although some school readiness goals may broadly apply to birth

to five, the indicators which mark children's status and progress for the goal – as well as the strategies used to foster learning and development - are different and need to reflect the varying developmental needs and skill progression from infancy and toddlerhood through preschool.

Are programs serving infants and toddlers expected to align their school readiness goals with parent and community expectations, early learning guidelines (ELG), and local education agency (LEA) expectations?

Yes, all agencies are expected to have school readiness goals that align with state early learning guidelines and the requirements and expectations of the schools to the extent that they apply birth-to-five [§ 1307.3(b)(1)(ii)], and the goals need to be established in consultation with the parents of children participating in the program [§ 1307.3(b)(1)(iii)].

Should programs serving infants and toddlers use the same “Four Strategic Steps” as Head Start programs to assess their program's progress and achievement of school readiness goals?

Yes, Early Head Start and birth-to-five programs are to follow the “Four Strategic Steps” and ensure that the procedures used are appropriate for each age: infants, toddlers, and preschool-aged children. For programs with birth-to-three services, action steps must be founded in research and best practices for infants and toddlers.

The four action steps outlined in the attachment to the Program Information on School Readiness [ACF-PI-HS-11-04 [PDF, 30KB]] are:

- Establish school readiness goals across domains that adopt and align to the Head Start Child Development and Early Learning Framework, state early learning guidelines, and LEA expectations;
- Create and implement an action plan for achieving school readiness goals;
- Assess child progress on an ongoing basis and aggregate and analyze data multiple times throughout the year; and
- Examine data for patterns of progress for groups of children in order to revise, or develop and implement plans for program improvement.

Are EHS programs expected to aggregate and analyze child assessment data for the various ages of infants and toddlers?

Yes. Be aware that program-level data for infants and toddlers may have small sample sizes due to a wider range of ages; rapid growth rate; different and fewer assessment tools; and services provided in smaller group size, mixed age-groups and more program options and settings. For example, an agency could have two 4-month-old babies within their one family child care setting.

Agencies may already have ongoing systems to present, aggregate, and analyze data that inform curriculum and program plans such as reflecting on hand-written and/or computerized reports during regularly scheduled staff meetings.

Are EHS programs expected to aggregate and analyze child assessment data at least three times per year?

Yes, unless the Early Head Start program is a Migrant and Seasonal Head Start (MSHS) program operating a shorter program period. Programs operating less than 90 days are required to aggregate and analyze child-level data at last twice within their operating program period [§ 1307.3(b)(2)(i)].

How do home-based programs support infants and toddlers in achieving school readiness goals?

Home-based programs and staff should design and implement home visits and socializations to engage families in the process of supporting their child's development and early learning across the five essential domains while addressing family goals and needs. [The Early Head Start Research and Evaluation Project](#) informs the field that [home-based services](#) [PDF, 329KB] consisting of home visits that focus on child development are associated with greater child cognitive and language development and increased parenting ability to provide language and literacy stimulation in the home.

Do programs need school readiness goals for their services to pregnant women?

No. School readiness goals are set around the program's "expectations of children's status and progress across domains" [[§ 1307.2](#)] for "children, birth to five, participating in the program" [[§ 1307.3\(b\)\(1\)\(i\) & \(ii\)](#)]. Programs serving pregnant women are required to deliver high-quality services to meet the educational, health, nutritional, and social needs of the expectant families they serve [[§ 1304.40](#)], and likely have program goals and plans they are working toward. Prenatal services can support family well-being and increase the likelihood of healthy fetal growth and brain development, positive birth outcomes and secure attachment relationships between the expectant family members and the developing fetus.

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