This document consists of the 15 issues of the "National Head Start Bulletin" published during the three-year period 1993-1995. The bulletin is devoted to subjects of concern to Head Start teachers and administrators; each issue focuses on one topic. A main article and several smaller articles discuss various aspects of the topic for that issue. The topics covered in three issues are: (1) screening and assessment; (2) back to basics; (3) disabilities; (4) staff training and development; (5) parent involvement; (6) nutrition; (7) mental health; (8) family literacy; (9) resources/volunteers; (10) environmental issues; (11) sensory learning; (12) oral health; (13) general interest, including Head Start training guides and training/technical assistance providers; (14) general information, including American Indian and Native Alaskan Head Start Programs and National Indian Head Start Directors' Associations; (15) Early Head Start. (EV)
National Head Start Bulletin
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Screening and Assessment in Head Start

by Marlys Gustafson, Director, Program Support Division, Head Start Bureau

The screening and assessment process plays a critical role in each child's experience in the Head Start program. This process helps to determine each child's strengths and needs and thus to help tailor the program to that child. The purpose of this article is to provide an overview of this process as it is implemented in Head Start.

At the beginning of the school year, and each time a new child enrolls, the child receives comprehensive screening. According to the new disabilities regulations, this screening must be accomplished within 45 days after the child's entry into the program.

This comprehensive screening gives Head Start and the child's parents a picture of the child's health, including speech, vision, hearing, dental, physical and emotional status, which includes motor skills, thinking or cognitive skills, and language, social, and perceptual skills. The screening process results in a snapshot of how the child is functioning, or the child's level of development or health status, at that particular point in time.

Screening is based on the premise that problems discovered early often can be remedied. Screening provides the information needed for referrals to other agencies and clues about followup that may be necessary to diagnose a health, learning, or other problem.

Successful screening requires the use of appropriate procedures and techniques and total staff input. The health coordinator, teacher, and education, mental health, and disabilities coordinators contribute together with parents to provide the complete information needed in order to get the comprehensive picture of how well the child is functioning. Typically, the initial screening is done in the classroom by the education staff and health coordinator with input and observations from the other Head Start staff and with consultation from professionals in related fields, such as health, mental health, speech, and language, about appropriate procedures.

If the results from the child's comprehensive screening indicate some difficulties, the child is referred for a more in-depth evaluation of the problems or concerns that were flagged in the screening process. In the chart on page 3, this is labeled as the "indepth assessment." This followup assessment may be for a more intensive medical examination, vision or hearing testing, developmental testing, or other followup.

The nature of the issue being examined and the skills of the Head Start staff will determine who does the in-depth assessment and how it gets done, but in most Head Start programs this assessment usually is conducted by a professional in the community and not within the Head Start program.

If the multidisciplinary evaluation team determines that a child meets eligibility criteria for a disability and needs special education, an Individualized Education Plan (IEP) must be developed. The IEP is a comprehensive plan addressing the needs, strengths, and special service requirements of the child. The IEP must be prepared within 30 calendar days.
First Interstate Bank Branch "Adopts" ITCC

Business often leads to friendship, and such is the case between the 21st and K Street branch of First Interstate Bank (FIB) and the Inter-Tribal Council of California (ITCC). ITCC has maintained an account at the bank, as have several employees, over the years, and the staff at the bank has come to know about the work ITCC does and what it needs in terms of support from the community.

Vice President and Manager Joe Bradley and Financial Services Representative Charlene Kaufman have taken a particular interest in ITCC and have developed a Christmas program over the past two years wherein employees and customers of the bank, rather than exchanging gifts among themselves, have given gifts to ITCC to distribute to local Indian children.

More recently, bank employees have volunteered to put their manpower to work contacting members of the California Dental Association to solicit dentists who will donate their time and services to provide dental care to Indian children.

Bradley says the "adoption" program is something the bank employees just decided to do and, he said, "We're very open to doing different things." More than just a financial resource, the bank has become an important friend too.

The Screening and Assessment Process

**All Head Start Children**

<table>
<thead>
<tr>
<th>COMPREHENSIVE SCREENING</th>
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<tr>
<td>- Health</td>
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<tr>
<td>- Speech</td>
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<td>- Hearing</td>
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<td>- Wellness</td>
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<td>- Developmental Profile</td>
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No problems

**ONGOING ASSESSMENT**

Documentation and recording of children’s progress in order to plan and individualize for each child.

Suspected problems

**INDEPTH ASSESSMENT**

Evaluation and determination of eligibility for disability services.

Meets Head Start disability criteria

**INDIVIDUALIZED EDUCATION PLAN (IEP)**

Plan for specialization and related services to meet child’s needs.

Suspected problems

(head continued from page 1)

**Screening and Assessment in Head Start**

Days of a determination that the child needs special education and related services. Services must begin as soon as possible after the IEP is developed. The coordinator of disability services usually supervises the implementation of the IEP and arranges for any required services, such as mobility training and physical or speech therapy. Both the education coordinator and the disability services coordinator assist the classroom team and home visitors in carrying out activities and services detailed in the IEP.

If no need for followup is indicated at any step in the process, the child then is assessed on an ongoing basis throughout his or her experience at Head Start. Ongoing assessment provides information on the progress of the child and the family, how the program can be planned to meet the individual needs of the child and the family, and how best to communicate these needs to the parents.

In conducting the ongoing assessment process, teachers are strongly encouraged to use a combination of checklists, teacher observations, parent reports, and collections of work done by the child. If a standardized instrument is used, it should be used in combination with those other approaches just mentioned. Programs should ensure that staff have the necessary skills and training so that what they are observing is meaningful and their interpretations are valid. The various types of information collected and the discussion of the information with parents and staff is one way we chart the progress of children and continue to plan an appropriate curriculum and individualized activities for them.

The Head Start program is responsible for providing children with experiences through which they can grow and develop socially, intellectually, physically, and emotionally, and involves parents actively both in the program and at home. These responsibilities require that component staff know the status and needs of the children and use that information in planning the program for individual children and in communicating with parents. All of these critical processes involve screening and assessment. This issue of the Bulletin is devoted to a discussion of the requirements and underlying principles of screening and assessment as it applies to meeting the individual needs of children. A subsequent issue will address how assessment is used to provide information on how well the program is meeting community and family needs.
An Introduction to Developmental Screening in the Education Component

by E. Dollie Wolverton, Chief, Education Services Branch, Head Start Bureau, and Michele A. Plutro, Ed.D., Education Specialist, Head Start Bureau

In keeping with the Head Start Program Performance Standards all children must receive developmental screening and ongoing assessment. Developmental screening refers to motor, language, social, cognitive or thinking, and perceptual skills. However the Performance Standards do not require any particular strategy, instrument, or observation technique to be used. Rather, selected procedures should conform to sound early childhood practice. Appropriate practices relevant in screening and assessment situations include three broad categories. Ideally, procedures would be child-centered, multi-dimensional, and activity-centered.

Child-centered screening and ongoing assessment allow staff to focus on the child’s individual abilities in relation to the sequence of development. A multi-dimensional approach recognizes that children grow in many ways during the preschool years and that development in one area is related to development in other areas. Activity-centered screening and assessment procedures yield information useful to members of the education team, including parents who are planning the Head Start experiences for groups and individual children.

Information about children’s development must be gathered in consistent and systematic ways. Both informal and formal techniques, activities, and tasks are designed to examine a child’s abilities in each of the following areas or domains: gross motor development, fine motor development, visual perception skills, cognitive development, social and emotional development, self-help skills, expressive language, and receptive language. The following screening tools are among those often selected by Head Start staff to help profile children’s development across domains:

- Carolina Developmental Profile
- Kaufman Preschool Scale
- McCarthy Scales of Children’s Abilities
- Battelle Developmental Inventory
- R.I.D.E. Scale
- Denver Developmental Screening - new edition
- Early Screening Inventory

Developmental screening is only a beginning look at individual children. When screening identifies children who are in need of further evaluation or diagnostic testing, and the subsequent results indicate that the child has a disability, an Individualized Educational Plan (IEP) must be developed for that child.

Although IEP’s differ from individualizing curricula, the underlying spirit is similar to the principle of individualizing as it applies to each child in Head Start. In both situations, everyday activities are designed to strengthen all areas of development: physical, emotional, social, and intellectual, and classroom teachers and home...
A Suggested Strategy for Developmental Assessment

by Allen N. Smith, Special Assistant to the Associate Commissioner, Head Start Bureau

In deciding how to do developmental assessments of children, programs have several options that run the gamut from informal observation to more formalized systems of developmental assessment that include the use of instruments. Programs also have the option of whether to conduct such an assessment soon after developmental screening or at later times in the program year. Grantees make decisions about what process they will use depending on a variety of factors, such as the knowledge and experience of their staff, the individual and collective developmental needs of their children, the overall goals and design of their curriculum, and the input of parents.

For those programs that decide to use formal instruments for the purpose of developmental assessment, the first point to consider is the difference between developmental screening and developmental assessment instruments. Developmental screening instruments provide a snapshot of a child's current developmental level. They do not provide a comprehensive assessment of the child's skills, predict the skills that will emerge with proper stimulation, or prescribe the specific activities appropriate for the child.

Developmental assessment instruments generally are referred to as criterion referenced or path referenced, which generally provides classroom staff with more descriptive information than simply a score or number.

A norm-referenced instrument is one in which a child's individual performance is compared to that of other similar children, such as those from an instrument's standardization sample.

A criterion-referenced or path-referenced instrument is typically more developmental in its focus. In other words, such an instrument will assess a child's skill level in a number of different areas, and then allow the teacher or Head Start staff to look more closely at what skills should be developed next.

Examples of developmental assessment instruments used in Head Start include:

- The Hawaii Early Learning Profile
- The Brigance Inventory of Early Development
- The Portage Guide to Early Development
- The Head Start Measures Battery
- The Learning Accomplishment Profile
- The Battelle Developmental Inventory
- The Parent as Teachers Curriculum Assessment Guide

Instruments, whether used for developmental screening or developmental assessment, differ widely in their validity, reliability, cultural bias, and standardization samples. (continued on page 12)
In order to introduce multicultural considerations in the selection of screening instruments for Head Start programs, perhaps we should begin by asking why we assess in the first place.

Why We Assess

The first and most important reason to screen and assess has to do with getting to know the children better—to be able to identify their special strengths and special needs as accurately and as validly as possible early in our interaction with them, preferably about the time that they come into the program. It is important, for example, that children with developmental delays quickly be identified and children with outright handicaps be assessed for the severity of their handicaps.

It is particularly important that children's language development be assessed. Tests that do not address language development should be supplemented because they simply will not meet the needs of any Head Start program that serves children who are limited English proficient (LEP) or bilingual. Children who come from homes where languages other than English are spoken should have their proficiency levels assessed in English and, wherever possible, in their native language, since it is quite possible that a seeming deficiency in English can be misinterpreted to be a language deficiency, whereas knowledge about the child's first language proficiency would give a better perspective on the child's overall language ability. Bilingual children whose command of English is inadequate but who are linguistically normal in their first language may not be tested validly if tests require high levels of English comprehension. Screening tests that have Spanish versions may be examined for equivalence for Spanish-speaking children.

The second reason to screen and assess is to adjust our programs to more closely meet the children's needs. Some testing companies can provide summaries of test data if they do the scoring. But in all cases, a screening instrument should lend itself to summarizing the particular strengths and needs—profiles, really—of the children in the program so that the Head Start curriculum can be most effectively focused to enhance learning; that is, to be developmentally appropriate for the particular children in our care.

Yet a third reason why we assess has to do with enlisting parental support for the children. Results should be shared with parents and should be readily understandable by them. More importantly, results should be translated into action plans so that both Head Start staff and parents can better understand what they need to do to promote each child's emotional, physical, and learning needs. Action plans also need to be culturally sensitive. They should not, for example, require that parents stop using the language of the home when communicating with the child.

What Makes an Instrument Useful

Now that we have set this perspective on why we assess, it is important to focus on important questions that are associated with testing.

The first question has to do with the cultural bias of the instrument or the accuracy of the results. Tests that misrepresent the true abilities or conditions of one group or another are said to be biased. Biased instruments do not give accurate or equally interpretable results. If we want a true picture of each child, then we must select screening instruments that are not biased.

What we select should give us a lot of useful information about the individual child, not just a few summary numbers that lump many children into a few categories. The more diverse and accurate information we have about a child, the sooner we will get to know the child and the better we can plan to optimize the child's progress.

As mentioned earlier, it is important that we communicate the results to parents. It frankly is not fair to ask parents to give us permission to test their children and...
then not share the results with them. Of equal importance, however, is that parents and Head Start staff be able to understand and act upon the information that the screening provides. Numbers too often are a source of confusion to parents so we must be able to translate student profiles into a set of action plans that parents can use to make a better, happier, and more interesting life for their children. The same goes for all of the Head Start staff who are in contact with the child since all have an opportunity to contribute to the child’s development and well being.

How To Select an Instrument

To do the best job of selecting an assessment instrument, keep several rules in mind. The first rule is not to make a permanent commitment to a test when you adopt it. Do not be afraid to change your mind if later experience indicates that you should have considered another test or that you made a mistake in selecting the first one. Do not cover up a bad judgment by insisting on using a test that is less than optimal for your setting.

The second rule is to select an instrument only after you have read the critical literature about the instrument and not just the test publisher’s brochures. References, such as the Mental Measurements Yearbook (published annually), should be consulted if there is someone on your program’s staff who has a good background in psychology or testing. If not, it may be good to get in touch with a local expert who is familiar both with testing and with the diverse populations served by your program. Often university professors or local psychologists are able to assist in this matter, particularly if they have good credentials in the area of early childhood education. Do not—repeat—do not merely pick up the phone and call a friend who runs a Head Start program a few miles away and adopt the test your friend is using, unless your friend is an expert and can demonstrate the utility of the test employed. Is the test all that it claims it to be? Does it give you the information you want or need on every child? Is there any evidence of test bias for the instrument or, better yet, is there evidence that the test works well for children from the different populations you serve?

The third rule is to try the instrument out. Buy a small number of instruments with the manual, train your staff or have them trained, and actually try the tests with a small group of students—preferably not more than 30—who represent the diversity of your populations. Then try to answer the following questions: How hard is the test to administer, and how much training does it require? Can everyone be easily prepared to use the results meaningfully and not just be administering or scoring? Do children from different ethnic groups seem comfortable taking the test? Does the test give you sufficient data for you to learn about your children when they first arrive? Do parents and staff understand the meaning of the scores? Can you explain accurately the results and discuss differences between children in a valid manner? Can you pick out patterns of needs and strengths for the children in a class? Can you translate results into action plans easily? You should choose what gives you the most positive answers to these questions.

The fourth rule is perhaps the most important rule: review the original screening results after you have gotten to know well the children you originally tested. To get the best and most sensitive multicultural perspective, sit down with your staff and read the original results from the screening after staff have been working with the youngsters for some six or nine months. If the test is weak, the laughs and “oh-boys” and “uh-uhs” will tell you that this is not the instrument for you. If this happens, read rule one again.
Your first step in the screening process for every new child enrolled in Head Start is to discuss all of those aspects of development that are pertinent to the child's experience in your program with the custodial parent or other responsible adult. This does not mean to simply interview that person for information needed on the appropriate forms. It does mean listening to, recording, interpreting, integrating, and disseminating a wealth of information.

Listen

Ask questions and value the answers that parents give you. Research supports Head Start's stance that parents are the best authorities about their child. Parents' senses about their child's capabilities should become the cornerstone of the individualized plans you will develop together.

Record

Begin building a well-documented, confidential file of the child's interests, developmental milestones, and other observable behaviors in the intake interview. Enlisting the parents to systematically keep track of new events that occur in the home setting will reinforce the importance of the parents' role. One suggestion is for parents to keep a folder at home with chronological samples of artwork and stories. Another suggestion is for parents to begin anecdotal recording or to keep a journal. Inviting parents to participate in any staff training pertaining to these skills is a way to introduce parents to these techniques if they are unfamiliar with them.

Interpret

Make every effort to understand parents' explanations of behaviors and attitudes attributed to their child. Record what they say and watch for other information that might reflect different or additional details. Always keep parents and key staff updated in understandable, objective terms.

Integrate

Any pertinent information gained from screening or assessment needs to be an integral part of a child's individualized program plan. The information never should be used to limit the options for a child but rather to assist each child in growing and reaching the child's potential. Remember that every child has unique qualities and that it is our role in Head Start to facilitate an environment that is accommodating and supportive of these qualities.

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The purpose of health screenings is to identify children who need a more complete professional evaluation. Early detection of health problems in young children can prevent more serious problems later in life. Screening does not take the place of a comprehensive evaluation by a health care professional.

The Head Start Program Performance Standards for the health component require that each child receive the following health screening within 45 days after the child enters the Head Start program:

- Growth (height/weight)
- Vision
- Hearing
- Hemoglobin or hematocrit
- Tuberculous, where indicated
- Sickle cell anemia, lead poisoning, intestinal parasites, and other selected screenings, where appropriate
- Immunization status
- Speech
- Dental
- Special needs
- Nutrition

Screenings are conducted by many individuals and agencies, such as health coordinators in Head Start programs, and physicians, physician assistants, nurses, nurse practitioners, nursing assistants, nutritionists, dentists, dental assistants, and dental hygienists in local health departments or private offices.

The results of the screenings, along with a medical and developmental history, are to be made available to parents at the time of the medical examination. This information is stored in the child's permanent file and is kept confidential at all times. It is the responsibility of the program to arrange for a diagnostic evaluation for all children with abnormal findings detected in the screenings.

Many children enrolled in Head Start are eligible to receive Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services under the Medicaid program. The EPSDT program is an important resource for Head Start and is a good place to start when a referral for further evaluation and treatment is needed. EPSDT screening services are similar to those required by Head Start and include a comprehensive health and developmental history, a comprehensive un- clothed physical examination, appropriate immunizations, laboratory tests (including lead), and health education/guidance.

Each State establishes its own plan for providing EPSDT services and a schedule for these services, which is known as the Periodicity Schedule. The State Plan also identifies where screening services can be obtained. Usually, services are provided by either local health departments, private physicians, hospitals, dentists, and other authorized providers, which can include Head Start programs. Medicaid/Head Start children who require diagnosis and treatment services identified during the screening process can receive these services from authorized EPSDT providers.

Parent involvement in the health screening and assessment process is critical. Parents should take or at least accompany their children to the screenings and other health services. Parents need to know why their children are receiving these services, what kinds of health problems may or may not be detected, and the results of the screening. Parents should receive information that is clear, complete, and understandable. This is especially important in the event that further diagnosis and treatment are needed.

While it is important that parents assume responsibility for their children's health care by making appointments for care, following through, etc., it also is important to remember that Head Start can be of much assistance to parents in these situations.

Records should be reviewed periodically to ensure that proper followup and treatment are being provided and that the results from screenings and examinations are being sent to Head Start in a timely manner. It also is important that all medical information for the child be kept in one place; i.e., the child's record, and that only authorized staff have access to the information.
The purpose of mental health screening is to ensure prevention and early identification of mental health problems that may interfere with a child’s development. The comprehensive screening provided for each Head Start child should include procedures to identify children who appear to be experiencing emotional and behavioral problems that may require specific intervention.

Your program should work with your mental health consultant to determine the instruments that may be most appropriate for the population you serve. Screening for mental health problems of children should:

1. Be conducted with consultative or direct guidance from the mental health professional, as required by the Head Start Program Performance Standards;
2. Tap multiple sources of information on the child’s social and emotional development status, including input from family members and teaching staff who are familiar with the child’s typical performance;
3. Use age-appropriate and technically sound screening instruments designed and validated for the purpose of screening for mental health problems of young children;
4. Employ procedures that are culturally appropriate for the children being served;
5. Provide clear guidance for program staff on the next steps to be undertaken for children whose screening results indicate the need for further assessment; and
6. Provide opportunities for staff and families to periodically reconsider the needs of children after the initial screening and request further assessment if needed.

In addition to developmental screening, the mental health needs of some children may be identified by parent report, teacher or Head Start mental health professional observations, or referral from an outside agency, such as a report from Child Protective Services. The following are some warning signs for children at risk for mental health problems:

- Extremely active
- Doesn’t play
- Very aggressive
- Extremely dependent
- Inappropriate emotional responses to situations (e.g., laughs when hurt)
- Extreme mood swings
- Fearful
- Withdrawn
- Sudden behavior changes
- Very sad
- Destructive to self

All of these behaviors occur occasionally in young children. They signal a problem when they occur frequently and are present for an extended period of time.

When children with mental health needs are identified, the next step is a timely referral for more comprehensive assessment by a qualified professional. For example, the screening procedure may indicate that, based on teacher and parent report, a child is aggressive with his peers at a level and frequency beyond that expected for his age. A more comprehensive assessment will be needed to define possible causes or influences upon the behavior. The assessment should lead to a plan for addressing the problem, helping parents with behavior management skills, or consulting with teachers about providing attention for more appropriate behaviors.

An effective and efficient mental health screening and assessment process requires a collaborative approach within and beyond the Head Start program. Head Start component staff and, most importantly, the child’s parents, have information to contribute in the identification of children experiencing mental health problems. The program must then secure appropriate interventions for these children. A screening and assessment process that yields the guidance to parents and Head Start staff on how to meet the mental health needs of children performs a critical role in providing brighter futures for Head Start children and their families.
Head Start programs have long been at the forefront of serving young children with disabilities and their families. Head Start regulations require that 10 percent of Head Start enrollment opportunities in each grantee and delegate agency be available for children with diagnosed disabilities. To reach out and serve this group of children, Head Start programs must have effective screening and assessment practices in place. Screening for disabilities is most often part of the thorough health screening given to every child enrolled in Head Start. The screening process should begin, when possible, in the spring before the child enters Head Start.

The new regulations on Head Start services for children with disabilities provide extensive guidance on appropriate screening and assessment procedures. These regulations encourage Head Start practices in screening, assessment, and services that will complement the implementation of the Individuals with Disabilities Education Act (IDEA). Under IDEA, the local education agency (LEA) has the responsibility to assure that an evaluation that meets the requirements of IDEA is provided for all children who are referred to the LEA for evaluation. Head Start programs throughout the nation have increasingly established collaborative efforts with local school systems to avoid duplicating efforts and to cooperate in providing young children with disabilities the free and appropriate education to which they are entitled.

A Federal interagency agreement between the Department of Health and Human Services and the Department of Education was signed on August 12, 1992. The purpose of the agreement is to "coordinate resources to identify, evaluate, and assess children with disabilities from birth through age 5 to facilitate acquisition of appropriate benefits and services." In this agreement, the Administration on Children, Youth and Families agrees to:

"... require, through regulations, that each Head Start program (grantee, delegate agency) participate in coordinated planning and implementation of Child Find, including screening and assessment with, at a minimum, the local education agency (LEA), and will make concerted efforts to develop interagency agreements with LEAs."

Head Start programs should establish collaborative relationships with LEAs and other local resource agencies to ensure that children with identified disabilities can acquire the special services that are needed. These (continued on page 13)
A Suggested Strategy for Developmental Assessment

For example, observer checklists are generally less reliable than tests because they depend on the ability of observers for accurate interpretations of child behaviors. Also, some tests are more valid than others for measuring developmentally sequenced skills or for reflecting skills actually acquired in Head Start classrooms. A useful publication that examines different tests is the Mental Measurements Yearbook. (Published annually. Editors Jack J. Kramer and Jane Close Conoley, Buros Institute of Mental Measurements, University of Nebraska Press, Lincoln, NE 1992)

Programs should become familiar with all the technical jargon used by publishers so they can choose the right instrument. They should be careful when examining all the claims made by instrument publishers. Programs must distinguish between claims that, for example, offer developmental sequencing based merely on armchair speculation. Two of the most commonly used indicators of worth are reliability and validity.

Reliability is the dependability, stability, consistency, and accuracy of the assessment instrument and is reported as a coefficient (or number) with 1.00 being the highest and 0.00 being the lowest. Therefore, an instrument is reliable if it provides the same information at two different points in time. The higher the reliability of the instrument, the more confidence programs will have that a child's score is a true indicator of actual developmental level. On the other hand, the lower the reliability of the instrument, the more of the child's score or ratings will be affected by the way the test or observation instrument was constructed, such as the use of vague words, the inclusion of too few items, and/or confusing instruction, than by the child's real ability. A coefficient of at least 0.80 generally is considered to be acceptable.

Validity is generally defined as the degree to which a test measures what it is supposed to measure. For example, a test that is designed to measure a child's expressive language skills but contains mostly receptive language skill items is not a valid test. While it may have high reliability and provide teachers with an accurate reflection of a child's receptive language skills, it does not measure what it proposed to measure.

Test manuals that report a test has high reliability and validity but do not provide specific data or results should be further investigated before a decision is made on whether or not to use the instrument.

Standardized sample. When designing an instrument, the creators of that instrument must standardize it with a large group of children to make sure that the instrument is both reliable and valid. This involves using the measure with large numbers of children. It is important for Head Start staff to look at the characteristics of this standardization sample of children attending their program. For example, did the standardization sample contain an ethnically mixed group of children? Where were the children from? Were they primarily from middle-income families? Were they children who were attending preschool programs similar to Head Start? All of these questions are important to consider when choosing an instrument because, if the standardization sample was quite different from a Head Start program's own group of children, then that particular instrument may not be a good choice.

Research has proven that the quality, accuracy, and timeliness of information that teachers obtain on children's current developmental levels influence the growth of the children. Findings indicate that social competency development in children is positively affected by the amount of knowledge teachers have about the children's skills. Teachers who have accurate information about a child's developmental level will have greater impact on that child's achievement than teachers who are not as well informed.

Therefore another important consideration in making decisions about using instruments for developmental assessment is which children to administer it to and when. Some programs will make the choice to use the instrument for all children early in the school year in addition to the developmental screening as a basis for better individualizing activities for children. Other programs may decide to use this kind of approach for children who were referred for an indepth assessment but for whom an IEP was determined to be unnecessary.

For those programs that choose to use an instrument to help establish baseline information for all children early in the school year, teachers can

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Screening and Assessment Practices for Serving Head Start Children With Disabilities

Local resources also should be used as sources of information and consultation for Head Start staff and families on serving children with disabilities in the Head Start program. The Resource Access Projects (RAPs) are also vital resources of information, training, and technical assistance for Head Start programs striving to meet the special needs of children with disabilities.

Appropriate screening for disabilities should tap a variety of information sources, including the use of developmental screening instruments, that address the areas of sensory, communicative, motor, cognitive, and social development. These procedures should be appropriate for the children being served and gather information from multiple sources familiar with the child's typical performance.

To perform developmental screening efficiently and effectively, collaboration among Head Start components is required. The disabilities coordinator must work with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening to obtain all relevant information and to avoid duplication of effort.

The parents of Head Start children with disabilities must be informed of, and consent to, any screening and assessment of their children. The program must include information from the family in the screening and assessment process and must provide parents with the results of these screening and assessments in a manner that helps parents to better understand and address their children's needs.

The indicators of appropriate practice in screening and assessment for serving children with disabilities include:

- A record of procedures used to screen the child for possible disabling conditions;
- Evidence that the child's family provided information.

A Suggested Strategy for Developmental Assessment

have additional information on targeting realistic educational goals for each child individually and for the class as a whole. Information that is available during the beginning of the year helps make it possible to establish the right climate as well as provide more time for learning. Furthermore, a teacher who has a clear and accurate understanding of the activities that will be stimulating and challenging to the child will be able to avoid the pitfalls of selecting activities at developmental levels too far above or too far below the current level of functioning of the child.

Programs also should monitor the development progress of children over the program year using the same assessment instruments where possible or less structured observation checklists that can reliably reflect classroom skills and behavior. This will let staff know whether the goals they had set for each child, or for subgroups of children, were realistic. It also will let teachers know which activities worked and which didn't work and how they should revise their educational plans. These insights will provide valuable references for future planning decisions with subsequent groups of Head Start children.

Coordination with other agencies is a key factor in assuring timely, efficient services. Local-level interagency agreements can secure access to related service providers, and joint community screening programs can reduce delays and costs to each of the participating agencies.

An Introduction to Developmental Screening in the Education Component

Visitors should work at including every child in day-to-day activities and experiences, as well as implementing the IEP.

Grantees have probably discovered that screening and assessment instruments alone do not give a complete picture of a child. Without ongoing observations, notations, and dialogue with parents, very important information about a child can get lost—information that may be essential to the referral process or to individualizing. Child observations should be added to on a regular basis, shared with parents, incorporated at staff meetings, and made a part of the total information available about each child.
Working With Parents in Child Screening and Ongoing Assessment

Disseminate

With the consent and direction of the parents, sharing need-to-know information with appropriate staff and other team players in the community is essential. Screening and assessment results are used in conjunction with many other pieces of information to make decisions about each child's program.

Screening and assessment results are always shared with the parents. A discussion of these results is not a one-time encounter with the parents. It is the beginning of an ongoing process in which the parents serve as the child's spokesperson, whenever possible. It is supportive teamwork that enables parents to take increasing responsibility for the child's progress as the child graduates to public schools.

Screening and assessment activities are not isolated events that parents are informed of after the events have been scheduled or have happened. It is essential that parents be involved in every step of decision making regarding planning and conducting a screening or assessment and then in implementing recommendations.

Plan

Parents who participate in the Health Advisory Committee gain a better understanding of the total screening process for all children. They can then convey the details to others at parent meetings: The importance of having parental consent and active involvement in every step of their own child's participation in any testing cannot be overemphasized.

Conduct

Using parent volunteers during certain screenings allows the volunteers to become familiar with the procedure and to see a variety of children's behaviors. Emphasizing that these activities must always be viewed as only a slice of behavior at one point in time is important. The outcome could be different the next day or even the next hour.

Implement

Head Start staff must work in partnership with the parents as new information appears in the evaluation process. There are always important aspects that can be addressed in the home as well as in the Head Start environment.

Remember that any screening tool becomes a snapshot in words. When it is added to many other pieces of information the assessment picture for each child evolves.

Reminder...

National Parent Involvement Institute
August 9-13, 1993
Washington, DC

Early Registration, by June 15th: $100
Regular Registration: $125

Contact: Kacie McCollum
Research Assessment Management, Inc.
National Head Start Training and Technical Assistance Resource Center
1300 Spring Street, Suite 210
Silver Spring, MD 20910
(301) 589-8242
Guidelines for Screening and Assessment

1. Screening and assessment should be viewed as services—as part of the intervention process—and not only as a means of identification and measurement.

2. Processes, procedures, and instruments intended for screening and assessment should only be used for their specified purposes.

3. Multiple sources of information should be included in screening and assessment processes.

4. Developmental screening should take place on a recurrent or periodic basis. It is inappropriate to screen young children only once during their early years. Similarly, provisions should be made for reevaluation or reassessment after the need for services has been initiated.

5. Developmental screening should be viewed as only one path to more indepth assessment. Failure to qualify for services based on a single source of screening information should not become a barrier to further evaluation for intervention services if other risk factors (e.g., environmental, medical, familial) are present.

6. Screening and assessment procedures should be reliable and valid.

7. Family members should be an integral part of the screening and assessment process. Information provided by family members is critically important for determining whether or not to initiate more indepth assessment and for designing appropriate intervention strategies. Parents should be accorded complete informed consent at all stages of the screening and assessment process.

8. During screening and assessment of developmental strengths and problems, the more relevant and familiar the tasks and setting are to the child and the child's family, the more likely it is that the results will be valid.

9. All tests, procedures, and processes intended for screening or assessment must be culturally sensitive.

10. Extensive and comprehensive training is needed by those who screen and assess very young children.

Reprinted with permission from: Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families, by Samuel J. Meisels and Sally Provence, with the Task Force on Screening and Assessment of the National Early Childhood Technical Assistance System, ZERO TO THREE/National Center for Clinical Infant Programs, Arlington, VA. 1989. p. 24. (See also page 18 of this newsletter.)
FEBRUARY 1993

1-29 Black History Month. Contact: Association for the Study of Afro-American Life and History, Inc., 1407 14th Street, NW, Washington, DC 20005. (202) 667-2822, or National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000, Fax (707) 838-0478.

1-29 National Children's Dental Health Month. Contact: American Dental Association, Bureau of Health Education and Audiovisual Services, 211 E. Chicago Avenue, Chicago, IL 60611. (312) 440-2500.

1-29 American Heart Month. Contact: American Heart Association, 7320 Greenville Avenue, Dallas, TX 75231. (214) 373-6300.


24-27 Annual Conference-Learning Disabilities Association (LDA) of America. San Francisco, CA. Contact: Conference Coordinator, LDA, 4156 Library Road, Pittsburgh, PA 15234. (412) 341-1515.


MARCH 1993

1-31 National Nutrition Month. Contact: The American Dietetic Association, 208 S. LaSalle Street, Suite 1100, Chicago, IL 60604. (312) 899-0040.

1-31 National Women's History Month. Contact: National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000.

1-31 Red Cross Month. Contact your local chapter or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.

1-4 12th Indian Child and Family Conference. Albuquerque, NM. Contact: Jeanette Trancosa, Indian Child and Family Conference, 3812 Central Avenue, SE, Box 3, Albuquerque, NM 86108. (505) 265-8344.

1-5 RAP Conference for Teachers. Contact: Dinah Heller, RAP Director, NYU, 48 Cooper Square, Room 103, New York, NY 10003. (212) 998-7205, Fax (212) 995-5771.

7-13 Drug and Alcohol Awareness Week. Contact: National Parent Teachers Association, 700 N. Rush Street, Chicago, IL 60611-2571. (312) 787-0977.

7-13 Save Your Vision Week. Contact: American Optometric Association, 243 N. Lindbergh Boulevard, St. Louis, MO 63141. (314) 991-4100.

8-12 Region X Head Start Association Training Conference, Region X Resource Center. Lewiston, ID. Contact: Frances Mathison, 1805 19th Avenue, Lewiston, ID 83501. (208) 743-6573.

10-13 Ninth National Child Sexual Abuse Symposium. Huntsville, AL. Contact: Marilyn Grundy, the National Network of Children's Advocacy Center and the National Resource Center on Child Sexual Abuse, 106 Lincoln Street, Huntsville, AL 35801. (800) 543-7006, (205) 533-5437, Fax (205) 534-6883.


12-14 National Child Care Association (NCCA) 1993 Conference. Ft. Worth, TX. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad Street, Conyers, GA 30207. (800) 543-7161, Fax (404) 388-7772.


21-27 Children and Hospitals Week. Contact: Mary Jane Tobin, Association for the Care of Children's Health, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814. (301) 654-6549.

21-27 National Poison Prevention Week. Contact: Poison
MARCH 1993 (con't)

26-28 National Center for Montessori Education (NCME) National Conference. Newport Beach, CA. Contact: Kristin Cook, NCME, P.O. Box 1543, Roswell, GA 30077. (404) 434-3181.
27-30 Association for Supervision and Curriculum Development (ASCD) 48th Annual Conference. Washington, DC. Contact: Margaret Murphy, ASCD, P.O. Box 1411, Alexandria, VA 22313. (703) 549-9110 ext. 317.
31-4/2 Child Care Action Campaign (CCAC) and Council of Chief State School Officers Conference. New York, NY. Contact: Conference Coordinator, CCAC, 330 Seventh Avenue, 17th Floor, New York, NY 10001. (212) 239-0138, Fax (212) 268-6515.

APRIL 1993

1-30 Cancer Control Month. Contact your local office of the American Cancer Society.
2 International Children's Book Day, International Board on Books for Young People and International Reading Association, 800 Barksdale Road, P. O. Box 8139, Newark, DE 19714-8139.
7-10 Association for Childhood Education International (ACEI) Annual International Study Conference. Phoenix, AZ. Contact: Marilyn Gardner or Theresa Watts, ACEI, 11501 Georgia Avenue, Suite 315, Wheaton, MD 20902. (800) 423-3563 or (301) 942-2443.
7-10 Association for Childhood Education International (ACEI) Annual International Study Conference. Phoenix, AZ. Contact: Marilyn Gardner or Theresa Watts, ACEI, 11501 Georgia Avenue, Suite 315, Wheaton, MD 20902. (800) 423-3563 or (301) 942-2443.
19-23 RIF - Reading is Fun Week. Contact: Reading is Fundamental, 600 Maryland Avenue, SW, Washington, DC 20560. (202) 287-3220.
22-24 Girl Scout Leaders Day. Contact your local Girl Scout office.
22 Earth Day. Contact: Environmental Protection Agency, Office of Public Awareness, 401 M Street, SW, Washington, DC 20460.
26-28 National Center for Montessori Education's 1993 National Conference. Newport Beach, CA. Contact: Conference Coordinator, NCME, 3941 Covered Bridge Road, Smyrna, GA 30082.
**Resources**

The Portfolio and Its Use: Developmentally Appropriate Assessment of Young Children

This guide from the Southern Early Childhood Association (SECA), formerly the Southern Association of Children Under Six (SACUS), describes how teachers and administrators can use assessment portfolios to base instructional decisions on the achievements and progress of school children. Assessment portfolios are collections of work samples, records of children's activities, observational notes, photographs, and audio and video recordings. The guide defines the contents of portfolios and explains why and how they should be used in evaluation and teacher-parent communication. Available from:

SECA
P.O. Box 5403
Little Rock, AR 72215
(501) 663-0353

Guidelines for the Assessment of Young Children by Lilian G. Katz

Education Resources Information Center (ERIC)/Clearinghouse on Elementary and Early Childhood (EECE) has assembled a set of 12 guidelines for the assessment of young children. For more information about the guidelines, contact:

ERIC/EECE
University of Illinois
805 W. Penn. Ave.
Urbana, IL 61801
(217) 333-1386

From Teachers College Press

Cognitive Skills Assessment Battery (CSAB), Second Edition, by Ann E. Boehm and Barbara R. Slater. The CSAB is designed to provide a profile of skill competencies for the purpose of curriculum planning in pre-kindergarten and kindergarten programs. In addition to providing a profile of each child's skills in term of strengths and those areas still needing development, CSAB presents a class profile enabling the teacher to match classroom goals in the cognitive skills area to individual pupil assistance. 1981.

Family Day Care Rating Scale, by Thelma Harms and Richard M. Clifford. This guide, an expanded adaptation of the popular Early Childhood Environment Rating Scale (Teachers College Press, 1980), provides an easy-to-use resource for evaluating family day care settings. It can serve a number of important functions: a self-assessment tool for family day care providers, a quality measure for State and private monitoring agencies, and a valuable guide for concerned parents. 1989.

Introduction to the Early Childhood Environment Rating Scale, by Thelma Harms, Richard Clifford, and Debby Cryer. This is a multimedia training package for learning to use the Early Childhood Environment Rating Scale. The Trainer's Audio-Visual Kit includes a 111-frame interactive filmstrip, an accompanying audiocassette, and an Instructor's Guide. The Instructor's Guide explains how to use the filmstrip/audiocassette presentation and provides detailed summaries of important points to cover in the open-ended activities. The Viewer's Guide and Training Workbook, a 16-page booklet containing explanation and practice exercises, is for the trainees to use. 1988.

Available from:

Teachers College Press
P.O. Box 2032
Colchester, VT 05449
(800) 488-2665

Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families by Samuel J. Meisels and Sally Provence, with the Task Force on Screening and Assessment of the National Early Childhood Technical Assistance System

These guidelines identify and assess children who should participate in programs related to the infant-toddler and the preschool components of the Individuals With Disabilities Education Act. It focuses on the rationale, core components, and guidelines for establishing a system of screening and assessing children with disabilities and children who are developmentally vulnerable, birth through age 5, and their families. They include screening and assessment models, processes and procedures, and a glossary. 1989. (See also page 15 of this newsletter.) Available from:

ZERO TO THREE/National Center for Clinical Infant Programs
2000 14th Street, North Suite 380
Arlington, VA 22201-2500
(703) 528-4300

Send Photos

Please send identified photographs which may be used in the Bulletin. All photographs must be accompanied with permission for Head Start to publish them.

Issue #43

National Head Start Bulletin
### Resources

**Longitudinal Evaluation of a Collaborative Public School and Day Care Intervention Program in Pre-school and Kindergarten**  
*by Martha B. Bronson*

In this study of an intervention program for children from public housing projects in Boston, the children in the comparison group had more economic advantages than those in the intervention group. The results demonstrated a progressive catch-up effect in most observed behavior categories for the intervention group. 1991. Document #329-366. Available from:

- Boston College  
  School of Education  
  Campion Hall  
  Chestnut Hill, MA 02167

**Testing in American Schools: Issues for Research and Policy**  
*by Patricia Morison*

In 1990 Congress requested that its Office of Technology Assessment (OTA) conduct an analysis of educational testing technologies and policies with a particular focus on the role of the Federal Government in testing policy. This Social Policy Report describes OTA, summarizes the current status of proposals, reviews major research and policy issues, and summarizes OTA’s policy options for Congress. (Social Policy Report, Society For Research In Child Development, Vol., VI, No. 2.) Available from:

- SRCD Executive Office  
  University of Michigan  
  300 N. Ingalls, 10th Floor  
  Ann Arbor, MI 48109-0406

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**From the National Association for the Education of Young Children (NAEYC)**

**Developmental Screening in Early Childhood: A Guide,** by Samuel J. Meisels. This guide describes how to organize and conduct an early childhood screening program. This third edition includes advice on selecting an appropriate screening instrument, sample forms, and NAEYC’s position statement on standardized testing. 1989

**Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 Through 8.** NAEYC’s position on standardized testing in early childhood programs restricts the use of tests to situations in which testing provides information that will clearly contribute to improved outcomes for children. The guidelines in NAEYC’s position statement apply to all forms of standardized testing, but primarily address the uses and abuses of achievement, readiness, and developmental screening tests. NAEYC determined its position on the standardized testing of children ages 3 through 8 in November 1987. A review of the NAEYC’s position can be found in *Young Children,* March 1988.

**Testing of Young Children: Concerns and Cautions.** This informative pamphlet addresses a number of issues related to the testing of young children, types of standardized tests, and appropriate uses of standardized tests. 1988. Document #582. Available from:

- NAEYC  
  1509 16th Street, NW  
  Washington, DC 20036-1426  
  (202) 232-8777  
  (800) 424-2460

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**High/Scope Child Observation Record (COR) for Ages 2 1/2-6**

This instrument for the alternative standardized testing of preschool and kindergarten children focuses on children’s active learning rather than the passive learning measured by standardized school readiness and achievement tests. A recently completed High/Scope study funded by the U.S. Department of Health and Human Services found the measure to be sufficiently reliable when employed by early childhood teachers trained in its use. Available from:

- High/Scope Educational Research Foundation  
  600 N. River Street  
  Ypsilanti, MI 48198-2898  
  (313) 485-2000  
  (313) 485-0704 Fax

**Standardized Tests and Our Children: A Guide to Testing Reform**

This guide supports the growing national movement to replace standardized, multiple-choice tests with performance-based assessments. The National Center for Fair and Open Testing (FairTest) offers this guide to help parents, educators, and policy makers understand the need to change the way we assess students. The 32-page pamphlet, which addresses grades K-12, is available in English and Spanish. 1990. Available from:

- FairTest  
  342 Broadway  
  Cambridge, MA 02139  
  (617) 864-4810
BOOK REVIEW

Explorers' Classrooms; Good Practice for Kindergarten and the Primary Grades from the Southern Early Childhood Association (SECA) (formerly the Southern Association on Children Under Six)

The newest book from SECA urges teachers and administrators of kindergart- ten through third grade classes to allow children to "explore" subjects in multidisciplinary ways.

In contrast to the conventional "subject" approach to instruction, teachers in these "explorer's classrooms" enable children to participate in selecting topics for study as well as the strategies for studying them. The book includes chapters on multi-age classes, room arrangement, materials, schedules, children's long-term projects, and professional development by teachers. It describes classrooms in which children take initiative, assume responsibility, and explore subjects more deeply than in conventional elementary classrooms. Available from:

SECA
P.O. Box 5403
Little Rock, AR  72215-5403
Phone: (501) 663-0353

WANTED
Photos and Information

Send your identified photographs and items of interest for possible use in future issues to:

Head Start Bulletin
P. O. Box 1182
Washington, D.C. 20013

Issue No. 44 will feature "Back to Basics"

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
ACF/ACYF/HSB
Washington, D.C. 20201

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300
Back to Basics in Head Start

Douglas Klafehn
Acting Associate Commissioner
Head Start Bureau

The coming months and years will be an exciting and busy time for Head Start. President Clinton has requested a $1.4 billion funding increase for 1994 as the first installment toward his goal of expanding and improving Head Start.

If this increase is enacted, we expect that in 1994 grantees will have greater flexibility to increase the hours per day and the days per year that Head Start programs operate. Some children will be served in a full-year program; others will be provided full-day services so that working parents or parents in employment training will have their child care needs met by Head Start, as well as provided a comprehensive child development program.

We also plan to take various actions in 1994 to ensure and improve the quality of Head Start programs around the country. Secretary Shalala has announced that an in-depth review of Head Start will be conducted and the results will be used to make recommendations on how to improve the program and to assure that all Head Start centers provide high quality services to the nation's children. The results of this review will also help in designing the Head Start program we will need to serve our children into the next century.

To help pay for improved quality, at least 25 percent of the 1994 funding increase is expected to be awarded to grantees as quality improvement funds and cost-of-living adjustments. In addition, we plan to

(continued on page 14)
British Petroleum Presents 5,000 Sets of Beatrix Potter Books to Cleveland Head Start Program


In conjunction with this gift, the Cleveland Museum of Natural History donated free admission coupons to the children to see a special Beatrix Potter exhibit at the museum. Jethero A. Cason, the Head Start Program Director, said these gifts showed that corporate Cleveland and the local community want to share in the education of children.

Jethero A. Cason, Director, Head Start Program, Council for Economic Opportunities in Greater Cleveland, presents a set of Beatrix Potter books to a Head Start child.
Recruitment - An Update and Some Insights
Richard Johnson, Chief, Social Services, Parent Involvement Branch, Program Support Division, Head Start Bureau

The regulation 45 CFR, Part 1305 (IM-92-20), issued October 9, 1992, governs the eligibility requirements for enrollment of children in Head Start, and defines a process for the recruitment, enrollment, and selection of Head Start children. This process is to be organized, focused, and more uniform among grantees and to provide opportunities for the greatest numbers of children to be considered for Head Start services.

Head Start programs work to reach those families who are most in need of services. In order to give these and other families an opportunity to apply for Head Start services, local Head Start programs should have a systematic approach for identification, selection, and enrollment of children. The new recruitment regulation will assist local programs in the development of a recruitment design that will assure a more effective method of reaching families in need of Head Start services.

Among the new aspects of the regulation is the requirement that programs assist families in completing application forms so that incomplete information will not be a barrier to Head Start services for their child. Further, programs must decide before they begin their major recruitment effort on the types of children and families, including children with disabilities, that will receive priority for services. Decisions are to be based on the grantee's Community Needs Assessment.

So, what needs to be considered in terms of effective recruitment of new families for your program? There is no universal or textbook answer to this question. However, we do know that activities need to be proactive; year-round; verbal; print- or video-communicated; and could involve all Head Start staff as well as current or past

Child Abuse Prevention Advocate Honored

Kathy Shaw, Director of Davis County Head Start, 120 West 3000 North, Layton, Utah, was recently honored by her community and received an award for "Child Abuse Prevention Advocate." Presented by the Davis Child Abuse Prevention Team, the award honored Kathy for her continuing advocacy on behalf of children and their families, for her many collaborative efforts with local agencies, and for her vigorous commitment to the well being of the children in her community.

Kathy has been with Head Start for over 20 years and started out as a mother of a Head Start child.
Rethinking Parent Involvement Opportunities

Kristen Kracke, Presidential Management Intern, Head Start Bureau

Based on feedback from grantees and input gathered in preparation for the National Parent Involvement Institute in August, it is clear that involving parents in a significant and meaningful way is becoming more difficult. Traditional approaches to parent involvement such as volunteering in the classroom and shared decision-making through Policy Councils are reaching only a small number of parents. As the challenges facing today's families increase, parent involvement is requiring more creative approaches and strategies to provide parents with the opportunities to participate across all components of the program.

The Parent Involvement Institute comes at a critical time when more new families are becoming a part of Head Start. Head Start programs across the country are being challenged to create and sustain environments of partnership and collaboration across all elements of the program which: 1) support parents as primary educators, nurturers, and advocates, 2) assure that every parent has an opportunity for a significant experience that will positively impact their life and the relationship with their family, and 3) assure that the policy making roles of parents is meaningful and maintained.

Programs must work with each individual parent in ways that will build on his/her strengths and interests and help to support the family in the challenges that it faces. This requires leadership and creativity and an approach that recognizes parent involvement as the responsibility of all members of the Head Start team.

In supporting parents' participation, we need to consider how we prepare and plan for parents, how we create new and more opportunities for their participation, and how we forge and facilitate partnerships which will help them develop linkages within their communities.

The following are examples of questions which programs should be asking. In planning for the involvement of new Head Start families and preparing them for Head Start, how can we:

- Design recruitment and enrollment activities to involve every parent?
- Structure more interesting and informative orientations so that parents are able to participate actively from the moment they enter Head Start?
- Include parents in all screening and assessment functions so that they can be supported and encouraged in their role as primary advocates for their child?
- Reduce barriers which interfere with parent participation such as language, operating hours, transportation, and security and safety in the community?
- Integrate and support the parent involvement philosophy throughout program development and management?

In offering opportunities for every parent to participate, how can we:

- Assist parents in building on their parenting strengths and advocating for their families?
- Assist parents in building on their strengths in their own personal development?
- Increase opportunities for parents to make decisions about the Head Start program and about issues that influence the lives of their children and families?
- Inform parents about the Performance Standards, guidance, and the significant role that parents play in the total Head Start program?

In forming community partnerships to enhance the parent's ability to advocate for their family's interest, and sustain this advocacy after they leave Head Start, how can we:

- Assist parents in maximizing their strengths and negotiating systems within their community?
- Assist parents in working with the community to strengthen the community?

As we continue to ask ourselves these questions in preparation for the Parent Involvement Institute, we encourage you to ask these questions about your program as well: What percentage of parents do you have involved in Head Start? How are these parents currently involved? Who is not involved, why, and what can Head Start do to involve them? It is through these questions and the suggestions and strategies for answering them that parent involvement can be made stronger and more meaningful for every Head Start program and family.
Examining the Heart of the Education Component

E. Dollie Wolverton, Chief, Education Services Branch, Head Start Bureau

The following two articles deal with two major issues at the heart of the Head Start education services component: 1) ongoing observation, recording, and evaluation of each child’s growth and development for the purpose of planning activities to suit individual needs; and 2) the parental role in curriculum development and serving as a resource person. (It is important to note that these two elements from the Head Start Program Performance Standards are frequently identified as out of compliance across the country, according to the FY 1991-92 OSPRI Report.)

On page 4 of the January/February 1993 issue of the Head Start Bulletin, Screening and Assessment, Michele Plutro and I shared with you the responsibilities and recommended practices for staff regarding developmental screening in the education component. In this issue I am focusing on ongoing child assessment and the contribution of this approach in individualizing the curriculum content for children. Following this article, Michele presents an excellent discussion on the role of parents in curriculum development.

Ongoing Assessment and Individualizing the Program

The requirements for ongoing observation, assessment, and developmental screening of Head Start children enrolled in center or home-based programs are based on principles derived from the goals of Head Start and knowledge of child development. For young children, procedures based on observation are appropriate ways to assess and plan for individual children and for the program as a whole. Such informal procedures are unobtrusive; that is they do not constrain children's typical behavior or change their daily activities. Head Start educational staff who observe and record children's growth and development are in the best position, along with parents, to know how individual children are progressing, to plan the next steps in the educational program, and to involve parents in developing a deeper understanding of their children's development and learning.

There are many ways to gather information about a child's development in social-emotional, gross and fine motor, perceptual, and cognitive language domains. They include observing and recording routine daily activities in the Head Start classroom and at home, collecting observations from parents and staff, and observing and recording behaviors important to program objectives or significant for an individual child. It is most helpful to accumulate this information, together with dated samples of children's work, such as art, oral language samples, and dictated stories in a folder or portfolio.

The materials in the portfolio offer educational staff a chance to reflect on a child's progress, show parents evidence of progress or problems, and plan how to adapt the program for individual children. Staff should review each child's folder quarterly, but more frequently for children having difficulty, to plan activities and strategies that will support a child's growth and development. Weekly staff meetings are recommended for program planning, curriculum review, and discussion of overall progress of the children.

When informal assessment and other information leaves the team unsure of how to proceed with individualizing, targeted observations of children engaged in specified tasks or use of checklists may be useful. Assistance in locating and using more structured assessment approaches and checklists may be obtained through professional organizations, Regional Offices, community colleges and universities, or public libraries.

In addition to The Portfolio and Its Use by Cathy Grace and Elizabeth Shores of the Southern Early Childhood Association, at least three other new tools are available which may make ongoing observation and assessment more systematic and reveal more information than staff typically record on their own. They are:

- The Child Observation Record (COR) developed by the High/Scope Educational Research Foundation as an alternative to standardized testing.
- The Work Sampling System developed by Samuel J. Meisels, Center for Human Growth and Development, University of Michigan.
- Project Spectrum developed through Project Zero at the Harvard Graduate School of Education.

Appropriate training and supportive supervision are essential for classroom staff and home visitors to complete ongoing assessment and to use the information to successfully individualize across the curriculum, as illustrated in the figure on page 8. Without opportunities to learn and practice efficient means of documenting children's behavior, teachers and other team members can feel overwhelmed and unconvinced that it is worth the time and effort. Training in these areas needs to be part of each ongoing inservice and staff development program.

(continued on page 8)
The Parent Role in Curriculum Development
Michele Plutro, Ed.D., Education Specialist, Head Start Bureau

Curriculum in Head Start encompasses much more than the selection of a given model or approach. Although Head Start grantees may have a curriculum or curricular model in place, curriculum is more than selection. Selection, however, is a very important first step and should involve parents. A simplified checklist adapted from the National Association for the Education of Young Children's (NAEYC) model is included on pages 7 and 8 as a sample guide for staff and parents involved in re-examining a previously selected approach.

Curriculum needs to include much more than the "naming" of an approach or model such as Montessori, High/Scope, the Creative Curriculum, Piagetian, or a locally designed approach. It is much more appropriate to describe curriculum in Head Start as everything that children participate in, and everything planned as part of their Head Start educational experience. Such a comprehensive yet practical view of curriculum is documented in the videos and Users' Guide, "Curriculum in Head Start," and "Individualizing in Head Start," as well as being supported in "A Guide for Education Coordinators." Curriculum, in its most simple form can be viewed as a comprehensive plan for learning.

Given this position, there are endless ways for parents to make curriculum decisions and contributions, including long after the initial model or approach has been identified. Parents can easily be involved in planning daily, ongoing, and special activities within the curriculum during the year of program operation.

Some examples of ways parents can be involved in the curriculum process are listed here for consideration:

- Planning, implementing, or creating art and movement experiences;
- Planning and executing field trips or nature walks in the neighborhood or local community;
- Sharing stories with children and helping children share stories with adults and each other;
- Planning and/or carrying out a wide variety of literary experiences, such as book making and writing down stories which children dictate;
- Participating in evaluation, maintenance, and selection of classroom materials and equipment;
- Participating in indoor and outdoor space and equipment evaluation, maintenance, and selection;
- Assuring cultural diversity, cultural sensitivity, and cultural inclusion in the total curriculum and in the overall Head Start learning environment. This is particularly important since most prepackaged curriculum guides frequently fail to be this inclusive;
- Planning appropriate special non-holiday celebrations such as the birth of a sibling, the first snow fall, the blooming of the first spring flowers, the installation of a new piece of playground equipment, but not including child graduations which are developmentally inappropriate for preschool children;
- Participation in child screening and assessment to support appropriate planning and to help focus attention on changes and adaptations needed in the curriculum; and

(continued on page 14)
A Checklist for Evaluating an Early Childhood Curriculum

**Suggested Use of the Instrument:** Checklists of this nature are generally used as a starting point in reviewing educational materials. Staff and parents often find, however, that the information gained and the consensus reached through such a review process actually brings them closer to a final decision about the materials being reviewed and considered.

Checklists are created in a variety of formats and reflect great variation in length and detail. The one provided here contains only 20 items and is not comprehensive enough for a final decision on a curriculum model or package. It is quite useful however, as a significant first step in the overall review, evaluation, and decision-making process.

Although a total score or ranking will be absent at the conclusion of this exercise, the goal should be to spend time and effort in a deeper, more intensive review of those curricular models which receive any "no" responses on the 20-item checklist and for programs to give serious consideration to those which have a minimum of 15 "yes" criteria. Any items which receive a "no" rating should be reviewed with parents, educational staff, and the larger Education Advisory Committee.

A curriculum is an organized plan that describes what children are to learn, the processes through which children accomplish identified goals, what staff and parents do to help children achieve these goals, and the setting in which teaching and learning occur.

**Name of Curriculum:**

**Developed By:**

<table>
<thead>
<tr>
<th>Guidelines</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the curriculum promote interactive learning and encourage the child's construction of knowledge?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does it help achieve social, emotional, physical, and cognitive goals?</td>
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</tr>
<tr>
<td>3. Does it encourage development of positive feelings and dispositions toward learning while leading to acquisition of knowledge and skills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. It is meaningful for these children? Is it relevant to the children's lives? Can it be made more relevant by relating it to personal experiences the children have had or can they easily gain direct experience with it?</td>
<td></td>
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<tr>
<td>5. Are the expectations realistic and attainable at this time or could the children more easily and efficiently acquire the knowledge or skills later on?</td>
<td></td>
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<tr>
<td>6. Is it of interest to children and to the teacher?</td>
<td></td>
<td></td>
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<tr>
<td>7. Is it sensitive to and respectful of cultural and linguistic diversity? Does it expect, allow, and appreciate individual differences? Does it promote positive relationships with families?</td>
<td></td>
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</tr>
<tr>
<td>8. Does it build on and elaborate children's current knowledge and abilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Does it lead to conceptual understanding by helping children construct their own understanding in meaningful contexts?</td>
<td></td>
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</tr>
<tr>
<td>10. Does it facilitate concept learning and skills developed in an integrated and natural way?</td>
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</tr>
<tr>
<td>11. Is the information available to children worth knowing? Can it be learned by these children efficiently and effectively now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are activities and information offered according to recognized standards? (Head Start Program Performance Standards, NAEYC Developmentally Appropriate Standards.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(continued on next page)
<table>
<thead>
<tr>
<th></th>
<th>Guidelines</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Does it encourage active learning and allow children to make meaningful choices?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Does it foster children’s exploration and inquiry rather than focusing on &quot;right&quot; answers or &quot;right&quot; ways to complete a task?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Does it promote the development of higher order abilities such as thinking, reasoning, problem solving, and decision making?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Does it promote and encourage social interaction among children and adults?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Does it respect children’s physiological needs for activity, sensory stimulation, fresh air, rest, and nourishment/elimination?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Does it promote feelings of psychological safety, security, and belonging?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Does it provide experiences that promote feelings of success, competence, and enjoyment of learning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Does it permit flexibility for children and teachers?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reprinted with permission from the National Association for the Education of Young Children, *Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 Through 8,* *Young Children,* March 1991, pp. 21-38.

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**Examining the Heart of the Education Component**

**INDIVIDUALIZING AN ACTIVITY:**

**TIMOTHY**
To release tension and develop small muscles: paper tearing into strips, foil crumpling, paste on construction paper.

**TONIKA**
Knows primary colors. Introduce pastels: tissue paper, glass paper, rubber bands, ribbons, and buttons.

**ALICE**
A child with limited vision: tape construction paper to table: paste fabric scraps of satin, felt, corrugated and sand paper, vinyl, etc.

**MAXINE**
Has difficulty sitting at the table. In block corner: shaped paper to make collage flags for her buildings.

**COLLAGE**
To provide: an opportunity for choices and decision-making: for seeing likenesses and differences.
To allow for creative experiences.
To enhance sensory awareness.
Materials: A variety of textural materials of different sizes and shapes.

**JULIO**
Appreciates nature and misses a rural setting: a collage of a variety of pressed leaves.

**KIMBERLY**

**DWAYNE**
To encourage interest in transportation: collage book of trains, planes, cars, trucks, ships.

**MIGUEL and MICHAEL**
To encourage socialization and peer relations, collage together on floor on large paper.

Source: Judith Rothchild Stolberg
The Head Start Home Visit

Adrianne Brigmon, Special Services Branch, Head Start Bureau

The home visit is a basic part of a Head Start program. For the family to gain the most from the home visit, component staff of the center-based program option should coordinate as a team to serve families in the home or in the center.

Why Home Visits Should be Made?

In addition to fulfilling the Performance Standards requirements, home visits provide program staff with greater insight into the children and their families, giving the families a greater opportunity to get to know staff, show how important families are to the program, and add a personal touch. Finally, it may be easier for staff to travel to the parent's home than for the parent to get to the program.

Who Should Make Home Visits?

In center-based programming, home visits must be made by the education staff. The social service, parent involvement, and health staff may also make home visits to improve relationships with families, to find out or follow up on family needs, or assist with crisis situations.

Education Staff: The education staff visits the family to assess the development and instructional needs of the children; to gain insight into the child's likes, dislikes, and strengths; and to gain insight about the whole family. The education staff person can help reinforce the parent's skills as their child's prime educator by planning home activities in which the parent assists with the child's progress.

Social Service Staff: The social service staff will make family contacts to assess and re-assess family needs. They may also need to contact the family about irregular participation or absences and in a family crisis situation.

Parent Involvement Staff: Parent involvement staff can encourage parents to become volunteers for the program or attend Head Start activities, help parents become aware of parenting skills, and provide parent education information.

Health Staff: A health visitor promotes preventive health services and encourages early intervention, makes sure there are no health or safety hazards in the home, and assists with food and nutrition questions. The health staff person can also provide the family with information to ensure that the child continues receiving comprehensive health care after leaving Head Start.

What Makes a Successful Home Visit?

Before any home visit takes place, the Head Start program staff should establish the program rationale for going into the home. Established policies should be available for who will make the visit, how information will be shared with other staff while maintaining confidentiality, and how often visits will be made. Staff should be thoroughly trained in how to prepare for and conduct a home visit.

To prepare for the visit, staff should review available child and family files, let other staff know they are going to visit the family, and make sure there have not been too many other recent visits.

During the home visit Head Start staff should be friendly and cordial, and not overly official. The visitor should tell the parents what he/she expects to accomplish, observe what is going on in the home, and provide the parents with resources. Home visits should not be too lengthy and staff should be willing to return if another session is needed. Close the visit by reviewing what has been discussed and future plans. Leave contact information for the parent.

Head Start staff must remember that developing a trusting relationship with the family and constantly helping parents set goals are the purposes of the home visit. Above all, Head Start staff must always treat the family members with respect.
Parent and Child Centers (PCC's) programs provide services to low-income families with children up to three years of age and to pregnant women. The Head Start program approach is based on the philosophy that a child benefits most from a comprehensive, interdisciplinary program to foster development; the family is the principal influence on the child's development, and the parent is the first teacher. The child's entire family as well as the community must be involved in the program.

PCC's encourage the optimal development of the child by providing ongoing health care and health nutrition education. PCC's inform parents and prospective parents of the significance of the prenatal period and environment during the years of infancy and their effect on the intellectual, language, social, emotional, and physical development of the child. PCC's identify and prevent health problems in the unborn by accessing prenatal care and health education for the pregnant woman.

Through the required participation of the parents in the PCC's, the program strives to increase the parents' knowledge of their children's development and assist parents in becoming more effective parents and primary educators of their own children.

PCC's also strengthen the family by providing opportunities for increasing parents' skills as homemakers and for pursuing education and economic opportunities. PCC's have a strong community base and, as such, help parents become more aware of available community resources. Head Start has the benefit of working with parents and children at an early age through the PCC program, and the opportunities are boundless.

Key Issues in the PCC Program:

- **How do you count enrollment?** Parent/child pairs are counted as one unit and a pregnant woman is counted as one unit. If the family has more than one child in the PCC, the family unit is counted as one.
- **Is parent participation required for enrollment in the PCC?** Yes. Parents are required to participate in the PCC. While providing services to the parent and child, the PCC provides staff support to the parent.
- **What is the relationship between a PCC and Head Start?** PCC's are a part of Head Start. Once a parent and child are enrolled in the PCC, they remain in Head Start until the child goes into elementary school. It may be that the child is served 5 or 6 years in a continuum of services between the Head Start/PCC and the Head Start 3- to 5-year-old program.
- **If PCC's are a part of Head Start, how does the Policy Council work?** The Policy Council serves the entire Head Start program of which the PCC is a part. Within the Policy Council it is critical to have a strong voice to address issues that specifically relate to the PCC. A PCC committee that is comprised of parents and community representatives can effectively address those issues.
- **What is the T&TA support to a PCC?** Each grantee receives direct funding monies based on the funded enrollment. The allocation to a program that has both Head Start 3- to 5-year-olds and a PCC is based on the combined enrollment. The overall program must assess its training needs and allocate its T&TA resources accordingly. In addition, the T&TA network is set up to address the needs of all Head Start grantees and has within its resources information and expertise designed to assist the PCC's.
One example of "back to basics" for the health component is immunization. Assessing a child's immunization status, working with parents to obtain immunizations for their child, and making sure a child's health record contains the most up-to-date information are all "basic" activities that are carried out by programs to protect children from contracting serious and sometimes deadly diseases.

Over the past few years there has been an increase in the number of outbreaks of preventable diseases among children, such as measles. The Centers for Disease Control and Prevention estimate that in 1992 the overall child vaccination rate in this country was 56%. While this is an increase from previous years, much more needs to be done so that all young children in this country are fully immunized.

The low immunization rates for young children are due to many factors, such as the cost of the vaccines, lack of a national tracking system to locate children who have not been immunized, confusion over what immunizations are needed for young children and when to get them, inconvenient clinic operating hours for working parents, and lack of transportation to health care providers. Head Start programs are in a unique position within the community to help reduce these barriers to immunization since they very often have close working relationships with parents and health care providers. It is likely that some health care providers serve on Head Start Health Services Advisory Committees and may already be aware of the barriers faced by Head Start families as they attempt to immunize their children. Head Start programs can also arrange for transportation to a health provider or request that special immunization clinic hours be set aside for Head Start children. Programs can also encourage parents to bring along a child's younger siblings to be immunized at the same time as the Head Start child.

A very important "basic" activity for Head Start programs is keeping a child's health record complete, up-to-date, and in one place at all times. This allows a program to accurately assess the immunization status of each child, to identify children who have not been fully immunized, to identify barriers that might be preventing children from being immunized, to follow up on referrals, and to work with parents as needed. A regular review of child health records will also allow staff to contact providers who have immunized Head Start children but have not completed and returned the necessary referral information.

Following the above health component "basics" will ensure the health and well being of all children enrolled in Head Start.

Young children can drown in less than one inch of water in seconds? A child can fall out of a window that is open only five inches? Some children are needlessly burned because they believe clothes protect them from flames? Drinking mouthwash can cause a young child to fall into an alcoholic coma? In a crash at 30 mph, an unbelted child would hit the dashboard with as much force as a fall from a three-story building?

The need for quality facilities in which to house Head Start programs continues to be a major concern of the Head Start community. This concern is receiving increased attention as a result of the Head Start Improvement Act which provides grantees with the authority to request that Federal grant funds be used to purchase facilities. The Head Start Bureau is in the process of finalizing the *Head Start Facilities Manual* which is to be distributed to all Head Start centers by the end of the summer.

In the meantime, the following chart, taken from the Manual, can be helpful to grantees in assessing the adequacy of current and future facilities. (Note: This chart is adapted with permission from Collins, Bogrow and Uhlman, 1992.)

<table>
<thead>
<tr>
<th>Developmentally Appropriate Facilities</th>
<th>Quality Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Features</td>
<td>Quality Indicators</td>
</tr>
</tbody>
</table>
| 1. The center setting encourages appropriate interactions between the staff and the children. | • The center layout makes it easy to greet children upon arrival and departure.  
• The classroom is child-centered, with space for one-to-one, small group, and large group activities. |
| 2. The classroom environment supports a developmentally appropriate curriculum. | • Space layout, equipment, and materials support learning opportunities (for example, block corner, sand and water tables, dress-up and dramatic play areas, easels/art area, science and woodworking, book corner, and computer center are readily accessible to children).  
• While small group, teacher-initiated activities are taking place, there are centers and choices for child-initiated, self-selected activities.  
• Equipment and space are available to enable children to engage in small motor and gross motor physical activities (including running, jumping, and balancing). |
| 3. The classrooms are large enough for the number of children enrolled. | • Centers should have at least 35 square feet of usable space per child (preferably 50 sq. ft.). |
| 4. The setting facilitates children developing independence and self-help skills. | • The children have a convenient place to hang up their coats and cubbies to keep their belongings.  
• Classroom furniture is child-sized.  
• Toilets, drinking water, hand-washing, and tooth brushing facilities are child-sized and accessible to children. Mirrors should be at the child's height.  
• There are spaces for children to go for quiet play alone. |
| 5. The physical environment is suitable for children with special needs. | • The center meets the requirements of the Americans with Disabilities Act.  
• The setting promotes mainstreaming of children with disabilities as well as being individualized in response to special needs. |
| 6. Space arrangements are flexible. | • Children are able to rearrange space for their own activities.  
• Space is organized to enable children to move freely from area to area without disruptions.  
• Space is provided for children's art work and projects, with displays at child's eye level. |
### Developmentally Appropriate Facilities

<table>
<thead>
<tr>
<th>Major Features</th>
<th>Quality Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7.</strong> The classroom environment promotes child learning.</td>
<td>• Sound absorbing materials are used.</td>
</tr>
<tr>
<td></td>
<td>• Indoor space arrangements separate quiet and active areas.</td>
</tr>
<tr>
<td></td>
<td>• There is adequate lighting.</td>
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<tr>
<td></td>
<td>• There are soft elements in the environment (carpets, couches, stuffed chairs, and pillows).</td>
</tr>
<tr>
<td><strong>8.</strong> Children are under staff supervision and guidance at all times.</td>
<td>• Center design, including windows, doors, bathrooms, classroom areas, and storage areas, permits children to be seen at all times.</td>
</tr>
<tr>
<td></td>
<td>• Indoor-outdoor design and access should facilitate continuous supervision by adults.</td>
</tr>
<tr>
<td><strong>9.</strong> The outdoor playground is child-centered.</td>
<td>• There should be a minimum of 75 square feet of usable outdoor play space (preferably 100 sq. ft.). Sufficient outdoor space should be available for at least half the children in the center to use at one time.</td>
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<tr>
<td></td>
<td>• A variety of surfaces and equipment encourage alternate types of play (wheel toys, slides, swings, kick ball, and sand play).</td>
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<tr>
<td></td>
<td>• There is cushioning under climbing equipment.</td>
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<tr>
<td></td>
<td>• There are both shady and sunny areas.</td>
</tr>
<tr>
<td></td>
<td>• The playground is fenced in and protected.</td>
</tr>
<tr>
<td><strong>10.</strong> Facilities are safe, healthy, and sanitary for children.</td>
<td>• Intercoms or other security devices are installed at center entrance to insure that all visitors are authorized.</td>
</tr>
<tr>
<td></td>
<td>• State and local licensing requirements are met.</td>
</tr>
<tr>
<td></td>
<td>• Guidance regarding safety, health, and sanitation set forth in this Manual is followed.</td>
</tr>
<tr>
<td></td>
<td>• Classroom and playground layouts permit children to move about easily and play safely.</td>
</tr>
</tbody>
</table>

### The Head Start Variations Study

**Allen N. Smith, Special Assistant to the Associate Commissioner, Head Start Bureau**

The Head Start Bureau recently published the findings of a study conducted in Region X which examined the effects of home-based, center-based, and combination Head Start models on child performance and family home behavior at the end of the Head Start year and at the end of the kindergarten year. The total sample of 402 children was drawn from 12 Head Start programs and reflected six service delivery models. Four combination models, in addition to center- and home-based models, comprised the mixture of weekly center visits and yearly home visits.

The findings generally paralleled those obtained from a 1988 study of different Head Start models conducted in rural Pennsylvania. No significant differences in child performance or home behavior were observed across the various models at the end of the Head Start year. At the end of the kindergarten year, however, child performance was higher for the center-based and three of the four combination models than for the home-based model. Family home behavior, on the other hand, tended to be stronger for the home-based programs than for the other models.

The study findings supported the generally held view that parents can serve as effective change agents in the development of their own children.

*Single copies of the report are available by writing to: Head Start Bureau, P.O. Box 1182, Washington, DC 20013.*
identify poorly performing grantees, design corrective action plans, provide technical assistance, and take steps to ensure that only programs that provide high quality services will receive Head Start funds.

Finally, in addition to improving Head Start's responsiveness to the needs of families and quality, it is also important to increase the number of children who benefit from the program. Therefore, we expect that a significant portion of the new 1994 funds will be used to increase Head Start enrollment.

In the meantime, we do not need to wait for a formal review or increased funds to address issues of quality. The theme of this National Head Start Bulletin is "Back to Basics" and its articles remind us of the foundations upon which good quality Head Start projects are built. We hope these articles will be useful to staff and parents as you work to deliver the kind of Head Start program our children deserve.

Parent Rooms are special, Parent Rooms are nice
Because to Head Start, parents add the spice.
So we fixed this little room for you, in case you need to rest
Or when your feet are tired, it really is the best.
Maybe you need to use the phone, to call your job or home,
If you're looking for a quiet spot, somewhere to be alone.
Or how about some coffee, some place to sit and talk.
For just a few minutes we can forget there's a clock
We hope this room becomes all these things
And we mean it from the heart
Because without our parents, it just wouldn't be Head Start.

Written by Sandy Anderson
and daughters Michele and Tara
United Community Action Program, Inc.
Head Start's Birstow Center,
Pawnee, Oklahoma

Extra Copies of Bulletin
#43, Screening and Assessment, are available for Pre-Service and Inservice Training

Write to:
Head Start Publications Center
P.O. Box 26417
Alexandria, VA 22313-0417
JUNE 1993

2-5 National Institute for Early Childhood Professional Development Annual Conference. Minneapolis, MN. Contact: Conference Department, National Association for the Education of Young Children, 1509 16th St., NW, Washington, DC 20036-1426. (202) 232-8777 or (800) 424-2460.

6-9 The National Indian Head Start Directors Association National Management Training Conference. Arlington, VA. Contact: Linda Kills Crow, P.O. Box 1389, Pawhuska, OK 74056. (918) 287-1246.


26-29 National Parent Teacher Association Conference (NPTA). Cincinnati, OH. Contact: Conference Coordinator, NPTA, 700 N. Rush Street, Chicago, IL 60601-2571. (312) 787-0977.

JULY 1993

14-16 Second National Conference of the Center for Substance Abuse Prevention (CSAP) National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs. Washington, DC. Contact: Bonita Bailey, Conference Planner, CSAP, 9302 Lee Highway, Suite 310, Fairfax, VA 22031. (800) 354-8824 or (703) 218-5700; Fax (713) 218-5701.


AUGUST 1993

1-4 The 13th Annual International Conference on Critical Thinking an Educational Reform. Sonoma Valley, CA. Contact: The Center for Critical Thinking and Moral Critique, Sonoma State University, Rohnert Park, CA 94928. (707) 664-2940, Fax (707) 664-2505.

9-13 Head Start Parent Involvement Institute. Washington, DC. Contact: Institute Coordinator, Research Assessment Management, Inc., 1300 Spring Street, Suite 210, Silver Spring, MD 20910. (301) 589-8242; Fax (301) 589-8246.


SEPTEMBER 1993

1-30 National Hispanic Heritage Month. Presidential Proclamation issued each year.


1-30 Head Lice Prevention Month. Contact: National Pediculosis Association, P.O. Box 149, Newton, MA 02161. (617) 449-6487.


1-30/1-7 Emergency Care Month/Week. Contact: National Emergency Care Organization, 2080 Century Park East, Suite 1206, Century City, Los Angeles, CA 90067. (213) 696-6626.

**SEPTEMBER 1993 (cont.)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>International Literacy Day.</td>
<td>United Nations Department of Public Information (UNDPI), New York, NY 10017.</td>
</tr>
<tr>
<td>10-16</td>
<td>National Rehabilitation Week.</td>
<td>Alexandra C. Yantorn, Allied Services, Scranton, PA. (717) 348-1497.</td>
</tr>
<tr>
<td>17-20</td>
<td>Fourth National Adult Literacy Congress.</td>
<td>Washington, D.C. Contact: Conference Coordinator, Laubach Literacy Action, Box 131, Syracuse, NY 13210. (315) 422-9121.</td>
</tr>
<tr>
<td>25</td>
<td>Native American Day.</td>
<td>Information Office, Bureau of Indian Affairs, Washington, DC 20240.</td>
</tr>
</tbody>
</table>

**RESOURCES**

**Lake of Colors Board Game featuring Edgar G. Frog**

Designed by Linda Washington, a former Head Start classroom teacher, this colorful board game and fantasy storybook encourages hand-eye coordination, as well as matching, listening, and problem-solving skills in young children. Children are introduced to colors, and learn to play and interact cooperatively while enjoying the adventures of Edgar G. Frog. Lake of Colors was designed to be used by only 3-4 children at one time, and under the supervision of an adult. Some may feel that the marker pieces are too small for young children and that the size of the storybook (approximately 7" X 7") is also small. The book is not intended for storytime for whole classes of children, nor is it intended for use without the game experience.

A colorful, nylon zippered, character tote is provided for easy storage of the board and pieces. This game is most appropriate for children ages 3 1/2 to 6 years. For more information, or to order the game, contact:

Preschool Activities for Children's Education
613 B. 7th Street
Montgomery, AL 36113
(800) 239-9477
RESOURCES

Caring for the Little Ones
The Newsletter for Infant/Toddler Care Professionals

This monthly newsletter includes information useful to people who work with infants, toddlers, and two-year-olds in centers and family child care settings; directors; trainers; students; home visitors; and those who work with older children who have developmental delays. For subscription information, contact:

Caring for the Little Ones
P.O. Box 97
Cowdrey, CO 80434-0097
(303) 723-4708

Kinderskills: Developmentally Appropriate Activities for Children Ages 3, 4, and 5
by Dr. Linda Carson

Activities demonstrated in this videotape include ways to improve children's motor skills, how to be a valued play partner for children, and how to evaluate young children's progress in motor development. For more information, contact:

PlaySkills Videos
835 Des Moines Avenue
P.O. Box 4321
Morgantown, WV 26504
(800) 873-1093

What's the difference between a parent who hits his child and a parent who doesn't?

About ten seconds.

Ten seconds. Not much to ask of yourself, if it keeps you from striking out at your child. So, the next time you feel things getting out of hand, don't hit. Count to 10...or to 20...or whatever it takes for you to realize that hurting your child isn't the answer. We can help, too. For a free booklet, write to "Good Discipline," P.O. Box 2866D, Chicago, IL 60690.

Take time out.
Don't take it out on your child.

National Committee for Prevention of Child Abuse

Best Friends

An audiotape of award winning songs for young children to inspire friendship, cooperation, and positive self esteem. The tape is part of the self-esteem enhancement program created by The Esteem Team at the National Self-Esteem Resources and Development Center at Greenbrae, CA. For more information, write to:

The Esteem Team
176 Corte Anita Avenue
Greenbrae, CA 94960

The Handbooks of Emergency Medical Treatment for Infants and Children

Also available in Spanish, these handbooks show and explain to the untrained parent, teacher, or care giver, the emergency procedures to keep a child or infant alive while waiting for professional emergency medical help. For more information, contact:

Emergency Medical Treatment, Inc.
P.O. Box 983
Wilmette, IL 60091
(708) 251-5215
(800) 767-5215

Earthways
by Carol Petrash

This collection of simple environmental activities for young children also includes children's book lists and other resources. Available from:

Gryphon House, Inc.
3706 Otis Street
Mt. Rainer, MD 20712

The Land of Many Colors
by Klamath County YMCA Family Preschool, Klamath Falls, OR

Written by children for children during the Persian Gulf War with a message about peace and respect for individual differences, this book is part of the "My First Library" series by SCHOLASTIC Inc. For more information, contact:

SCHOLASTIC INC.
730 Broadway
New York, NY 10003
(212) 505-3410
(800) 631-1586
RESOURCES

"Competence"

The Council for Early Childhood Professional Recognition (CECPR) publishes a newsletter, "Competence." It is published three times a year with the most current Child Development Associate (CDA) information, updates, and articles. Free. You can order it by writing:

CECPR
1341 G Street, NW
Washington, DC 20005
(800) 424-4310
(202) 265-9090

Nutrition and Meal Planning in Child Care Programs
by Sari Edelstein, Ph.D., RD

This book will assist parents and caregivers in planning and preparing nutritious meals for children using the USDA guidelines. It includes practical tips, a variety of recipes featuring ethnic and cultural dishes, a glossary, and a list of resource agencies. Chapters also present safety and sanitation measures related to buying, handling, preparing, and serving food. 94 pages. Available from:

The American Dietetic Association
P.O. Box 4729
Dept. 0195
Chicago, IL 60680-4729
(800) 745-0775
ext. 5000

Creating a Classroom Literacy Environment

Published by the Children’s Literacy Initiative, this handbook provides step-by-step ways to create an environment that encourages children to read. Suggestions for teaching goals, room displays, supplies, and activities are provided. Included are pictures showing how to arrange books, play areas, posters, toys, and projects to create a classroom environment that fosters reading. Suggested sources for obtaining posters, supplies, books, and tapes are provided. 34 pages. Available from:

Children’s Literacy Initiative
320 Walnut Street, 2nd Floor
Philadelphia, PA 19106
(215) 574-2920

Child Care Choices, Consumer Education, and Low-Income Families
by Anne Mitchell, Emily Cooperstein, and Mary Lamer

Published by the National Center for Children in Poverty (NCCP), this monograph provides information about the behaviors and needs of child care consumers, and answers questions such as: "How do parents search for child care?" and "What child care characteristics satisfy parents?" 64 pages. 1992. Available from:

NCCP
Columbia University
School of Public Health
154 Haven Avenue
New York, NY 10032
(212) 927-8793

The Teacher's Role in the Social Development of Young Children
by Lilian G. Katz and Diane E. McClellan

This book offers practical strategies for teachers to use in helping children develop social skills. Includes research and a bibliography. 80 pages. Contact:

ERIC/EECE
University of Illinois
805 W. Pennsylvania Avenue
Urbana, IL 61801

Programs to Strengthen Families: A Resource Guide

This 3rd edition from the Family Resource Coalition (FRC) illustrates family support programs, including school-linked services, comprehensive and integrated service programs, parenting skill projects, substance abuse prevention programs, family-friendly work environments, and State initiatives to provide family support services. To purchase the book, contact:

FRC
200 S. Michigan Ave.
Suite 1520
Chicago, IL 60604
(312) 341-0900
RESOURCES

Lead Prevention

Lead Free Kids, Inc., offers several educational and household materials to reduce exposure to lead and dust. There are three series of handbooks, namely, the Family Lead Prevention Guide, Worker Lead Prevention Guide, and The Lead Clean-up Book. Information about common activities that create lead hazards and simple precautions to reduce exposure to lead are discussed. Lead Free Kids, Inc., also has brochures, coloring books, picture books, pacifiers, teething soothers, scrubbies, lead test kits, and risk assessment questionnaires. Available from:

Lead Free Kids, Inc.
110 E. 31st Street, Box 8595
Minneapolis, MN 55408
(612) 721-7321
(800) 848-4942

Answers to Volunteers' Liability and Insurance Questions

From the Nonprofits' Risk Management & Insurance Institute (NRMII), this pamphlet includes a table on volunteer protection laws. One copy free with stamped, self-addressed business envelope from:

NRMII
1731 Connecticut Ave., NW, #200
Washington, DC 20009
(202) 462-8440

Touchpoints: Your Child's Emotional and Behavioral Development
by T. Berry Brazelton, M.D.

For parents and grandparents, this comprehensive book presents information on the various stages of early childhood. Common behavioral and emotional problems associated with the first six years of development are discussed. Included are tips for choosing childcare, preschool, and suggestions for successfully working with a child's pediatrician. 512 pages. 1992. Available from:

Addison-Wesley Publishing Company
170 Fifth Avenue
New York, NY 10010
(212) 463-8440

Immunization Dose Counter

Developed by Susan S. Aronson, M.D., F.A.A.P., and distributed by the Pennsylvania Chapter of the American Academy of Pediatrics, this dose counter gives the recommended schedule for immunizations for children from birth to 16 years. Instructions on how to use the dose counter and explanations regarding the recommended immunization schedule are provided. 1992. Available free upon request with a self-addressed, stamped business envelope from:

The American Academy of Pediatrics
P.O. Box 927
141 NW Point Blvd.
Elk Grove Village, IL 60009-0927

Celebrating Diversity: A Preschool Approach to Multicultural/Anti-Bias Programming
by Sharon Ylitalo

Developed as a result of a three-year multicultural demonstration grant funded by Head Start, this handbook gives clear guidelines for defining goals and the steps necessary for achieving the goals of a multicultural/anti-bias program. Topics include suggestions for developing appropriate multicultural practices in all component areas plus sections on classroom guidelines, an ethnic survey, a children's book list, a cultural distance index, and resources and references. For information on availability contact:

Mahube Community Council, Inc.
P.O. Box 747
Highway 59 South
Detroit Lakes, MN 56502-0747
(210) 847-1385
Book Review

WE ARE ALL ALIKE...
WE ARE ALL DIFFERENT
written and illustrated by the
Cheltenham Elementary School Kindergartners

This award winning book helps parents and early childhood educators celebrate diversity with their young children. The book was written by a kindergarten class from Cheltenham, PA, with a little help from their teacher. The ideas, words, and artwork were generated by the children. The book helps children learn how to value and respect diversity, enriches language development, and encourages working as a team. For more information on this book, contact:

SCHOLASTIC INC.
730 Broadway
New York, NY 10003
(212) 505-3410
(800) 325-6149

WANTED
Photos and Information

Send your identified photographs and items of interest for possible use in future issues to:

Head Start Bulletin
P. O. Box 1182
Washington, D.C. 20013

Issue No. 45 will feature "DISABILITIES"

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Head Start's Continuing Commitment to Children With Disabilities and Their Families

Jim O'Brien, Program Specialist, Health and Disabilities Services Branch, Head Start Bureau

The Head Start Performance Standards on Services for Children with Disabilities were published as a Final Rule in the Federal Register in January 1993. These regulations represent a reaffirmation of Head Start's longstanding commitment to provide services which support the physical, cognitive, communicative, and social-emotional development of young children with disabilities.

Head Start has had a legislative mandate to include children with disabilities in its program of comprehensive child development services since 1972. The recent regulation on "Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start" requires that at least 10 percent of the enrollment opportunities "for each grantee and each delegate agency" must be made available to children with disabilities, and the programs must be physically and functionally accessible to serve children with disabilities and their families. In the 1991-92 program year, Head Start exceeded this enrollment figure by enrolling over 83,000 (13.4 percent) Head Start children with disabilities.

This issue of the Bulletin highlights several approaches to assure that young children with disabilities are recruited and enrolled in Head Start programs in a manner which meets each child's needs and is supportive of their families. These approaches have been implemented with the full participation of parents, Head Start staff across all component areas, and with community partners such as local school systems, nonprofit agencies, and volunteers.

Recruitment sets the stage for the Head Start program's efforts to serve children with disabilities. To reach out to serve children with disabilities effectively requires programs to coordinate with community programs that serve infants and toddlers with disabilities. Programs also need partners to secure less restrictive environments for the children they serve in order to meet (continued on page 16)
When the Head Start preschool program in Republic, Washington, moved to its new location, one of the children had difficulty entering the building because of a barrier.

Raymond Marez, son of Faith and Glen Gartin, was unable to get his wheelchair up the front steps of the Head Start center. The local Kiwanis Club was contacted and asked to help. They responded with enthusiasm and built a wheelchair ramp to the center. The materials were furnished by Head Start and the time and labor were provided by the Kiwanis Club.

The Head Start and Kiwanis programs have worked together in the past, with the Kiwanis offering their services in any way possible. Kiwanis International has made a three-year commitment to develop projects that address the needs of young children. The name of the club's service program is "Young Children: Priority One."

Volunteers—left to right: Scott Andreaf, Jim Fairbanks, Mike Fieldman, Gus Nichols, and Head Start staff Arlette Porter with Raymond, in front of the ramp built by the local Kiwanis Club.

For more information on Kiwanis projects, contact: Kiwanis International Headquarters, Program Development Division, 3636 Woodview Terrace, Indianapolis, IN 46268. (317) 875-8755 or (800) 879-4769.

(Excerpted from an article in the Republic News-Minor, Republic, Washington.)
Learning Disabilities and The National Center for Learning Disabilities (NCLD)

by Shirley Cramer, Executive Director, NCLD, New York, New York

Learning disabilities is a term that refers to a group of disorders which are believed to be neurological in origin. They interfere with the ability to process, store, or produce information and can impair a child's ability to read, write, speak, or acquire social skills. Learning disabilities affect both children and adults and create a gap between a person's true capacity and day-to-day performance.

Learning disabilities affect an estimated one in ten children nationwide. This has been called the "hidden handicap," as too often the condition goes undetected and untreated. Left undetected and untreated, learning disabilities can cause children to lose their self-esteem (they are labeled "stupid" or "lazy"), which often leads to very serious problems, such as drug and alcohol abuse, illiteracy, juvenile delinquency, and school drop-out. With early intervention, children with learning disabilities can learn to accommodate for their differences and lead productive and successful lives.

The National Center for Learning Disabilities (NCLD) is a national, not-for-profit organization committed to improving the lives of children with learning disabilities. Services of NCLD include raising public awareness and understanding, national information and referral, educational programs, and legislative advocacy.

NCLD assists families and professionals through seminars, workshops, and the replication of model educational programs. NCLD produces a variety of publications for parents and educators. NCLD's Information & Referral Service links parents, professionals, and others concerned with learning disabilities to needed services. NCLD's staff respond to questions by phone and mail, and send out packets of information on learning disabilities.

The sooner a child with learning disabilities is helped, the greater the chances for success.

For information, write or call:
National Center for Learning Disabilities
381 Park Avenue South
Suite 1420
New York, NY 10016
(212) 545-7510

Supplemental Security Income Information for Head Start Programs

Recently, the Administration on Children, Youth and Families distributed an Information Memorandum to all Head Start programs containing an information packet on Supplemental Security Income (SSI). The Social Security Administration (SSA) and the Administration for Children and Families are working together to identify Head Start participants who may be eligible for SSI. The SSI information packet contains the following materials:

- A camera-ready fact sheet entitled SSI Benefits for Children with Disabilities;
- A reprint of page 1 of the Social Security Courier for August 1992 which addresses Social Security's efforts to work with educators to identify children with disabilities who may be eligible for SSI (the fact sheet and reprint are available in both Spanish and English from SSA upon request.); and
- An SSI outreach poster.

Limited additional posters in both Spanish and English are available from SSA's Public Information Distribution Center. Send requests for posters and/or materials to:

Social Security Administration
Office of Public Affairs
P.O. Box 17743
Baltimore, MD 21235
(410) 965-0945
(410) 965-0696 Fax

CORRECTION: On the Readers' Exchange page of Issue Number 44 of the Bulletin, "Back to Basics," the caption incorrectly stated Jethero A. Cason as presenting a set of Beatrix Potter books to a Head Start child. Instead, the person presenting the set of books is Ross Pillari, Vice President of Retail Marketing, British Petroleum Oil Company, who presented the books to Chelsea Slocum of the Cleveland Head Start program. The Bulletin regrets the error.

Internal Head Start Bulletin
Issue #45

45
Head Start is the largest community-based, mainstream early childhood setting for all children, including those with disabilities, and is a source of pride to our nation. Head Start has been serving children with disabilities since 1965 and has been assisted in this effort by Resource Access Projects (RAPs) since 1975. The understanding and commitment to enhancing the potential of and providing the best services to children with disabilities and their families in Head Start has grown. RAPs have assisted grantees with the full inclusion of children with disabilities by providing the training and technical assistance necessary to support them in their efforts in the classroom, family, and community.

Head Start has played an important role in the implementation of the Education of All Handicapped Children Act (P.L. 94-142), the extension of services to three- and four-year-old children and infant/toddler program planning (P.L. 99-457), and the reauthorization and extension of those services in the Individuals with Disabilities Education Act (P.L. 102-119). The RAPs have seen increased involvement with the Head Start community in many ways. Service needs continue to increase with the HIV/AIDS epidemic, increased substance abuse problems affecting young children, and with the inclusion of children with more severe disabilities. RAPs are responsible for facilitating State and local agreements to assure the best services for families and children, and this cooperation exists between Head Start grantees and other agencies. The request for facilitation of local interagency agreements is increasing as State level agreements are implemented, updated, and revised in response to the recently published Performance Standards for Services to Children with Disabilities in Head Start.

The RAP network has extended its working relationships with many professional groups. The RAPs' role as a representative of Head Start in these collaborative ventures has increased the visibility of and respect for Head Start and the skills of those working in programs across the country. RAPs collaborate on training conferences with:

- State Departments of Education
- Divisions of Developmental Disabilities
- State Associations for the Education of Young Children
- State Divisions for Early Childhood
- Council for Exceptional Children chapters
- State Head Start Collaboration Grant Projects
- Governor's Offices

- University Affiliated Programs
- State Head Start Associations
- Head Start Resource Centers
- Regional Resource Centers
- National Training Centers (NEC*TAS, Chapter I Technical Assistance Centers, National Training Center for Drug-exposed and HIV-infected Children),
- And private, local, State, and Federally funded programs.

Head Start programs should contact their RAPs to learn more about opportunities to secure training and information from these organizations.

The pressures of expansion on grantees has increased the need for training which in turn increases the demand for training and technical assistance services. RAP training is provided at national, regional, State, cluster, and individual local program sites. RAPs model best practices in training and make every effort to provide on-site services, individualized for each program with followup support to the staff. Followup is now provided through classroom visits, the provision of resources, networking opportunities, phone calls, letters, and additional training.

The National Network of Head Start RAPs looks forward to the challenge of assisting grantees in becoming community leaders in providing comprehensive child development services to all children and their families.
Resource Access Projects (RAPs)

REGION I: CONNECTICUT, MAINE, MASSACHUSETTS, NEW HAMPSHIRE, RHODE ISLAND, VERMONT:

New England RAP
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02160
(617) 969-7100
(617) 969-3440 Fax

REGION II: NEW YORK, NEW JERSEY, PUERTO RICO, VIRGIN ISLANDS:

New York University RAP
Department of Human Services and Education, SCE
48 Cooper Square, Room 104
New York, NY 10003
(212) 998-7205
(212) 995-4131 Fax

REGION III: DELAWARE, DISTRICT OF COLUMBIA, MARYLAND, PENNSYLVANIA, VIRGINIA, WEST VIRGINIA:

Child Development Resources
P.O. Box 299
Lightfoot, VA 23090
In VA, WV, MD and DE
(800) 237-7273 or (804) 565-1513
(804) 564-0144 Fax

Georgetown University Child Development Center - Subcontract
2233 Wisconsin Avenue, Suite 215
Washington, DC 20007
In PA: (800) 445-7273 or (202) 338-1698; in DC (202) 687-8635 or (202) 338-1698

REGION IV: FLORIDA, GEORGIA, NORTH CAROLINA, SOUTH CAROLINA:

Region IV RAP
Chapel Hill Training-Outreach Project
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
(919) 490-5577
(919) 490-4905 Fax

MISSISSIPPI, TENNESSEE, ALABAMA, KENTUCKY:

Region IV RAP
141 Mayes Street
Jackson, MS 39213
(601) 362-9154

REGION V: ILLINOIS, INDIANA, OHIO, MICHIGAN, MINNESOTA, WISCONSIN:

Great Lakes RAP
Colonel Wolfe School 403 East Healey
Champaign, IL 61820
(217) 333-3876
(217) 333-4293 Fax

Portage Subcontract-CESA 5
626 Slifer Street
Portage, WI 53901
(608) 742-8811, Ext. 233
(608) 742-2384 Fax

REGION VI: ARKANSAS, LOUISIANA, NEW MEXICO, OKLAHOMA, TEXAS:

Texas Tech University RAP
P.O. Box 4170
Lubbock, TX 79409
(806) 742-3296
(806) 527-2802

REGION VII: IOWA, KANSAS, MISSOURI, NEBRASKA:

Region VII RAP
CRU G 001
University of Kansas Medical Center
3901 Rainbow Boulevard
Kansas City, KS 66160-7339
(913) 588-5961
(913) 588-5942 Fax

REGION VIII: COLORADO, MONTANA, NORTH DAKOTA, SOUTH DAKOTA, UTAH, WYOMING:

Region VIII RAP
University of Colorado at Denver
Campus Box 193
P.O. Box 173364
Denver, CO 80217-3364
(303) 893-0330
(303) 556-3377 Fax

REGION IX: ARIZONA, CALIFORNIA, NEVADA, HAWAII, PACIFIC JURISDICTIONS:

Southwest Human Development
202 E. Earll, Suite 140
Phoenix, AZ 85012-2636
(602) 266-5976
(602) 274-8952 Fax

REGION X: IDAHO, OREGON, WASHINGTON, ALASKA:

Region X RAP
School of Extended Studies
Portland State University
P.O. Box 1491
Portland, OR 87207
(503) 725-4815
(800) 547-8887, ext. 4815
(503) 725-4840 Fax

AMERICAN INDIAN GRANTEES:

Three Feathers Associates
P.O. Box 5508
Norman, OK 73070
(405) 360-2919

MIGRANT PROGRAM GRANTEES:

The Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
(202) 862-1900
(202) 862-1947 Fax
Successful Integration at Colorado River Head Start Program
by Carol Daniel, Head Start Director, Colorado River Indian Tribes, Parker, Arizona

The Colorado River Indian Tribe (CRIT) Head Start program thrives on challenges and the desire to provide the best of services to the 183 children in the program. The experienced and trained staff help CRIT meet the challenge that goes into providing a comprehensive child development program on an Indian reservation.

One of the highlights of the program is the disabilities component. This component has, in the last few years, matured tremendously, and the program staff now feel a much greater sense of self-confidence in the work that they do. All aspects of delivering services are now taken on with enthusiasm by the staff, such as meeting with the different specialists, coordinating and collaborating with other agencies, and working directly with the disabled children.

This enthusiasm has not always been there and although there may be many reasons for the lack of it, certainly one prevailing cause was the staff’s lack of confidence. Some of that fear still pops up now and then. The administrative staff has recognized this issue and has worked very hard to provide training in as effective a manner as possible. Every possible training activity that the program becomes aware of is looked into for feasibility of staff attendance and for effectiveness. The remoteness of the reservation makes assessing some training activities difficult.

In looking at training, care is taken to cover the needs of all the staff, from kitchen and transportation staff to teaching staff. All types of resources have been used to train staff, from conferences and teleconferences to local training by a speech pathologist. On-site training visits to agencies that serve persons with disabilities is planned for the fall.

The local school district’s preschool special education program has added a great deal to the delivery of services in the disabilities component. The office is located in the Head Start center and the project supervisor and two therapy aides are there daily to work with the children in their respective classrooms. They take advantage of Head Start training whenever possible. Their integration into the program is such that it would be difficult for non-staff persons to distinguish between Head Start and school district preschool staff.

The CRIT Head Start program gives priority in enrollment to children with disabilities and in the last couple of years has averaged 30 children who receive special services. Most of the children in the disabilities component are speech/language delayed. This last year, however, children with more severe disabilities were enrolled. These disabilities included Down syndrome to cerebral palsy, blindness, and motor impairment. All the children are mainstreamed, except when it is not possible to provide the required therapy in the classroom.

The integration of children with disabilities into the regular classrooms has made a tremendous advance in the last year or so, but the program plans on more improvement. If there was resistance from any staff when the program began to enroll children with severe disabilities, those persons have now changed their attitudes. Staff would now find it extremely difficult to tolerate the isolation of children with disabilities in special classrooms. Many now have witnessed the positive effect mainstreaming has had, not only for the children with disabilities, but for a non-disabled three-year-old who can now understand some of her disabled classmates limitations and slows her stride as they walk to the restroom together.

The true test of the mainstreamed program has been the parent’s assessment. Many have been so impressed with the advances their children have made as a result of being with their non-disabled peers that they will likely question why it won’t always be this way.

The program administrators are now making final placement plans for the fall. A great deal of thought goes into the placement of children and this year a greater challenge is before the program as ten or so children with severe disabilities have been identified and are planning on entering the program for their first or second year.
Child to Child - A New Training Program for Head Start
by Joanne P. Brady, Director, Region I RAP, Newton, Massachusetts

One day Jimmy, a four-year-old, paralyzed from the waist down, was playing on the floor in preschool. Danny, a classmate, approached him and said: “Let’s have a race!” The nearby teacher listened with interest. Jimmy looked up with a big smile and said “Okay.” Both children talked about it and finally decided to have a swimming race. Each child began to move using only his arms “to swim” across the floor.

This simple vignette illustrates what the Child to Child training program hopes to accomplish. Jimmy and Danny are not just classmates—they are playmates. The nearby teacher is ready to facilitate and help—but is not needed because the children’s ability to invent ways to play together is the result of many months of creating a climate that fosters an appreciation and understanding of individual differences.

Developed by the national network of Resource Access Projects (RAPs), Child to Child is a training program designed for Head Start administrators, teachers, and parents to promote the social integration of children with disabilities. Most people are familiar with the term integration, but the term social integration has a unique meaning in the field of early childhood special education. Being able to play with other children influences what children learn about the world and themselves. Social integration means the process of achieving harmony within a group so that mutually satisfying interactions can take place between a child with disabilities and his or her peers.

Adults are powerful forces in shaping the physical environment and emotional climate for young children at home, in their neighborhoods, and in Head Start. The Child to Child training program offers Head Start parents, teachers, and administrators concrete strategies that they can use to include young children with disabilities in the various worlds around them.

CONTENT OF THE PROGRAM

The training program consists of two new print products. The first, Child to Child: Maximizing Opportunities for Social Integration, offers 20 hours of interactive workshops organized into five modules. These workshops are designed to enhance the knowledge and skills of parents and staff on social integration. The second new product is Getting Results: Follow-up Strategies to Training. This companion guidebook was developed to amplify the power of the inservice training received through the Child to Child workshops. Drawing on best practices in inservice training, Getting Results provides practical information for Head Start coordinators on how to use coaching and peer support groups to support teachers as they translate training experiences into classroom practice.

Child to Child: Maximizing Opportunities for Social Integration includes:

- **Module 1: Understanding Social Integration**, introduces parents, teachers, and administrators to the concept of social integration. It includes activities that promote an understanding of the benefits of social integration for all children participating in Head Start.

- **Module 2: The Importance of Social Play**, reinforces the importance of play as “the work of children” and helps teachers and parents together examine the characteristics and developmental nature of social play. Through a variety of techniques, parents and teachers learn to identify barriers that may prevent children with disabilities from fully participating in social play situations.

(continued on page 8)
Child to Child - A New Training Program for Head Start

- **Module 3: Parents' Role in Fostering Social Integration**, is designed to involve all parents in Head Start's efforts to include children with disabilities. In a series of three workshops, parents learn effective strategies that will help children who have a range of abilities play together and make friends. Activities focus on selecting toys and play materials that promote social interaction, exploring feelings when children experience difficulty with social interactions, and practicing strategies that help children interact successfully with their peers.

- **Module 4: Teachers' Role in Fostering Social Integration**, offers teaching teams and supervisors a series of three skill-building workshops to learn and practice specific classroom techniques. Teaching staff will increase their abilities to identify children who would benefit from teacher intervention, selection pro-social materials, and design and adapt classroom environments and activities to encourage positive social interaction.

- **Module 5: Strategies for Supporting Social Integration: A Workshop for the Head Start Management Team**, offers administrators (directors and coordinators) information and ideas on how they can support social integration efforts in their programs by examining their own beliefs about enrolling children with disabilities, learning the laws and regulations on children with disabilities, and developing strategies.

**FIELD TEST RESULTS**

To ensure that Head Start programs benefit from the Child to Child training program, a national field test of the materials was conducted by the University of Cincinnati and the materials received high marks. Some important findings of the field test were:

- Prior to the training, teachers stated that a lack of adequate resources was a barrier to integration. After participating in Child to Child training, teachers recognized the importance of understanding and using integration strategies.

- Ninety percent of the teachers evaluated the followup training (coaching or peer support groups) as a positive experience. A third of the respondents stated that the followup reinforced the content and strategies learned in the training.

The Child to Child training program, with accompanying videotapes and materials for conducting inservice training and followup, will be distributed to every Head Start program in the 1993-1994 program year. To learn more about this exciting new staff development and parent education curriculum, contact the Resource Access Project (RAP) in your area.

Sam Olson, Assistant Teacher for the Lewis-Clark Early Childhood Program, Lewiston, Idaho, assists Elizabeth Hansen to determine food choices through the use of adaptive technology. Elizabeth's progress and life have been enhanced through the combined efforts of parents, staff, and community.
Integrated therapy, also referred to as "classroom-based intervention," is increasingly viewed as the preferred service delivery model for preschool children with disabilities. The new Head Start Disabilities Regulations strongly recommend that children receive intervention services (for speech/language, occupational, and physical therapy) in their classrooms, and the Individuals with Disabilities Education Act mandates that therapy be provided in the "least restrictive environment." There are numerous potential advantages to integrated therapy, when it is successfully implemented, such as:

1. It provides an opportunity for teaching staff and children to observe modeled activities and strategies so they can be used when the therapist is not available. It greatly facilitates close collaboration between parents, teachers, and therapists.

2. New skills can be taught in a natural, functional context where they can be practiced and generalized. Skills are learned in the context in which they will be used by establishing associative cues. When the therapist is gone, these cues remain to help the child practice the new skill.

3. Important social and interactive skills (play and language) can be targeted, and the child can receive the powerful, natural reinforcement of playing successfully with a peer.

The philosophy underlying the Integrated Therapy Model (ITM) is consistent with developmentally appropriate practices, with the principles of full inclusion, and with the trend towards merging the expertise of early childhood educators and early childhood special educators. However, as more experience is gained with this approach, it has become clear that there is more involved in successful implementation than simply having the speech/language pathologist leave the "therapy room" and enter the classroom. Just as mere physical proximity does not assure successful social integration, the ITM also requires a great deal of specialized training and preparation.

In our agency, we have been providing classroom-based intervention for the past five years. We are extremely enthusiastic about it, but more aware than ever of the continuing thought and effort required, as well as the considerable barriers to success. Critical components for successful implementation include:

1. Adequate preparation, training, and "buy in" at all levels before transitioning to this model. This includes administrators, parents, teachers, and therapists. The model involves substantial changes for everyone involved. For example, administrators have to allow for more planning time, teachers have to take more responsibility for implementation of goals, parents have to give up the concept of direct "laying on of hands" from the therapist, and therapists have to practice "role release" and learn to work in the unfamiliar environment of the classroom.

2. Collaboration between parents, teachers, and intervention staff. This must be facilitated at all levels, starting with assessment and continuing through IEP development, program implementation, and the transition process. This requires regular planning.

3. IEPs that emphasize functional goals and objectives. Functional goals are goals that are obviously important and useful to a child in his/her everyday life. For example, the labeling of pictures of food items is not a functional goal, but the closely related skill of saying what you want for dinner when role-playing is. Likewise, sorting different shape blocks does not have an obvious function or usefulness, but putting the blocks away in their right place at clean-up time does. If a goal is truly functional, there should be numerous opportunities to practice and learn it.

4. Familiarity with appropriate intervention strategies. The therapists working in the ITM need to be skilled in the use of "naturalistic" or ("milieu") therapy techniques such as modeling, incidental teaching, sabotage, scaffolding, and principles of individualized group instruction. They also need to know how to make effective use of peers and how to facilitate social interactions.

(continued on page 16)
What is the Americans With Disabilities Act (ADA), and How Does it Apply to Head Start Programs?
by Jean P. Clarkson, Research Information Specialist, Great Lakes RAP, Champaign, Illinois

The Americans with Disabilities Act (ADA) became effective in 1992. The purpose of the ADA is to end discrimination for people with disabilities and to remove barriers that have prevented their full inclusion in American society. This goal of inclusion is congruent with Head Start’s efforts to enroll children with disabilities in their early childhood programs and offer a promise of increased opportunity for all people, especially for those with disabilities.

Is the ADA applicable to Head Start programs in all States?

Yes. The ADA is a Federal law and applicable in all States. Churches, Indian Tribes, private clubs, and employers with fewer than 25 current employees (or 15 employees as of July, 1994) are exempt from the ADA. However, Title V of the Rehabilitation Act of 1973 prohibits all recipients of Federal funds, including Head Start programs, from discrimination in services and employment on the basis of disability.

What benefits will the ADA have for our Head Start children?

The ADA means good things for Head Start children with disabilities. Families who have children with disabilities will be able to take them to places that may previously have been inaccessible—such as parks, malls, movie theaters, libraries, agencies, and day care centers. There will be more employment opportunities for children with disabilities when they grow up. More people with disabilities will be in the workforce because there will be good role models for children with disabilities. More efforts will be made to include people with disabilities in all parts of community activities—in government, transportation, recreation, education, the workplace, and health care facilities.

What changes should Head Start programs make to comply with the ADA?

Head Start programs are legally responsible for compliance with the requirements of the Employment Provisions of Title I and the Program Accessibility requirements of Title III. A policy statement indicating each Head Start’s commitment to the spirit of the ADA is recommended. All employment practices and procedures should be reviewed by a lawyer or experts on the ADA to ensure that there are no discriminatory practices. Head Start facilities need to be reviewed to identify accessibility barriers and find solutions to eliminate them. Although not legally mandated to do so, it would be a good management practice to develop a long-term ADA compliance plan.

Where can Head Start programs get assistance in understanding their obligations and making changes to comply with the ADA?

A network of Disability and Business Technical Assistance Centers has been established to provide information, materials, and technical assistance on the ADA. Contact them at 800-949-4ADA (V/TDD) for assistance. RAP staff can also provide information. The Equal Employment Opportunity Commission (202-663-4900 V; 800-800-3302 TDD) is responsible for the enforcement of Title I. The Department of Justice (202-514-0301 V; 202-514-0381 TDD) is responsible for the enforcement of Title III. There can be substantial financial penalties for failure to comply with the ADA; therefore Head Start programs are encouraged to learn more about this law and its implications, both because it supports Head Start’s philosophy of inclusion and because it is a good management practice.

For additional information and resources on the ADA, contact:

S. James
Consumer Information Catalog
P. O. Box 100
Pueblo, Colorado 81002
The Americans with Disabilities Act: Questions and Answers. (1992, DOJ) 583Z. Free
The Child Care Law Center (415-495-5498)
The Children's Foundation (202-347-3300)
Equal Employment Opportunity Commission (800) 669-3362 (Voice), (800) 800-3302 (TDD)
Federal Communications Commission (202) 632-7260 (Voice), (202) 663-7110 (TDD)
I consider myself a typical Head Start parent, but until recently my son, Anthony, was not a child who typically attended a Head Start program. Although there were children with disabilities attending Head Start, there had not been a child attending this program who was as physically challenged as Anthony.

Anthony was enrolled at a local self-contained Preschool Handicapped Program. While all his therapy needs were met, he rarely interacted with the other children. It was a one-on-one situation for the entire day. Watching Anthony become more and more dependent left me feeling very disappointed and frustrated. Everything I was working so hard to build—Independence, self-esteem, and friendships—was being destroyed in that setting.

Knowing Head Start’s commitment to children with disabilities, I advocated for it as a viable placement for Anthony.

The Child Study Team, after much resistance and a ruling by an administrative law judge, resumed related services for Anthony at the Head Start program. The transition of Anthony into the program went smoothly. The teacher, Marsha Korkowski, along with the other staff, made Anthony feel right at home. It was two weeks before any child realized, or even asked, why Anthony couldn’t walk. There were no modifications made to the program. Marsha adapted puzzles by gluing spools to the pieces. Sharon Frable, the teacher assistant, Denise Johnson, the aide provided by the school district, and Stacy Ries, the special education teacher, were also instrumental in making this move a success.

Anthony's speech therapy and computer training are done with his peers.

The difference in Anthony since he has been at Head Start is absolutely remarkable. I knew that positive role models would really motivate him. I just never realized how much. He no longer sits passively and allows others to do things for him. He feeds himself five or six bites of food with and without utensils. He brings home art work that was made by HIM! And Anthony is just so proud of his accomplishments! His speech is much more audible and intelligible. (I am no longer around to "translate."

The most heartwarming event was when Anthony was invited to a classmate’s birthday party. He waited anxiously the day of the party, asking every five minutes if it was time to leave. As we pulled out of the driveway he was singing over and over, "We’re going to the party." I literally had tears in my eyes. He had a sense of belonging.

I am very fortunate to have my son work and play with such a wonderful group of people.

I look forward to another positive Head Start experience for Anthony next year. Thank you Head Start. You’ve really defined and achieved “total inclusion.”

Anthony is enrolled in a Head Start program in Washington, New Jersey, which is part of NORWESCAP, Phillipsburg, New Jersey.
The Arizona Collaboration Project  
by Jan Meyerpeter, Interagency Coordinator, RAP Region IX, Phoenix, Arizona

The Arizona Department of Education, Head Start, and Region IX RAP have joined together to address the challenges of collaboration in the provision of services to children with disabilities. The 23 Head Start grantee agencies in Arizona provide services to approximately 12,000 children and their families. There are 118 local education agencies (LEAs) operating within Head Start areas and it is possible for one Head Start grantee to serve children from as many as 20 different school districts.

To assist Head Start grantees and LEAs with the development of agreements, the position of Interagency Coordinator was jointly funded by the Arizona Department of Education and Region IX RAP in October 1991.

The Interagency Coordinator, in conjunction with RAP staff, has provided training and technical assistance for Head Start Disabilities Coordinators and LEA Special Education Directors in the agreement process. Input from both agencies was solicited to develop a standard written agreement format which is being used as a guide in the negotiation process. Some major issues and concerns which presented possible barriers to collaborating have been addressed by Head Start grantees and LEAs using a variety of creative strategies and solutions. The project also assists with the implementation of the terms of the agreements.

Some key elements which have contributed to successful collaboration have been:

1. The agencies understand fully the mandate of the law (Individuals with Disabilities Education Act, ADA) regarding their programs.
2. The agencies take the time to understand one another's philosophy, requirements, and service delivery model. There is a respect toward, and a belief in, each agency's ability to provide services to children.
3. There are open lines of communication between the agency contact persons. There are regularly scheduled meetings and problems are addressed immediately. Agency contact persons have the time and the commitment to follow up to assure that the terms of the agreement are being implemented.
4. The agreement benefits each agency.
5. There is willingness to be flexible without compromising regulations and requirements because there is an understanding of the difference between absolute requirements and those areas where there is some flexibility.
6. Agreements are specific and attention has been paid to details and procedures.
7. Once the agreement is in place, details of the agreement are made clear to appropriate administrative staff, teachers, and parents. Head Start and LEAs present themselves as a team.

The Arizona Collaboration Project has resulted in many successful Head Start/LEA arrangements for providing quality services for Head Start children and their families.

A Head Start Staff Perspective on Inclusion  
by Audrey Dentith, Disability Services Coordinator, NORWESCAP Head Start, Phillipsburg, New Jersey

Collaboration and inclusion are indeed possible! When a child with physical disabilities was included in our Head Start program this year, everyone became a winner! He was given every opportunity to participate in all activities in the classroom, and, like a sponge soaking up all of the possibilities, he blossomed in the presence of his peers. His peers accepted him immediately and had a wonderful opportunity to learn about diversity in their world. The local school district was able to witness this first example of preschool inclusion in our State.

The entire Head Start staff learned about the power of inclusion and the need to collaborate with each other for the good of the children. As a result of this child's placement in our program, the Head Start staff, the local Child Study Team and their related teaching staff, along with three therapists who provide ongoing treatment, and the parents, met on a monthly basis to review the entire program of this child.

Everyone learned that communication was wonderful! Examples of communication were watching a physical therapist demonstrate proper seating arrangements for more powerful speech while the entire team listened to a summary of classroom activities which demonstrated appropriate transference of therapy goals to the outside world. They also shared ideas for adapting regular equipment to meet the needs of a special child in creative and inexpensive ways.

Collaboration among Head Start and school districts is possible and necessary for the future of our children. The time for working together is now and we are witnesses that true collaboration can be achieved and inclusion is the plan for the future.
Providing Educational Options for Children with Disabilities and Their Families within Head Start Programs

by Nora Buchman, Region VII RAP, Kansas City, Kansas

Developing integrated educational opportunities for preschool children with disabilities and their families in rural areas is especially challenging due to a combination of factors, including generally depressed economic conditions, families located over vast areas, and the lack of human, financial, and material resources. To address these issues, a collaborative resource effort by the Tri-County Special Education Cooperative in southeast Kansas, the Southeast Kansas Community Action Program's Head Start Program, and the University of Kansas University Affiliated Program (UAP), has developed an option for the delivery of special education and related services by an educational agency within a Head Start program.

This program, initiated through a project by the University, brought together the local special education service agency and the Head Start program to jointly create an inclusive educational program for preschool children with disabilities. Central to the development of this program was the philosophy that it should be developed within the resources of the local service programs for it to be maintained without external financial, personnel, or material sources. The program was built around the Head Start classroom and general curriculum by placing an early childhood special education teacher alongside the Head Start teacher within the classroom.

The daily routine is similar to any preschool program with the special education services delivered within the daily schedule. Following general large group activities (e.g., opening circle) children enter a designated area for free choice activities. From this area, children move into and out of designated learning centers and teacher-directed activities. These activities are directed by both staff of the Head Start and special education agencies. By doing this, children with disabilities are integrated into the instructional activities as well as the physical environment and are provided directed opportunities for social interaction. Specific Individualized Education Plan objectives for the students with disabilities are embedded within these learning opportunities.

Through the development of this inclusive program we have learned many things. Among those are that a written interagency agreement is a distinct advantage. This agreement should specify what staff are responsible for in the program, what each agency will provide, and a general philosophy from which the joint program will function. Staff and administration of each agency must be committed and believe that the collaborative program is valuable, beneficial, and that services are to be delivered in the best interests of all children. We have noted that parents of children with disabilities develop positive relationships with parents of non-disabled children that carry over into other activities. Children have made dramatic, positive behavior changes in settings with non-disabled peers and are often afforded social opportunities outside of school that they might not have otherwise been afforded. And probably most critically for those children without distinct physical disabilities, visitors to the program are generally unable to identify those children with special education needs.

For additional information, contact Dr. David Lindeman, University of Kansas UAP, 2601 Gabriel, Parsons, KS 67357. (316)421-6550, ext. 1859.

Other Head Start/UAP Partnership Grants

The program described here is one of three Head Start/UAP Partnership grants awarded in 1992. Three-year projects were also awarded to UAP programs at the University of Kentucky and the University of Colorado. These UAP programs work with Head Start grantees in their States to support inclusion of more children with developmental disabilities into Head Start programs.

To learn more about the services available from the UAP, or other programs in your State providing services to persons with developmental disabilities, please contact your RAP. The Administration on Children, Youth and Families is collaborating with the Administration on Developmental Disabilities (which awards grants for the UAPs, Developmental Disabilities Councils, and Protection and Advocacy programs in every State) to develop and promote relationships between programs to improve services for Head Start children with developmental disabilities and their families.
Four-year-old Leland Phillips attends York County Head Start in Williamsburg, Virginia. Like his fellow students, he enjoys playground activities, sing-alongs, and field trips. Unlike his classmates, Leland engages in many activities from his wheelchair.

Leland was born on August 30, 1988, with a severe form of spina bifida, a developmental defect of the spinal cord. The condition affects his nerves from the mid-back down, leaving him with little feeling and no control over the lower part of his body. His hand-eye coordination, equilibrium, speech, and physical development are also affected. He is also hydrocephalic. Until recently, a wheelchair had been his only means of getting around, but with a walker and soft retracting braces on his legs, he is slowly learning to walk. His cognitive development is only about a year behind his peers.

Leland and his family received early intervention services until he was 2 years old. He then transitioned to the preschool special education classroom in the public schools. However, Leland’s parents, wanting a more inclusive setting for their son, moved him to a regular child care center. (There Leland enjoyed the same experience as his peers.)

At three and a half, Leland transitioned to York County Head Start. Leland’s older brother, James, who has a mild hearing loss, had a successful experience at Head Start, so his parents, Gloria and Tom Phillips, naturally looked in that direction. “The child care center was wonderful for socialization and for Leland to experience age-appropriate behavior,” Gloria said, “but we felt he was ready for more structured learning.”

The transition went smoothly for Leland and his family. Nyokia Dandridge, Leland’s teacher, was volunteering at his child care center during the summer that the Phillipses were considering the move. She got to know Leland and his family, their needs and abilities, and encouraged their ambitions toward Head Start. Since the program just happened to be in the same building as the center, Leland was able to “visit” his classroom before he was fully enrolled. With help from the RAP project and his physical therapist, his teachers were able to encourage his development.

A blooming socialite, Leland loves school. “His self-esteem is great,” Gloria says. “He’s okay with being there in a wheelchair.”

Gloria and Tom are thrilled with Leland’s progress. “We have had really good luck with Head Start,” said Gloria. “Leland has had a wonderful teacher. He’s playing with the other children and doing all the normal things the other kids do.” They are especially pleased with the onset of Leland’s expressive language. “He tells me what he did, what he painted, who he played with.”

The Phillipses have enjoyed excellent communication with Leland’s teacher. They share insights and try to complement each other’s work on Leland’s weaknesses. Gloria and Tom are also pleased with the specialized equipment Head Start willingly and quickly got for Leland. The local school district provides Leland’s transportation.

Both Gloria and Tom enjoy visiting the classroom, often volunteering their time whenever their schedules allow. They appreciate the friendly, open atmosphere, and the teachers are happy for their help.

In the fall, although Leland will be 5 years old, he will spend another year at Head Start. Gloria and Tom feel that he is not quite ready for kindergarten. “We’re going by what he’s showing us in performance,” Gloria asserts. The school district and Head Start endorsed the Phillipses’ decision at the IEP meeting. The school will provide therapists and special education support to Leland in his Head Start classroom.

The Phillipses hope that Leland will soon matriculate into a regular classroom situation.
While Head Start programs, together with public schools, are serving three- and four-year-olds with disabilities, services are also available to many infants and toddlers with disabilities through early intervention programs. Part H of IDEA, the same law that guarantees a free and appropriate education for all children from age three, has encouraged States to plan services for children birth to three who have disabilities or delays in development. Some States also provide early intervention for children who are at risk for developmental delay.

Even though Head Start programs do not serve infants and toddlers, there are several reasons why Parent Child Centers (PCCs) and Head Start programs will want to know about the early intervention programs in their States. Infants and toddlers enrolled in PCCs and migrant programs may be eligible for some services under Part H (early intervention program). The early intervention system will be an excellent source of referral for PCCs and Head Start programs, helping with the identification of children with disabilities and with their placement in the natural and inclusive setting that Head Start and PCC programs offer. Children leaving early intervention at age three may be referred to Head Start as part of their plans for transition.

Each State has planned its own early intervention system and has appointed its own lead agency for early intervention. Each governor has appointed a State interagency coordinating council to assist in the planning of the statewide early intervention system. Public agencies, public private service providers, legislators, and others are represented on the coordinating councils. Some communities also have local interagency coordinating councils. These councils typically welcome the participation of PCCs and Head Start programs as important resources in the planning of statewide systems for young children with disabilities.

Children who are referred to the early intervention system will receive a team assessment to determine a child’s eligibility for services. The team will assess each child’s developmental levels, strengths, and concerns, and will help families identify their concerns, resources, and priorities. Based on assessment results and on the outcomes that each family wants for their child, an Individualized Family Service Plan (IFSP) will be developed.

Early intervention services under Part H include:

- Special instruction
- Communication therapy
- Audiological assessment and intervention
- Occupational therapy
- Physical therapy
- Psychological services
- Parent and family training
- Diagnostic medical services and health services related to the IFSP
- Counseling services
- Transportation
- Nutrition services
- Vision services
- Social services
- Service coordination

Because no one agency or discipline is expected to have all the services needed for a child and family, the early intervention system is designed to be interagency, interdisciplinary, coordinated, and collaborative. A services coordinator is appointed to be the link between each family and the early intervention system. Head Start and PCC programs will want to be part of that system. For more information on the early intervention (Part H) program in your State, call your RAP project.
Head Start's Continuing Commitment to Children with Disabilities and Their Families

the goals of the child's Individualized Education Program (IEP).

For many parents, Head Start is viewed as an important milestone in their efforts to meet their child's developmental needs. They are learning how the larger society will accept and include their child; Head Start must strive to assure that these lessons will be positive and productive. A supportive, positive, and problem-solving approach by the Head Start program provides a family with the opportunity to develop a sense of security and confidence which can help them become more successful in their roles as their child's first teacher and best advocate. Head Start has much to offer these families, including its expertise in parent involvement and in meeting the diverse needs of low-income families, its health and nutrition activities, and its stimulating and supportive educational environment.

A Head Start program's disabilities services plan must be well conceived and supported with program resources and commitments from all component staff. Comprehensive planning and a flexible, problem-solving orientation, are needed to ensure that placement in a Head Start program is not precluded by the type or severity of a child's disability. Each child's IEP must form the basis for determining which service options can meet the child's individual needs.

In many cases, delivering the most appropriate educational services for a child with a disability will require collaborating with community resources, particularly local education agencies. Head Start programs must continue to develop and sustain relationships with their partners. This process requires taking time to learn and respect what each partner can contribute and to establish the trust and teamwork which will allow the child and family's needs to be at the center of planning for services.

Head Start's goal to promote the development of social competence for Head Start children with disabilities is the same for all Head Start children, in that an individualized approach to accomplish this goal is required. When serving children with disabilities, Head Start staff will sometimes need additional training and support to attain the skill and confidence necessary to perform effectively. It is not unusual for Head Start staff to initially experience some doubt about their ability to serve children with severe disabilities. Information, training, support, and team building with partners to bring specialized skills in serving children with disabilities can help Head Start staff develop confidence and a sense of accomplishment in meeting the challenge.

Head Start's mission is best illustrated through its many success stories. These successes are the result of commitment and hard work on the part of the Head Start staff, families, and the children themselves. Head Start programs want to succeed and see the children and families they serve succeed. Developing the capacity to succeed requires a combination of leadership, staff training and support, the determination to accept challenges, and perseverance. These ingredients are essential for Head Start success in any aspect of the program. The accomplishments of Head Start children with disabilities, which are made one step at a time, continue to be among the most powerful testimonials to the value of the Head Start program.

"I Learn Better Here"

5. Agreement of all team members on a common philosophy and mission. The therapists working in the classroom need to understand the particular curriculum being used and have basic knowledge of classroom dynamics, including behavior management techniques.

Obviously without successful implementation these cannot be achieved overnight, in one year, or in several years. For us it has been an ongoing process involving continual refining, regrouping, and training. It has been tremendously rewarding and we look forward to continuing our efforts. Most recently we had the remarkable experience of having a child tell a substitute therapist who came to take him from the room, "Please stay here. I learn better here."

We are interested in talking with others who are working with this model and would be pleased to share our experiences, as well as our resources and training materials.

For more information, please contact: Trudi Norman-Murch, Ph.D., CCC-SLP, Director, Speech/Language Services, Southwest Human Development, 202 E. Earll Drive, Suite 140, Phoenix, AZ 85012.
Disability Organizations

The following organizations have information, publications, or materials on disabilities:

Access to Respite Care and Help (ARCH)  
The National Resource Center for Crisis Nurseries and Respite Care Services  
Chapel Hill Training-Outreach Project  
800 Eastowne Drive, Suite 105  
Chapel Hill, NC 27514  
(919) 490-5577; (800) 473-1727; Fax (919) 490-4905  
Funded by ACYF, supports service providers through training, technical assistance, evaluation, and research.  
Crisis nursery care is temporary care for children who are abused and neglected or who are at high risk of abuse and neglect. Respite care is in-home or out-of-home temporary, non-medical child care for families who have children with disabilities, or who have children with chronic or terminal illnesses.

Administration on Developmental Disabilities (ADD)  
HHS, Management Division  
200 Independence Avenue, SW, 724-F  
Washington, DC 20201  
Serves as the focal point in the Department of Health and Human Services, Administration for Children and Families, to support and encourage the provision of quality services to persons with developmental disabilities to increase their independence, productivity, and community inclusion.

Alexander Graham Bell Association for the Deaf  
3417 Volta Place, NW  
Washington, DC 20007  
(202) 337-5220 (Voice or TDD)  
Promotes early detection of hearing loss, provides training for teachers and parents of hearing-impaired children, and offers resources for the deaf.

American Association on Mental Retardation  
1719 Kalorama Road, NW  
Washington, DC 20009-2684  
(202) 387-1968; (900) 424-3688  
Publishes material and offers information, training, and technical assistance upon request.

American Academy of Pediatrics  
141 Northwest Point Boulevard  
P. O. Box 927  
Elk Grove Village, IL 60009  
(708) 228-5005  
Offers materials, resources, and information on the health, safety, and well-being of infants, children, and adolescents, including information on learning disabilities.

American Council of the Blind  
1155 15th Street, N.W., Suite 720  
Washington, DC 20005  
(202) 467-5081; (800) 424-8666  
Dedicated to advocating for people who are blind and visually impaired. The Council refers volunteers to organizations and programs in their communities.

American Foundation for the Blind  
15 West 16 Street  
New York, NY 10011  
(800) 232-5463; (718) 852-9873; (212) 620-2158 TDD  
Works to improve the standards of service for blind and visually impaired people.

American Speech-Language-Hearing Association  
10801 Rockville Pike  
Rockville, MD 20852  
(301) 897-5700 (Voice/TDD)  
Offers information, materials, and assistance with all matters pertaining to speech, language, and hearing.

The Arc  
National Headquarters  
500 E. Border Street, S-300  
Arlington, TX 76010  
(817) 261-6003; (817) 277-0553 TDD  
The nation's largest volunteer organization solely devoted to improving the lives of children and adults with mental retardation in their families. Assists groups in complying with the ADA, offers publications, resources, and assistance.

Children and Adults with Attention Deficit Disorders (CH.A.D.D.)  
499 N.W. 70th Avenue, Suite 308  
Plantation, FL 33317  
(305) 587-3700  
Dedicated to researching and disseminating information on adults and children with attention deficit disorders.

Clearinghouse on Disability Information  
Office of Special Education and Rehabilitative Services  
(continued on next page)
Disability Organizations (continued)

Room 3132, Switzer Building
330 C Street, SW
Washington, DC 20202-2524
(202) 732-1723
Gives information on services, educational information agencies, and government offices that specialize in disabilities services.

Columbia Lighthouse for the Blind
Children’s Program
1421 P St., NW
Washington, DC 20005
(202) 462-2900, ext. 3013
Works with parents and teachers to meet the needs of visually impaired children. Assists parents with identifying resources and services.

Learning Disabilities Association of America
4156 Library Road
Pittsburgh, PA 15234
(412) 341-1515
Formed by concerned parents of children with learning disabilities, the only national organization devoted to defining and finding solutions for the broad spectrum of learning problems.

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
(914) 428-7100
Provides publications, information, materials, and classes on children with birth defects. Contact your local chapter for additional information.

Maternal and Child Health Clearinghouse
38th and R Streets, NW
Washington, DC 20057
(202) 625-8410
Publishes a listing of all University Affiliated Programs and other information concerning maternal and child health.

National Association of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910
(301) 587-1788
Offers resources, information, and materials in sign language and for the visually impaired.

National Association of Developmental Disabilities Councils
1234 Massachusetts Avenue, NW, Suite 103
Washington, DC 20005
(202) 347-1234
The national organization of 55 Developmental Disabilities Councils. These Councils are governor-appointed bodies which plan, advocate, and work for change in their own States and territories to improve the lives of people with developmental disabilities.

National Down Syndrome Congress
1605 Chantilly Drive, Suite 250
Atlanta, GA 30324
(404) 633-1555; (800) 232-NDSC
Answers questions and gives information and materials on Down syndrome.

National Easter Seal Society
70 East Lake Street
Chicago, IL 60601
(312) 726-6200; (800) 221-6827; (312) 762-4258 TDD
Provides information on all aspects of disabilities. Contact your local Easter Seal Society.

National Association for the Education of Young Children (NAEYC)
1509 16th Street, NW
Washington, DC 20036-1426
(202) 232-8777; (800) 424-2460
Offers publications and other materials on children with disabilities.

National Association of Protection and Advocacy Systems (NAPAS)
900 Second St., NE, Suite 211
Washington, DC 20002
(202) 408-9521 (TDD)
Provides training and technical assistance to federally mandated protection and advocacy systems for individuals with developmental disabilities.

National Center for Vision and Child Development
A Division of the Lighthouse, Inc.
800 Second Avenue
New York, NY 10017
Offers publications, information, and materials for visually disabled children and adults.

(continued on next page)
### Disability Organizations (continued)

**National Information Center on Deafness (NICD)**  
Gallaudet University  
800 Florida Avenue, NE  
Washington, DC 20002  
(202) 651-5051 (Voice); (202) 651-5052 TDD  
Answers questions, gives out material and information on deafness, and responds to requests for assistance in all areas concerning deafness.

**National Information Clearinghouse for Infants with Disabilities and Life Threatening Conditions (NIC)**  
National Information System  
Benson Building, University of South Carolina  
Columbia, SC 29208  
(800) 922-9234  
Provides a centralized information and referral system on services available to infants (zero to three) with disabilities and life-threatening conditions.

**National Information Center on Deafness (NICD)**  
Gallaudet University  
800 Florida Avenue, NW  
Washington, DC 20002  
(202) 651-5000 (Voice); (202) 651-5976 TDD  
Collects, develops, and disseminates information and materials on deafness, hearing loss, organizations, services, and programs.

**National Organization on Disability (NOD)**  
910 16th Street, NW, Suite 600  
Washington, DC 20006  
(202) 293-5960; (800) 248-2253; (202) 293-5968 TDD  
Established to promote full participation of all individuals with disabilities into all aspects of life. Volunteers work to eliminate barriers for people with disabilities.

**National Organization for Fetal Alcohol Syndrome**  
1815 H Street, NW, Suite 710  
Washington, DC 20006  
(202) 785-4585  
Disseminates information and material on fetal alcohol syndrome.

**Spina Bifida Association of America**  
1700 Rockville Pike, Suite 540  
Rockville, MD 20852  
(301) 770-7222; (800) 621-3141  
For information on all aspects of spina bifida, furnishes materials, publications, and information.

**TASH: The Association for Persons With Severe Handicaps**  
11201 Greenwood Avenue North  
Seattle, WA 98133  
(206) 361-8870  
Dedicated to people perceived as having severe intellectual disabilities and seeks to build an inclusive society that values all people.

**Technical Assistance to Parent Programs (TAPP) Network**  
Federation for Children with Special Needs  
94 Berkeley Street, Suite 104  
Boston, MA 02116  
(617) 482-2915; (800) 331-0688  
Regional offices in Washington, Minneapolis, New Hampshire, and Georgia. Offers assistance to programs that specialize in parents of children with special needs.

**United Cerebral Palsy Associations, Inc.**  
1522 K Street, NW, Suite 1112  
Washington, DC 20005  
(202) 842-1266; (800) 872-2827 (Affiliate Relations Department); (800) 872-5827 (Community Services and Governmental Activities Office)  
Provides general or specific information or materials on cerebral palsy.

**University of Affiliated Programs (UAPs)**  
American Association of University Affiliated Programs for Persons with Developmental Disabilities  
8630 Fenton Street, #410  
Silver Spring, MD 20910  
(301) 588-8252; Fax (301) 588-2842  
Serves as liaison between the academic world and the developmental disabilities service delivery system to monitor the way in which services are delivered to persons with developmental disabilities.
SEPTEMBER 1993


1-30/1-7 Emergency Care Month/Week. Contact: National Emergency Care Organization, 2080 Century Park East, Suite 1206, Century City, Los Angeles, CA 90067.

1-30 Head Lice Prevention Month. Contact: National Pediculosis Association, P.O. Box 149, Newton, MA 02161. (617) 449-6487.


8 International Literacy Day. Contact: United Nations Department of Public Information, United Nations, New York, NY 10017.

13-19 National Rehabilitation Week. Contact: Alexandra C. Yantom, Allied Services, 475 Morgan Highway, P.O. Box 1103, Scranton, PA 18508. (717) 348-1497.


17-20 Fourth National Adult Literacy Congress. Washington, D.C. Contact: Conference Coordinator, Laubach Literacy Action, 1320 Jamesville Avenue, Box 131, Syracuse, NY 13210. (315) 422-9121.

19-23 National Safety Town Week. Contact: William P. Wallace, National Safety Town Center, P.O. Box 39312, Solon, OH 44139. (216) 831-7433.

21-22 Portage Model Home-Based Training for Birth to Three Interventionists. Portage, WI. Contact: Patti Herman, Portage Project Training Coordinator, 626 E. Slifer Street, Portage, WI 53901. (608) 742-8811, ext. 257.

22-28 National Food Service Employees Week. Contact: Karen Brown, Women and Infants Hospital of Rhode Island, Dietary Department, 101 Dudley Street, Providence, RI 02908. (401) 274-1100.

25 Native American Day. Formerly American Indian Day. Contact: Information Office, Bureau of Indian Affairs, Dept. of Interior, Room 4627, Washington, DC 20240.


29-10/1 Securing the Future: A National Child Abuse Prevention Symposium for Organizations Serving Children and Youth, Boy Scouts of America. Dallas, TX. Contact: Boy Scouts of America, 1325 W. Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015. (214) 580-2000.

30-10/1 Regional Conference on Rural Service Delivery. Nashville, TN. Contact: Donna Consacro, Magnolia Circle Outreach Project, Box 328, Peabody College, Nashville, TN 37203. (615) 322-8277.

Health Hints for Parents, from Child Health Talk, Vol. 1, No. 1, Spring 1992, issue on children with special needs, published by the National Black Child Development Institute, Inc., 1023 15th Street, NW, Suite 600, Washington, D.C. 20005. (202) 387-1281:

- It is extremely important to find out if your baby has a hearing problem as early as possible. The sooner you find out, the sooner you can help your child learn to communicate.
- Children with disabilities often have nutrition problems and can be overweight, underweight, have difficulty feeding themselves, or have other eating problems.
- For your blind child, you can get braille books and books on audiotape from libraries. Call the Library of Congress National Library Services for the Blind and Physically Handicapped at 800/424-8567 for a library close to you.
- The Medicaid Program is a free program that pays for health care services for low-income mothers and children, disabled children and adults, and older people.
NICHCY provides free information, publications, and materials (in English and Spanish) to parents, educators, caregivers, advocates, and others in helping children and youth with disabilities become participating members of the community.

NICHCY offers information on Public Law (P.L.) 94-142, Education of the Handicapped Act, now called the Individuals with Disabilities Education Act (IDEA), which defines "handicapped children," and has information available on State Education Departments, State Vocational Rehabilitation Agencies, Offices of State Coordinator of Vocational Education for Handicapped Students, State Mental Retardation/Developmental Disabilities Agencies, State Developmental Disabilities Councils, State Mental Health Agencies, Protection and Advocacy Agency and Client Assistance Programs, Programs for Children with Special Health Care Needs, and University Affiliated Programs.

NICHCY also publishes A Parent's Guide which answers all questions from parents about children with disabilities and gives guidance on how to identify problems, how to deal with problems, schools, services, and parent and child rights.

NICHCY also offers materials on Individualized Education Programs (IEP), and publishes NEWS DIGEST, a topic-specific publication on all aspects of children with disabilities which also lists resources.

For more information on NICHCY's publications, materials, and services, contact:

NICHCY
P. O. Box 1492
Washington, DC 20013-1492
(703) 893-6061
(800) 999-5599
(703) 893-8614 TDD
RESOURCES

From ERIC Clearinghouse on Handicapped and Gifted Children, Division of Early Childhood (DEC) Council for Exceptional Children (CEC)

The CEC offers many publications and materials for parents, educators, and child care professionals.

The CEC publishes *Exceptional Children*, *Teaching Exceptional Children*, and other periodicals, and offers a computer search service, INFOpacket. It has materials on classroom resources, culturally diverse and bilingual subjects, managing behavior, computers in special education, and offers audio- and videotapes.

The DEC promotes parent-professional collaboration in all facets of planning, designing, and implementing early childhood intervention services. They advocate policy planning and best practice in prevention and intervention that support young children with special needs and their families in integrated settings.

The ERIC Clearinghouse on Handicapped and Gifted Children provides computer searches, materials, publications, and other resources on handicapped and gifted children.

For more information, contact:

ERIC Clearinghouse on Handicapped and Gifted Children
Division of Early Childhood (DEC)
Council for Exceptional Children (CEC)
1920 Association Drive
Reston, VA 22091-1589
(703) 620-3660
(703) 264-9494 Fax

The Child Who Stutters at School: Notes to the Teacher

The Stuttering Foundation of America has numerous publications and information on speech problems for all ages. For more information, contact:

Stuttering Foundation of America
P. O. Box 11749
Memphis, TN 38111-0749
(800) 992-9392

CORRECTION: In Issue Number 44 of the Bulletin, the phone number for the publication *Celebrating Diversity, An Early Childhood Approach to Multicultural Programming*, listed on page 19, from the Mahube Community Council, Inc., in Detroit Lakes, Minnesota, was incorrectly listed. The phone number should be (218) 847-1385.

Caring for the Little Ones: The Newsletter for Infant/Toddler Care Professionals

This monthly newsletter contains activities, suggestions for homemade toys, and practical ideas for infants and toddlers. It also contains articles and insights on working with parents. A regular column on special needs infants and toddlers is included. For information on how to subscribe to this newsletter, contact:

Karen Miller
P. O. Box 97
Cowdrey, CO 80434
(303) 723-4708
(303) 723-4576 Fax

"Educating Peter"

This Academy Award winning documentary illustrates how Peter, a child with Down Syndrome, is accepted as a full member of his third grade class. The video documents Peter's interactions with his teacher and classmates. To order, or to receive a catalog of other publications, contact:

Ambrose Videos
1290 Avenue of the Americas
Suite 2245
New York, NY 10104
(800) 526-4663
(212) 265-8041
Resources

Understanding Your Health Insurance Options: A Guide for Families Who Have Children with Special Health Care Needs

This guide answers questions on insurance and health care for families with exceptional children, from enrollment qualifications to costs. This resource, plus many others, are available from:

Association for the Care of Children's Health
7910 Woodmont Ave., Ste. 300
Bethesda, MD 20814
(301) 654-6549

Reaching, Crawling, Walking ... Let's Get Moving

For parents of young children who are visually impaired, this booklet explains how children begin to understand space and learn how to move through it. Available in Spanish. Contact:

Blind Childrens Center
P. O. Box 29159
Los Angeles, CA 90029
(800) 222-3566
(213) 664-2153

When You Have a Visually Handicapped Child in Your Classroom: Suggestions for Teachers, 2nd Edition

by Iris Torres and Anne L. Corn

This booklet from the American Foundation for the Blind (AFB) provides information on topics for visually handicapped school children, from resources to instruction. The AFB offers many publications and resources for the visually impaired.

For more information on these publications, also offered in Braille, and a list of other publications, contact:

AFB
15 West 16th Street
New York, NY 10011
(718) 852-9873
(800) 232-5463
(212) 620-2158 TDD

Access for All: Integrating Deaf, Hard of Hearing, and Hearing Preschoolers
by Angela Bednarczyk and Maral Taylor

This manual and accompanying videotape provide facts about deaf people, their language, and culture; identifies methods for establishing formal relationships between local agencies serving deaf children and early education programs; and highlights information about environmental changes that are necessary to make early childhood programs accessible for deaf children. To order, and for a copy of their publications catalog, contact:

Gallaudet University Bookstore
800 Florida Ave., NE
Washington, DC 20002-3695
(202) 651-5380 (TDD/Voice)

Drug Abuse Prevention for People with Disabilities

This 12-page booklet provides the reader with an overview of the issues, risk factors for people with disabilities, a set of myths and facts, and prevention strategies. For information on this booklet, or for information on other available publications from this organization, contact:

Resource Center on Substance Abuse, Prevention, and Disability
1331 F Street, NW, Suite 800
Washington, DC 20004
(202) 783-2900 (Voice)
(202) 737-0645 TDD
This book contains a collection of essays that speak not only to every parent of a child who is "different" but also to those who know little about people with mental retardation. The author chronicles how she and her son, Ben, live with Down syndrome and its rewards and challenges. For information on how to obtain a copy of this book, or for a copy of a publications catalog on disabilities, contact:

Woodbine House
5615 Fishers Lane
Rockville, MD 20852
(800) 843-7323
Head Start's Revised Training and Technical Assistance System

Susan Weber, Special Assistant to the Commissioner, Administration on Children, Youth and Families

As we begin the 1993-94 Head Start year, the Head Start Bureau is making changes to the Head Start training and technical assistance (T/TA) system to better support grantees in their ongoing management responsibility to assure that Head Start staff have the skills and training they need to do their jobs. Grantees have a variety of funding resources and expertise to assist them. T/TA needs can be addressed with basic grant and quality improvement funds as well as with supplemental T/TA funds provided through direct funding. Grantees can also seek out local and State resources and consultants, especially through community colleges and special training programs. Head Start has developed a regional and national T/TA Network of resources to which grantees can also turn for expertise and support.

This Bulletin is a desk reference for grantees to use in understanding and accessing the T/TA resources available to them through the Head Start Network. It describes each group of contracts or grants which are part of the system, both at the regional and national levels. It lists requirements, particularly those grantees with special problems, needs, or initiatives;

- Support expansion of the program while ensuring quality by addressing special issues of management, staffing, training of new staff, and support for new grantees and delegate agencies;
- Improve grantee fiscal and program management by enhancing the skills of the management team;
- Improve Federal capacity to manage a greatly expanding T/TA system; and

We all have a stake in making Head Start the very best possible experience for children and families.

who the grantees and contractors are, what to expect from them, how to access their services, and the regional and national staff who are providing management leadership to the grantees.

The broad goals of the Head Start T/TA system are to:

- Enhance program quality, with emphasis on helping grantees fully meet the Head Start Performance Standards and other requirements, particularly those grantees with special problems, needs, or initiatives;
- Support expansion of the program while ensuring quality by addressing special issues of management, staffing, training of new staff, and support for new grantees and delegate agencies;
- Improve grantee fiscal and program management by enhancing the skills of the management team;
- Improve Federal capacity to manage a greatly expanding T/TA system; and

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Head Start's Revised Training and Technical Assistance System

- Support new Federal program directions and initiatives.

In thinking about how to address these goals, the Head Start Bureau has made several observations. The first one is, in this period of rapid expansion, the T/TA system has to balance grantee needs to support rapidly expanding enrollment as well as to maintain and enhance program quality. To accomplish these two needs, the T/TA system must increase the number of well qualified experts and consultants who can work with Head Start grantees all across the country. The Head Start field has had wonderful support and assistance through T/TA provided by grantee staff. We must now increase this base of support by reaching out to a broader audience of expertise to assist an expanding program. We must also assure that all consultants know Head Start requirements and are grounded in Head Start values.

Secondly, we have had extensive feedback that Head Start T/TA needs to provide more in-depth assistance. For example, there should be opportunities and resources for intensive on-site technical assistance with the provision for followup visits and with the possibility of an interdisciplinary team approach. Likewise, we need to emphasize training which focuses on building skills. Suggested improvements include training which can be provided at or near a grantee site, sequentially over time, with opportunities at the work site for interaction between the experiences of learning and practice. The new Technical Assistance Support Centers and National Training Contracts focus on providing this type of assistance.

Third, while there are a number of technical assistance manuals and various training resources used by grantees, the Bureau has not developed a package of training materials that grantees can use for staff development which systematically addresses the range of Head Start Program Performance Standards and other requirements. There is no set of training guides which can assist grantees with a range of training strategies and delivery styles to develop and strengthen staff skills.

In order to address these concerns, and to better address Head Start T/TA goals, we are making improvements so that the T/TA system will:

- Develop a T/TA delivery system that is comprehensive and integrated in its approach to Head Start components;
- Increase the capacity to provide intensive, on-site technical assistance for all areas of the program, with followup as needed. Priority goes to support grantees undergoing expansion, new grantees, and those who need help with special needs, problems, or initiatives;
- Identify and train a larger pool of consultants who are located across the country, which will bring in new expertise to Head Start;
- Help grantees improve their capacity to plan and manage their own T/TA;
- Improve the management capacity and skills of grantee management teams;
- Institute a national approach to the development of training materials which assures that the materials...
Sixteen Technical Assistance Support Centers (TASC's) have been established to provide intensive on-site technical assistance and other services to grantees in areas where they have special needs, initiatives, or problems. Regions I, III, VII through X, and the Indian and Migrant programs each have one TASC. The remaining large regions have two. All of the TASC's are in place except for the one serving Puerto Rico and the Virgin Islands, which will be funded in February 1994.

Each TASC is managed on a day-to-day basis by a Regional Office TASC Coordinator who is the contact person for grantees in the TASC service area.

Each TASC will:

- **Identify and train a pool of 75 locally based consultants throughout the TASC service area.** These consultants will have the expertise and experience to assist Head Start grantees in each of the four component areas of health, social services, parent involvement, and education, as well as in management;

- **Provide intensive, on-site technical assistance to grantees that have special needs, initiatives, or problems, with a special focus on effectively meeting the Head Start Program Performance Standards or other requirements.** The Regional TASC Coordinator will facilitate requests for assistance from grantees;

- **Assist the Regional Office in planning and implementing two conferences annually for grantees.** One conference will focus on critical national or regional issues related to Head Start initiatives and requirements, with technical assistance on Child Development Associate (CDA) credentials and the training guides to be produced by the National Training Contracts (NTC's). The other conference will focus on financial management issues;

- **Provide an annual orientation conference for new grantees, new directors, and new component coordinators;**

- **Assist grantees in planning and managing their own training and technical assistance;**

- **Provide opportunities for grantees and consultants to learn about the work of the NTC's and the training guides they will produce; and**

- **Provide assistance to grantees in meeting the CDA requirements.**

The TASC's which serve the American Indian and Migrant programs have two additional responsibilities:

- Assist grantees in meeting the needs of children with disabilities, and
- Adapt selected materials produced by the NTC's for American Indians and Migrant populations.

The TASC for Region X will operate a satellite center in Alaska to serve all Alaskan Head Start grantees. The satellite center will manage a consultant pool, provide on-site technical assistance, and conduct one annual statewide conference. American Indian Program Branch grantees in Alaska will also have the opportunity to participate in services offered by the TASC for Indian grantees, such as teleconferencing and conferences.

A listing of TASC's and Regional TASC Coordinators can be found on pages 12, 13, and 14.

**How to Access TASC Services:**

To access on-site technical assistance, contact your Regional Office TASC Coordinator.

To access other TASC services or information, contact the TASC that serves your State.
Resource Access Projects (RAP's)

Resource Access Projects (RAP's) are the primary vehicle for providing Head Start grantees, including infant/toddler programs supported through the Parent and Child Centers, with training and technical assistance (T/TA) to enable them to fully include children with disabilities and their families.

RAP's assist grantees in meeting the special needs of these children and their families by helping them to combine resources provided directly by Head Start with those available from other sources in their communities. RAP's also assist grantees in developing interagency agreements with local education agencies (LEA's) as required by Head Start Program Performance Standards.

American Indian and Migrant grantees receive T/TA in the area of disabilities from their Technical Assistance Support Centers (TASC's).

RAP's are funded to:

- Maintain an updated file of resource providers for use by Head Start grantees or others involved in the effort to include children with all types of disabilities in Head Start. This file should include information about the types of resources available locally to programs, their costs, and methods of access. If grantees are interested in using a direct T/TA provider on site, the RAP can refer them to local contractors.

- Provide support services and materials to Head Start grantees and other groups who contribute to the effort to fully include children with disabilities in Head Start, including the assistance necessary to encourage grantees to enroll greater numbers of children with more severe disabilities. Grantees can contact their RAP or Regional Office for information on upcoming training events in their area; training materials which will help them to increase their staff's special skills, including materials which will help them use or adapt existing technology to meet the special needs of Head Start eligible children; or to request on-site technical assistance.

- Provide training to Head Start programs. This includes making available to grantees timely and ongoing information about other activities and programs in the area. Grantees can contact their RAP's to obtain schedules of training events that are being offered in each State and the RAP can help them determine which events are relevant to children with disabilities. Each RAP also maintains a library of resources, including training materials. Grantees may borrow training resources to test in their own programs before purchasing them.

- Facilitate the development of interagency agreements with State Education Agencies (SEA's), LEA's, and other agencies concerned with services for young children with disabilities, as required by Head Start Program Performance Standards. RAP's can describe the grantees' interagency agreements between Head Start and SEA’s, which can serve as models for grantees in developing their own agreements with public schools. RAP's can also help grantees in developing their individual local agreements.

- Assist Head Start grantees with the Annual Survey of Services to Children with Disabilities in Head Start (Section B in the End of Year Program Information Report [PIR]). RAP's assist grantees in correctly completing Section B of the PIR.

A listing of RAP's can be found on pages 12, 13, and 14.

How to Access Services:

TECHNICAL ASSISTANCE for problem solving around a particular need or issue: Contact your RAP for telephone consultation; contact your RAP or Regional Office to request on-site technical assistance.

TRAINING: Contact your RAP to obtain listings of upcoming training events in your State and/or to borrow samples of training materials relevant for serving children with disabilities.
Head Start National Training Contracts

Five National Training Contracts have been awarded to develop and disseminate high quality, skill-based training guides which fully address the Head Start Program Performance Standards. The contracts address the four Head Start components, plus the area of services to children with disabilities. A sixth National Training Contract on management will be awarded in February 1994.

Once the guides have been developed they can be used by grantees individually or in clusters to provide on-site staff training. The training should be delivered sequentially and provide opportunities for interaction between learning and practice.

Training strategies will include various delivery styles, including classroom instruction, distance learning, training through supervision, and self study. Through regional conferences and meetings, the National Training Contracts will provide workshops for grantees and consultants on how to use the training guides.

The training guides will be 30-40 pages in length and will cover the requirements of all the various Performance Standards that relate to each component. To determine what kinds of materials already exist and what new resources are needed, the National Training Contracts will do a needs assessment that will include:

- surveying groups of grantees;
- reviewing the existing related materials which are both Head Start specific and outside Head Start;
- and working with a panel of experts from the field who will contribute a broad range of training knowledge and experience to the project.

The six contracts will be managed as a consortium to ensure that they provide an integrated approach across Head Start components.

Two contracts have added responsibilities. The National Training Contract for social services will also provide technical assistance by telephone, mail, and/or on-site to the Family Service Centers. These grantees will hear more about this technical assistance at their next cluster meeting in December. When the National Training Contract for management is awarded in February 1994, it will operate a toll-free line to provide technical assistance on facilities, as well as conduct a National Orientation Training for new Head Start Directors.

For a list of National Training Contracts, see page 15.

How to Access Materials and Services:

Grantees and delegate agencies will receive a copy of each training guide when it is published. The first guides will be available in Fall 1994.

Workshops on how to use the guide will be available through the Technical Assistance Support Centers (TASC's) at conferences and other events which they schedule. These will begin in Spring 1994.

Resources:

The Winning Trainer:
Winning Ways to Involve People in Learning

Packed with hundreds of exercises, games, puzzles, role plays, and group-in-action techniques to involve the learners in learning. 1989. Available from:

Gulf Publishing Company
3301 Allen Parkway
Houston, TX 77017
713/529-4301

The Adult's Learning Projects
by Allen Tough

Covers the spectrum of intentional learning, from self-planned to attending classes and conferences. Interesting research data included. Available from:

Learning Concepts
2501 N. Lamar
Austin, TX 78705
Head Start Teaching Centers

Fourteen Head Start Teaching Centers have been established to demonstrate an innovative approach for training Head Start staffs. Teaching Centers provide on-site training in an exemplary Head Start program. The training addresses all component areas; is based on observation, practice, and feedback; stems from a careful training needs assessment -- both with the trainee and the grantee as a whole; and emphasizes "learning by doing." In some cases the Teaching Center will provide on-site followup. This training approach provides opportunities to tailor the learning experience to the specific needs of individual participants and grantees, respecting the uniqueness of each program.

Most Teaching Centers have installed two-way windows next to classrooms and have developed learning centers which combine teaching, practice, and observation opportunities. The Migrant and Indian programs have a special focus on bilingual and cultural strategies related to the populations they serve. The Teaching Centers spent their first year planning and piloting their programs and began full operation in September 1993.

Each Teaching Center has a service area of grantees from which it draws trainees. Participants are identified by their grantees which must pay the travel and per diem costs of the training. Most Teaching Centers have developed low cost living arrangements and make every effort to create a supportive living and learning environment.

The Teaching Centers represent a variety of Head Start settings, including programs operated from public schools, single-purpose agencies, Community Action Agencies, universities, and Indian Tribes. A Migrant grantee and a home-based grantee are also included.

A list of Teaching Centers is on pages 12, 13, and 14.

To Access Teaching Centers:

To find out about participating in the training of a Head Start Teaching Center, call the Center nearest you. If you are a Migrant or Indian program, contact the Teaching Centers which serve these programs. The Teaching Center staff can tell you whether you are in their service area, the schedule and focus of training sessions, and the costs of lodging in the area.

Resources From The Council for Early Childhood Professional Recognition

Resources For Early Childhood Training: An Annotated Bibliography

This resource guide contains an extensive index of resources for the Child Development Associate (CDA) candidate, organized into the 13 CDA Functional Areas; models of college-based CDA training demonstration projects; summary reports on these projects; and a section on the Council's own nationwide one-year training program, the CDA Professional Preparation Program (CDA P3).

For a copy of either of these publications, or for more information on the Council or on CDA requirements, contact:

The Council for Early Childhood Professional Recognition
1341 G Street, NW, Suite 400
Washington, DC 20005-3105
202/265-9090; 800/424-4310

National Directory of Early Childhood Teacher Preparation Institutions

This directory lists 610 formal education programs in early childhood/childhood development in 49 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands.

Also listed are institutions that have indicated interest in offering seminar instruction during Phase II of the CDA Professional Preparation Program (CDA P3).
The Head Start/Johnson & Johnson Management Fellows program offers competitively selected Head Start Directors two weeks of intensive, innovative management training conducted by the University of California at Los Angeles' Anderson Graduate School of Management. Currently 40 Head Start Directors a year participate in the program and the number will be expanding in the near future.

This unique program offers participating directors special features such as the involvement of their supervisors, graduate professional or continuing education credits, and the opportunity to participate in a network of graduates who serve as management trainers and resources to other Head Start Directors.

The program strengthens the management skills of Head Start Directors by:

- Introducing them to modern management theories and principles;
- Developing or enhancing their ability to plan and lead the effective delivery of Head Start services in an increasingly changing and challenging environment;
- Fostering entrepreneurial competence and a bias for action;
- Developing strategies that Directors can quickly implement in their programs and share with other Head Start managers; and
- Establishing a network of Head Start Fellows who assist in management education of other Head Start Directors nationwide.

The Management Fellows program builds both executive and entrepreneurial management skills. Participating Directors are involved in a variety of learning experiences, including real case studies from Head Start organizations. They are exposed to theories and concepts from areas of human resources, organizational design and operations, finance, computers and information systems, and marketing.

An important and innovative element of the program is the involvement of the supervisors of the participating Director. During the program, supervisors become "co-participants" and work with the Directors to develop a strategic initiative called the Management Improvement Project (MIP). These MIP's prepare the Directors on how to implement subjects of major significance upon return to their organizations.

An Information Memorandum announcing the application deadline and eligibility criteria will be sent to all grantees this Fall.

To access, or for further information, contact:

Myra Brown
Program Coordinator
UCLA Office of Executive Education
2381 Anderson Graduate School of Management
Los Angeles, CA 90014-1464
(310) 825-2001; Fax (310) 206-3924
The Child Development Associate (CDA) National Credentialing Program

The amended Head Start Act requires that by September 30, 1994, each Head Start classroom in a center-based program have a qualified teacher who, at a minimum, has a Child Development Associate (CDA) credential to serve children ages three to five.

The CDA program is administered by the Council for Early Childhood Professional Recognition, a non-profit corporation located in Washington, D.C. The Council operates under a cooperative agreement with the Administration for Children, Youth and Families to provide information, assessment, and credentialing to Head Start employees. The CDA credential is awarded based on the ability of a candidate to meet the standards of good child care practice established by a Federal task force of early childhood experts.

There are currently two ways to become a CDA: (1) Direct Assessment (DA) - $325, and (2) the CDA Professional Preparation Program (CDA P3) - $1500. Both systems require that a candidate meet certain eligibility requirements and successfully complete the assessment process, demonstrating competency in the 13 aspects of quality child care defined as "Functional Areas" by the Council. The main difference between these two systems is that the DA is designed for candidates who have child care experience and education, while the CDA P3 is a one-year training and assessment program developed by the Council for candidates with little or no prior experience or early childhood education, and offered at post-secondary institutions in the candidate’s community.

DA candidates must supply the Council with evidence that they meet the eligibility requirements at the time of application for assessment. To be eligible for the DA, candidates must:

- Be 18 years of age,
- Hold a high school diploma or equivalent,
- Have 480 hours of experience working with children within the past 5 years, and
- Have 120 clock hours of formal child care education within the past 5 years. (Formal education is defined as that which is received from an agency or organization with expertise in early childhood teacher preparation.)

In addition to verifying that they meet the eligibility requirements, candidates must prepare additional documentation prior to applying for the CDA assessment. Once the documentation is compiled, it is sent to the Council where it is reviewed by a commission to determine whether or not the candidates meet the standards necessary to be awarded a CDA credential.

Candidates in either program may earn their CDA in one of the following endorsement areas:

- Center-Based Preschool
- Center-Based Infant/Toddler, or
- Family Day Care.

The CDA Home Visitor credential may only be earned through the DA. A Spanish/English bilingual specialization is also available.

Scholarships are available for CDA training and assessment through the CDA Scholarship Program. To find out the name of the CDA Scholarship Agency in your State, see pages 16 and 17.

For more information on the CDA, write to:

Council for Early Childhood Professional Recognition
1341 G Street, NW, Suite 400
Washington, DC 20005
(202) 265-9090, (800) 424-4310
In September 1991, a three-year grant was awarded to the Educational Television Endowment of South Carolina to demonstrate and evaluate the effectiveness of training clusters of Head Start Classroom Teaching teams through the use of satellite technology and interactive learning.

The project targets geographical areas where Head Start centers are scattered or isolated, making conventional training strategies inappropriate and costly. Located primarily in remote and rural areas, selected programs include those on Native American reservations, in Alaskan villages, in Puerto Rico, and those involved with migrant programs. The focus of the demonstration is the Head Start classroom teaching team: a teacher, teacher assistant, parent volunteer, and the education coordinator.

At the local level, this project involves representatives from Head Start, from public television, from post-secondary institutions, and experts from the early childhood education community to create partnerships for the expansion of the distance-learning experience through the medium of television.

Assisted by trained facilitators, clusters of teaching teams participate in live weekly two-hour interactive seminars delivered via satellite to sites across the country. During the broadcasts, participants may telephone toll-free to the studio to talk with other colleagues across the country and with presenters in the studio about a particular issue or question. During the broadcast and at any time during the week, facilitators and participants may also fax materials to the studio and project staff.

Following the seminar, each participant experiences, as a member of a small group of 8-10 trainees from various programs and sites, a one-hour telephone discussion session, guided by a highly knowledgeable and experienced early childhood professional. These sessions are grouped by team role (teachers with teachers, assistants with assistants, volunteers with volunteers) and provide participants with a chance to discuss issues, as well as weekly reading and activity assignments, with colleagues across the country.

The weekly television seminars cover basic principles of child growth and development and special topics and issues of concern to early childhood professionals with a national Curriculum Advisory group closely monitoring the development of the training. The program content reflects:

- The Head Start Program Performance Standards;
- The Head Start Multicultural Principles;
- Principles of child development;
- The National Association for the Education of Young Children's Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through age 8; and
- The six competency goals and thirteen functional areas of the Child Development Associate (CDA) credential.

Each two-hour seminar includes short 5-7 minute pre-taped segments which are filmed in various Head Start classrooms. Upon successful completion of each semester of the training, college credit is available for those who desire it and who qualify for it.

ECPDN training:
- Meets the 120-hour requirement for the CDA;
- Brings the most current early childhood education information and training to Head Start classroom teams in isolated or remote areas;
- Minimizes travel time and costs by using local training sites;
- Enables participants to interact personally with some of the most well-known early childhood education professionals; and
- Provides high quality training with consistent standards and content to all Head Start teaching teams without geographic restrictions.

The program has been well received and participants are reporting changes in their work practices and in the way they interact with children and parents.

Registration is closed for the remainder of the demonstration. However, for other information, contact:

Carolyn S. Dorrell, Project Director
ECPDN
2712 Millwood Avenue
Columbia, SC 29205
(803) 737-3545; Fax (803) 737-9947
To ensure that Head Start staff are providing quality services to children and families, it is essential that they receive ongoing, up-to-date training to help them acquire the skills and knowledge they need to perform their jobs. This training becomes increasingly important as Head Start expands, new staff are added, staff responsibilities change, and the needs of children and families change.

Often grantees develop training programs because they happen to identify a problem. Using this approach, their training plans consist of a series of individual — often unrelated — decisions which respond to separate problems. This approach, however, presents many problems as grantees:

- Run out of the resources and the "steam" which they need to address these problems;
- Realize that they have not addressed the most important problem;
- Find that they cannot solve the problem through training; or
- Find that the training they are providing with their resources is already available in the community.

These are all planning and management issues that can be addressed by thinking strategically about training. Rather than being a separate, unrelated process, planning and managing training should be integrated into the grantee's management systems, which include planning, budget, and personnel.

To better plan and manage their training, grantees should undertake a comprehensive step-by-step process for planning training which is structured to work in tandem with a grantee's management planning process. The process begins with identifying training needs and continues through writing a training plan to providing the training and followup.

The steps in a planning process are:

- Assessing Programmatic and Organizational Needs
- Developing Outcomes for Training
- Prioritizing Training
- Identifying Options for Delivering Training and Estimating the Costs
- Developing a Budget and Allocating Funds
- Writing the Training Plan
- Implementing the Training Plan
- Assessing the Training
- Providing Followup

More information about this planning process and the Head Start Bureau's expectations will be communicated through a program Information Memorandum and additional resource information.

WANTED:

Photos and Information ...

Send your identified photographs and items of interest for possible use in future issues of the Bulletin to:

Head Start Bulletin
P. O. Box 1182
Washington, DC 20013
New Oral Health Curriculum for Head Start: "Bright Smiles, Bright Futures"

As a result of a partnership between the Head Start Bureau, the Public Health Service, and the Colgate-Palmolive Company, an oral health curriculum module called "Bright Smiles, Bright Futures" has been developed for Head Start programs. This multi-media module is designed to help young children and their parents learn and practice effective oral health.

Field tested in Head Start programs, the module incorporates the use of children's books and music with innovative educational materials that are:

- **Multicultural.** The materials teach prevention and early learning to influence the knowledge, attitudes, values, skills, and oral health practices of low-income minority children.

- **Developmentally Appropriate for Preschool.** The multi-disciplinary approach of the program will allow integration of dental health through multiple curricular areas, including health, nutrition, science, music, art, and family relationships.

- **Created with Parent Involvement Activities.** In addition to educational videos which have been filmed in four different Head Start centers, there are activities parents can share with their children, and parent involvement activities in both English and Spanish.

- **Flexible for Teachers.** Support materials are interactive, visual, and musical to promote learning and encourage use by Head Start staff.

Selected programs in over 28 States have already received their kits as part of the Head Start Satellite Distance Learning Demonstration Project. In addition, a kit for each classroom has been sent to all Head Start grantees in California, Georgia, Maryland, New Jersey, New York, Pennsylvania, and Washington, D.C. More kits are being produced now, and by the Spring of 1994 every Head Start classroom in the United States will have received their "Bright Smiles, Bright Futures" module.

"Bright Smiles, Bright Futures" Program Elements:

**FOR THE CHILDREN:** A Big Book: "Your Smile Counts": Through an engaging rhyme the children learn the importance of taking care of their teeth and that going to the dentist can be a positive experience and enhance self-esteem. (A special adaptation of the picture book, A Big Book, has been made for Alaskan grantees to show an environment and surroundings which are familiar to Alaskan children.)

An Audio Cassette: Interactive Songs for Learning ("Brush Rap," "Yes or Si," "My Teeth and I") and English and Spanish narration of the Big Book.

Wall Posters: "I Brush..." takes the children through a day at home and at Head Start, and "I Eat Healthy Foods" encourages the children to eat well.

Story Cards: "Trip to the Dentist" sequencing.

To Take Home: A child-sized toothbrush and toothpaste, a message to parents in both English and Spanish, and a light switch sticker that glows in the dark.

**FOR THE PARENTS:** An Educational Video filmed in four different Head Start Centers, Easy Activities to share with the children, and Parent Involvement Activities in both English and Spanish.

**FOR THE TEACHER:** A Teacher's Guide filled with activities, curriculum ideas, and important background information on oral health.

Access to the Curriculum:

All grantees will have a set of these materials by Spring 1994.
## Regional T/TA Providers

<table>
<thead>
<tr>
<th>Region</th>
<th>TASC</th>
<th>RAP</th>
<th>Teaching Center</th>
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<tbody>
<tr>
<td>I</td>
<td>Sheila A. Skiffington, TASC Director New England Resource Center Education Development Center, Inc. 55 Chapel Street Newton, MA 02160 (617) 969-7100 TASC Coordinator: Ann Linehan (617) 565-2479</td>
<td>Philip H. Printz, RAP Director New England RAP Education Development Center, Inc. 55 Chapel Street Newton, MA 02160 (617) 969-7100 Regional Liaison: Ann Linehan (617) 565-2479</td>
<td>Lynn Murphy Teaching Center Coordinator C.H.I.L.D., Inc. 1642 W. Shore Road Warwick, RI 02889 (401) 737-0403 Regional Liaison: Ann Linehan (617) 565-2479</td>
</tr>
<tr>
<td>II</td>
<td>Robert Daniels, TASC Director (NY, NJ) Dept. of Human Services and Education New York University 48 Cooper Square, Room 103 New York, NY 10003 (212) 998-7205 TASC Coordinator: Patricia Vaughan (212) 264-2974</td>
<td>Dinah Heller, RAP Director Region II RAP Dept. of Human Services and Education New York University 48 Cooper Square, Room 103 New York, NY 10003 (212) 998-7205 Regional Liaison: Allan Jones (212) 264-2974</td>
<td>Linda Pollock Teaching Center Coordinator Washington County Head Start 18 River Street Hudson Falls, NY 12839 (800) 864-4700 Regional Liaison: Kevin Costigan (212) 264-2404</td>
</tr>
<tr>
<td>III</td>
<td>JoAn Knight Herren TASC Director Head Start Resource Training Center University of Maryland University Blvd. at Adelphi Road College Park, MD 20742 (301) 985-7840 TASC Coordinator: Linell Lukesh (215) 596-4882</td>
<td>Lisa Goldman, Project Coordinator Child Development Resources P.O. Box 299 Lightfoot, VA 23090 (804) 565-1513; (800) 237-7273 [Subcontract: Kris Hansen, RAP Director Georgetown University Child Development Center 2233 Wisconsin Ave., NW, Ste.215 Washington, DC 20007 (202) 338-1698; (800) 445-7273] Regional Liaison: Lillian Sugarman (215) 596-0355</td>
<td>Stephanie Childs Teaching Center Coordinator Philadelphia School District Stevens Administrative Center 13th and Spring Garden Streets Philadelphia, PA 19123 (215) 351-7060 Regional Liaison: Dolores Fields (215) 596-0379</td>
</tr>
<tr>
<td>IV</td>
<td>Colleen Mendel TASC Director (KY, TN, NC, SC) Western Kentucky University 344 Tate Page Hall Bowling Green, KY 42101 (502) 745-4041 TASC Coordinator: Andy Alexander (404) 331-2398</td>
<td>Brenda V. Bowen, RAP Director Region IV RAP Chapel Hill Training Outreach Project 800 Eastowne Drive, Suite 105 Chapel Hill, NC 27514 (919) 490-5577</td>
<td>Janet M. Turchi Teaching Center Coordinator Chapel Hill Training Outreach Project 800 Eastowne Drive, Suite 105 Chapel Hill, NC 27514 (919) 490-5577 Janet Buckley Teaching Center Coordinator Western Kentucky University Child Care Consortium 344 Tate Page Hall Bowling Green, KY 42101 (502) 745-4041 Regional Liaison: Joann Benson (404) 331-2128</td>
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### Regional T/TA Providers

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<td>V</td>
<td></td>
<td>Vicki L. Stoeckl, RAP Coordinator</td>
<td>Maxine DeLap</td>
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<td>Colonel Wolfe School</td>
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<td>University of Illinois</td>
<td>Wabash Area Development, Inc.</td>
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<td>403 East Healey</td>
<td>328 Industrial Avenue</td>
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<td>Champaign, IL 61820</td>
<td>P. O. Box 634</td>
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<td>(217) 333-3876</td>
<td>Carmi, IL 62821</td>
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<td>[Subcontract: Julia Herwig, RAP Director</td>
<td>(800) 431-0676</td>
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<td>Cooperative Educational Service Agency</td>
<td>Regional Liaison: Katie Williams</td>
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<td>626 E. Slifer Street</td>
<td>(312) 353-8322</td>
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<td>Portage, WI 53901</td>
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<td>(608) 742-8811, Ext. 233</td>
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<td>Regional Liaison: William Sullivan</td>
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<td>Tommy Tidwell</td>
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<td>Texas Tech University</td>
<td>South Plains Community Action Association, Inc.</td>
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<td>P. O. Box 41162</td>
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<td>Lubbock, TX 79409</td>
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<td>(806) 742-3296</td>
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<td>(800) 527-2802</td>
<td>Regional Liaison: Debbie Drake</td>
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<td>Regional Liaison: Carolyn Hake</td>
<td>(214) 767-2981</td>
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<td>TASC Coordinator: George Campbell</td>
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<td>VI</td>
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<td>Barbara Lawrence</td>
<td>Janet Carl</td>
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<td>CRU G 001</td>
<td>Mid-Iowa Community Action, Inc.</td>
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<td>University of Kansas Medical Center</td>
<td>212 W. Ingledue Street</td>
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<td>3901 Rainbow Boulevard</td>
<td>Marshalltown, IA 50158</td>
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<td>Kansas City, KS 66160-7339</td>
<td>(515) 752-7162</td>
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<td>(913) 588-5961</td>
<td>Regional Liaison: Lynda Bitter</td>
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<td>(816) 426-5401</td>
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<td>Deborah Hinrichs, TASC Director</td>
<td>Roxanna C. Johnson</td>
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<td>Community Development Institute</td>
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<td>777 S. Wadsworth Bldg., Bldg. 1</td>
<td>Southern Utah University</td>
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<td>Suite 103</td>
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<td>Lakewood, CO 80226</td>
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<td>(303) 989-5929</td>
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<td>IX</td>
<td>Monica Scott Green TASC Director Development Associates, Inc. 1475 North Broadway, Ste. 200 Walnut Creek, CA 94596 (510) 935-9711 TASC Coordinator: Maria Fort (415) 556-7408</td>
<td>Ginger Ward, RAP Director Alan Taylor, RAP Co-Director Southwest Human Development 202 E. Earl, Suite 140 Phoenix, AZ 85012-2636 (602) 266-5976</td>
<td>Evie Lieberman Teaching Center Coordinator Southwest Human Development 202 E. Earl, Suite 140 Phoenix, AZ 85012 (602) 266-5976</td>
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<td></td>
<td>Carillon J. Olmsted TASC Director School of Extended Studies Portland State University P.O. Box 1491 Portland, OR 97207 (503) 725-4815 (800) 547-8887, ext. 4815 TASC Coordinator: Judy Williams (206) 615-2557</td>
<td>Carillon J. Olmsted, RAP Director Region X RAP School of Extended Studies Portland State University P.O. Box 1491 Portland, OR 97207 (503) 725-4815 (800) 547-8887, ext. 4815 TASC Coordinator: Judy Williams (206) 615-2557</td>
<td>Mary Marshall Teaching Center Coordinator South Central Community Action Agency P. O. Box 531 Twin Falls, ID 83303 (208) 733-9351 Regional Liaison: Leslie Jenkins (206) 615-2557</td>
</tr>
<tr>
<td>X</td>
<td>Antonia Dobrec TASC Director Three Feathers Associates P.O. Box 5508 Norman, OK 73070 (405) 360-2919 Regional Liaison: Donald Wyatt (202) 205-8900</td>
<td>American Indian grantees are provided services in the area of disabilities by their TASC. Evel Pitman, RAP Director, Disabilities Services</td>
<td>Leona Skunk Cap Teaching Center Coordinator Blackfeet Tribe P. O. Box 537 Browning, MT 59417 (406) 338-7370 Regional Liaison: Adrienne Brigm (202) 205-8902</td>
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<tr>
<td>American Indian</td>
<td>Leilani Pennel TASC Director Academy for Educational Development 1255 23rd Street, NW Washington, DC 20037 (202) 833-7600 Regional Liaison: Frank Fuentes (202) 205-8435</td>
<td>Migrant grantees are provided services in the area of disabilities by their TASC. Sheryl Parkhurst, Disabilities Component Specialist</td>
<td>Deborah Clipper Teaching Center Coordinator Stanislaus County Office of Education 801 County Center III Court Modesto, CA 95355 (209) 525-6901 Regional Liaison: Sandra Carton (202) 205-8396</td>
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<tr>
<td>Migrant</td>
<td>The Federal Project Officer for all TASCs is Clay Roth (202) 205-8504.</td>
<td>The Federal Project Officer for all RAP's is Chuck Jones (202) 205-8539.</td>
<td>Federal Project Officers for all Teaching Centers are Britton Guerrina (202) 205-8420 and Chuck Jones (202) 205-8539.</td>
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</table>
Financing an Education

The Federal government offers a variety of financial aid to students. This aid is usually in the form of grants, loans, and work-study programs. Federal grants are annual awards that do not have to be repaid. Students, however, do have to repay Federal student loans, but these loans carry lower interest rates than standard loans. A listing and description of Federal financial aid can be obtained from the U.S. Department of Education, called The Student Guide to Financial Aid. To order, write:

R. Woods
Consumer Information Center
Pueblo, Colorado 81009

Pell Grants assist college students in paying for their undergraduate education. Grant awards range from $200 to $2,400 each year for eligible students.

Federal Plus Loans/Federal Supplemental Loans are federally guaranteed loans to students. Loan awards of up to $4,000 per academic year or a total of $20,000 is provided to eligible students.

The Bureau of Indian Affairs and Tribal Grants provide funds to Native American students who demonstrate financial need. For more information, contact the Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202. (202) 208-4871.

Perkins Loans

Head Start teachers can apply for a student loan exemption through the Perkins Loan program, which used to be called the National Direct Student Loan. This loan is different from a Guaranteed Student Loan.

The Perkins Loan is available for anyone who is a full-time staff member in a Head Start program. Cancellation of the loan depends on years of service and can be up to 100 percent of the loan. The cancellation rate is 15 percent per academic year of service within the Head Start program.

To quality for the loan, you must be a regular employee and have worked for Head Start for a full academic year or the equivalent. As an applicant from a local Head Start agency, you must have a salary that is lower than or comparable to that of a person in a local education program. To apply, request the Single File Form or other financial aid forms from your local college's or university's financial aid department.

Additional information is available from the U.S. Department of Education at 800/433-3243.
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<tr>
<th>State</th>
<th>Contact Person</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City, State</th>
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<tr>
<td>ALABAMA</td>
<td>Carolyn Tidovsky</td>
<td>Dept. of Human Resources</td>
<td>50 Ripley</td>
<td>Montgomery, AL 36130-1801</td>
<td>(205) 242-1425</td>
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<td>ALASKA</td>
<td>Lare</td>
<td>Anchorage AEYC</td>
<td>P.O. Box 201301</td>
<td>Anchorage, AK 99520-2031</td>
<td>(907) 274-7793</td>
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<td>ARIZONA</td>
<td>Cheryl L. Foster</td>
<td>Central Arizona College</td>
<td>8470 N. Overfield Road</td>
<td>Coolidge, AZ 85228</td>
<td>(602) 723-4141</td>
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<tr>
<td>ARKANSAS</td>
<td>Virginia Reid</td>
<td>AR Dept. of Human Services</td>
<td>P.O. Box 1437, Slot 720</td>
<td>Little Rock, AR 72203</td>
<td>(501) 682-8990</td>
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<tr>
<td>CALIFORNIA</td>
<td>Elsie W. Gee/Fran Johnson</td>
<td>P.O. Box 160373</td>
<td>Sacramento, CA 98516-0373</td>
<td>(916) 442-4703</td>
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<tr>
<td>COLORADO</td>
<td>Loretta Cluck/Joan Smith</td>
<td>Red Rocks Community College</td>
<td>Campus Box 22 B</td>
<td>Lakewood, CO 80401-5398</td>
<td>(303) 988-6160 ext. 276</td>
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<td>CONNECTICUT</td>
<td>Peter Palamino</td>
<td>Dept. of Human Resources</td>
<td>1049 Asylum Avenue</td>
<td>Hartford, CT 06105-2431</td>
<td>(203) 566-8047</td>
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<td></td>
<td>Patsy Kohout/Darlene Ragozzine</td>
<td>CT Child Care Training Support Center</td>
<td>188 Richards Avenue</td>
<td>(203) 857-7257</td>
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<td>DELAWARE</td>
<td>Betty Richardson</td>
<td>Seafood Community Action Agency</td>
<td>525 North Front Street</td>
<td>Seafood, DE 19973</td>
<td>(302) 629-7904/05</td>
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<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>Pamela C. Ellison</td>
<td>Department of Human Services</td>
<td>717 14th Street, NW, Suite 730</td>
<td>Washington, DC 20005</td>
<td>(202) 727-1839</td>
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<tr>
<td>FLORIDA</td>
<td>Cynthia Perkins</td>
<td>FL Dept. of Education</td>
<td>754 Florida Education Center</td>
<td>Tallahassee, FL 32399-0400</td>
<td>(904) 922-5300</td>
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<tr>
<td>GEORGIA</td>
<td>Dr. Martha Abott-Shim</td>
<td>Georgia State University</td>
<td>University Plaza</td>
<td>Atlanta, GA 30303</td>
<td>(404) 651-2405</td>
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<tr>
<td>GUAM</td>
<td>Guam Dept. of Public Health/Soc. Svcs.</td>
<td>P. O. Box 2816</td>
<td>Agana, Guam 96910</td>
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<tr>
<td>HAWAII</td>
<td>Isaac Watson</td>
<td>Office of Community Services</td>
<td>335 Merchant Street</td>
<td>Honolulu, HI 96813</td>
<td>(808) 586-8675</td>
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<tr>
<td>IDAHO</td>
<td>Donna Suhr</td>
<td>South Central Head Start</td>
<td>P.O. Box 531</td>
<td>Twin Falls, ID 83301</td>
<td>(208) 733-9351</td>
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<tr>
<td>ILLINOIS</td>
<td>Gina Ruther</td>
<td>Dept. of Children &amp; Family Services</td>
<td>406 E. Monroe Street</td>
<td>Springfield, IL 62701-1498</td>
<td>(217) 785-2654</td>
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<td></td>
<td>Monna Ray</td>
<td>Office of Child Development</td>
<td>3518 West Division</td>
<td>Chicago, IL 60651</td>
<td>(312) 299-7841</td>
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<tr>
<td>INDIANA</td>
<td>Dianna Wallace</td>
<td>Family &amp; Social Svcs. Admin.</td>
<td>402 West Washington Street</td>
<td>Indianapolis, IN 46204</td>
<td>(317) 232-1684</td>
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<tr>
<td>IOWA</td>
<td>Bette Crumrine</td>
<td>Dept. of Human Rights</td>
<td>Lucas State Office Building</td>
<td>Des Moines, IA 50319</td>
<td>(515) 242-5895</td>
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<tr>
<td>KANSAS</td>
<td>Jean Morgan</td>
<td>Employment Preparatory Svcs.</td>
<td>300 SW Oakley, West Hall</td>
<td>Topeka, KS 66606</td>
<td>(913) 296-3742</td>
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<td>KENTUCKY</td>
<td>Joan B. Tackett</td>
<td>Department for Social Services</td>
<td>275 East Main Street, 6 W</td>
<td>Frankfort, KY 40621</td>
<td>(502) 564-2524</td>
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<tr>
<td>LOUISIANA</td>
<td>Barbara Pickney, Head Start</td>
<td>P.O. Drawer 1510</td>
<td>Opelousas, LA 70570-1510</td>
<td>(318) 948-3651</td>
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<tr>
<td>MAINE</td>
<td>Sue Harlor</td>
<td>Division of Community Services</td>
<td>Statehouse Station #11</td>
<td>Augusta, ME 04333</td>
<td>(207) 624-6922</td>
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<tr>
<td>MARYLAND</td>
<td>Betty Smith</td>
<td>Child Care Administration</td>
<td>2701 North Charles Street</td>
<td>Baltimore, MD 21218</td>
<td>(410) 554-0427</td>
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<tr>
<td>MASSACHUSETTS</td>
<td>Karen Sheaffer</td>
<td>Office for Children</td>
<td>One Ashburton Place, 11th Floor</td>
<td>Boston, MA 02108</td>
<td>(617) 727-8900 ext. 111</td>
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<td>MICHIGAN</td>
<td>Sue Allen</td>
<td>Michigan Dept. of Social Services</td>
<td>P.O. Box 30037</td>
<td>Lansing, MI 48909</td>
<td>(517) 373-0356</td>
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<td>MINNESOTA</td>
<td>Dr. Daniel Gartrell</td>
<td>Bemidji State University</td>
<td>330 Ed-Art Building</td>
<td>Bemidji, MN 56601</td>
<td>(218) 755-2073</td>
<td>(800) 475-2001</td>
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<tr>
<td>MISSISSIPPI</td>
<td>Alfenette Johnson-Orr</td>
<td>Office of Children and Youth</td>
<td>421 West Pascagoula Street</td>
<td>Jackson, MS 39203</td>
<td>(601) 949-2055</td>
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<td></td>
<td>Cheryl Mueller</td>
<td>Technical Childcare &amp; Development</td>
<td>Jones County Junior College</td>
<td>Ellisville, MS 39437</td>
<td>(601) 266-5293</td>
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<td>MISSOURI</td>
<td>Marty Baker</td>
<td>Human Development Extension</td>
<td>162B Stanley Hall, Univ. of MO</td>
<td>Columbia, MO 65211</td>
<td>(314) 882-3967</td>
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</tbody>
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National CDA Scholarship Act Administrative Agencies

National Head Start Bulletin
<table>
<thead>
<tr>
<th>State</th>
<th>Name of Contact</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Source: National Head Start Bulletin Issue #46
OCTOBER 1993


1-31 Child Health Month. Contact: American Academy of Pediatrics, P.O. Box 927, Elk Grove, IL 60009. (708) 981-6758.

1-31 National Disability Employment Awareness Month. Contact: President’s Committee on Employment of People with Disabilities, 1111 20th St., NW, 6th Floor, Washington, DC 20036. (202) 653-5044.

1-31 National Sudden Infant Death Syndrome (SIDS) Awareness Month. Contact: SIDS Alliance/National SIDS Foundation, 10500 little Patuxent Parkway, Ste. 420, Columbia, MD 21044. (800) 638-SIDS.


1-31 Child Health Month. Contact: American Academy of Pediatrics, P.O. Box 927, Elk Grove, IL 60009. (708) 981-6758.

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1-31 National Sudden Infant Death Syndrome (SIDS) Awareness Month. Contact: SIDS Alliance/National SIDS Foundation, 10500 little Patuxent Parkway, Ste. 420, Columbia, MD 21044. (800) 638-SIDS.

1-3 Healthy Mothers-Healthy Babies National Meeting. Rosslyn, VA. Contact: Conference Coordinator, 409 12th St., SW, Washington, DC 20024. (202) 863-2458.

1 Association for Childhood Education International (ACEI) Conference. Saratoga Springs, NY. Contact: Jerry Odland, ACEI, 11501 Georgia Ave., Suite 315, Wheaton, MD 20902. (800) 423-3563.

3-6 Children and Adolescents with Emotional or Behavioral Disorders. Virginia Beach, VA. Contact: Dr. Cynthia Ellis, Dept. of Psychology, Medical College of Virginia, P.O. Box 489, Richmond, VA 23298. (804) 786-4393.

3-8 Child Welfare Leadership Institute. Denver, CO. Contact: Karen Firestod or Mickey Shumaker, American Human Association, 63 Inverness Drive East, Englewood, CO 80112. (303) 792-9900 or (800) 227-4645.

4-10 Fire Prevention Week. Contact: National Fire Protection Association, Battymarch Park, Quincy, MA 02269. (617) 770-3000.

5 Child Health Day. Contact: Department of Health and Human Services, Division of Maternal and Child Health, Parklawn Building, Room 605, 5600 Fishers Lane, Rockville, MD 20857. (301) 443-3163.


6-9 1993 Association for Volunteer Administration (AVA) Conference. Little Rock, AR. Contact: Conference Coordinator, AVA, P.O. Box 4584, Boulder, CO 80306. (303) 541-0238.


7-10 51st Annual Conference of American Association for Marriage and Family Therapy (AAMFT). Anaheim, CA. Contact: Conference-AMMFT, 1100 17th Street, NW, 10th Floor, Washington, DC 20036. (202) 452-0109, Fax (202) 223-2329.

10-13 Region VIII Head Start Training Conference. Park City, UT. Contact: Conference Coordinator, Granite Head Start, 340 East 3545 South, Salt Lake City, UT 84115. (801) 481-7147.

12-14 Head Start Region V New Disability Services Coordinator Training. Mt. Pleasant, MI. Contact: Jean Johnson, Eight CAP, Inc., 904 Oak Drive, Greenville, MI 48838. (616) 754-9315.

12-16 National School Lunch Week. Contact: American School Food Service Association, 1600 Duke Street, 7th Floor, Alexandria, VA 22314. (703) 739-3900 or (800) 877-8822.

14-16 Fifth Annual Children and Adults with Attention Deficit Disorders (CHADD) Fifth Annual Conference. San Diego, CA. Contact: Conference Headquarters, Hyatt Regency San Diego, 1 Market Place, San Diego, CA 92101. (619) 232-1234.

15 Head Start Region V Disability Services Coordinator Training. Mt. Pleasant, MI. Contact: Jean Johnson, Eight CAP, Inc., 904 Oak Drive, Greenville, MI 48838. (616) 754-9315.


18-19 North Central Regional Educational Lab/Great Lakes RAP Leadership Training for Collaboration. Oakbrook Terrace, IL. Contact: Vicki Stoecklin, 403 E. Healey, Champaign, IL 61820. (217) 333-3876.

19 Pre-Conference: Early Childhood Leadership Institute, National Black Child Development Institute (NBCDI).
OCTOBER 1993 (continued)

25-31 National Adult Immunization Week. Contact the National Foundation for Infectious Diseases, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814. (301) 656-0003.
26-27 Growing: Birth to Three- An Ecological Intervention Process. Portage, WI. Contact: Patty Herman, Cooperative Educational Service Agency-Portage Project, Box 564, Portage, WI 53901. (608) 742-8811.

NOVEMBER 1993

1-31 National American Indian Heritage Month. Contact: Information Office, Bureau of Indian Affairs, Department of Interior, Washington, DC 20245. (202) 208-3711.
1-31 National Diabetes Month. Contact: The National Office of American Diabetes Association at (800) 232-3472 for information, or contact your local affiliate.
1-31 National Epilepsy Awareness Month. Contact: The Epilepsy Foundation of America, 4351 Garden City Drive, Landover, MD 20785. (301) 459-3700.
4-7 Administration on Children, Youth and Families (ACYF) Second National Head Start Research Conference. Washington, DC. Contact: Dr. Faith Lamb Parker, Project Director, National Council of Jewish Women Center for the Child, 53 West 23rd St., New York, NY 10010. (212) 645-4048, Fax (212) 645-7466.
10-13 Seventh Annual National Association for Family Based Services Empowering Families Conference. Fort Lauderdale, FL. Contact: Center for Conferences and Institutes, University of Iowa, 249 Iowa Memorial Union, Iowa City, IA 52242-1317. (319) 335-3231; Fax (319) 335-3533.
NOVEMBER 1993 (continued)


15-17  Region V Head Start Association Conference. Cincinnati, OH. Contact: Vicki Stoecklin, Region V RAP, 403 E. Healey, Champaign, IL 61820. (217) 333-3876.


17  Great American Smokeout. Contact your local office of the American Cancer Society.

19-22  American Speech-Language-Hearing Association (ASHA) Conference. Anaheim, CA. Contact: Dr. Frances Johnston, Director, Conventions & Meetings, ASHA, 10801 Rockville Pike, Rockville, MD 20852. (301) 897-8682, (800) 638-8255 Voice or TDD.


30-12/4  10th National Conference on Child Abuse and Neglect. Pittsburgh, PA. Contact: Zena Rudo, Conference Coordinator, Research Assessment Management, Inc., 1300 Spring Street, Suite 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

DECEMBER 1993

2-5  ZERO TO THREE Eighth Biennial National Training Institute. Washington, D.C. Contact: Sharon Godsey, National Center for Clinical Infant Programs, 1477 Chain Bridge Road, Suite 200, McLean, VA 22101. (703) 356-8300.

3  Head Start Region I Resource Access Project Training Conference. Warwick, RI. Contact: Sheila Skiffington, Education Development Center, 55 Chapel St., Newton, MA 02160. (617) 969-7100.


JANUARY 1994


FEBRUARY 1994

1-28 Black History Month. Contact: Association for the Study of Afro-American Life and History, Inc. 1407 14th St., NW, Washington, DC 20005. (202) 667-2822, or National Women’s History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000, Fax (707) 838-0478.

1-29 National Children’s Dental Health Month. Contact: American Dental Association, Bureau of Health Education and Audiovisual Services, 211 E. Chicago Ave., Chicago, IL 60611. (312) 440-2500.

1-29 American Heart Month. Contact: American Heart Association, 7320 Greenville Ave., Dallas, TX 75231. (214) 373-6300.

2-4 Joint Conference for Early Childhood Educators. East Lansing, MI. Contact: Jean Johnson, Eight CAP, Inc., 904 Oak Drive, Greenville, MI 48838. (616) 754-9315.


22-26 Tenth National Child Sexual Abuse Symposium. Huntsville, AL. Contact: Marilyn Grundy, the National Network of Children’s Advocacy Center and the National Resource Center on Child Sexual Abuse, 106 Lincoln Street, Huntsville, AL 35801. (800) 543-7006, (205) 533-5437, Fax (205) 534-6883.


MARCH 1994

1-31 National Nutrition Month. Contact: The American Dietetic Association, 208 S. LaSalle St., Suite 1100, Chicago, IL 60604. (312) 899-0040.

1-31 Red Cross Month. Contact your local chapter or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.

1-31 National Women’s History Month. Contact: National Women’s History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000.


6-12 Drug and Alcohol Awareness Week. Contact: National Parent Teachers Association, 700 N. Rush Street, Chicago, IL 60611-2571. (312) 787-0977.

6-12 Save Your Vision Week. Contact: American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141. (314) 991-4000.

7-10 13th Indian Child and Family Conference. Albuquerque, NM. Contact: Jeanette Trancosa, Conference Coordinator, Indian Child and Family Conference, 3812 Central Avenue, SE, Box 3, Albuquerque, NM 87104. (505) 265-8344.

11-13 National Child Care Association (NCCA) 1994 Conference. Orlando, FL. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad St., Conyers, GA 30207. (800) 543-7161; Fax (404) 388-7772.
MARCH 1994 (continued)

16-19 Annual Conference-Learning Disabilities Association (LDA) of America. Washington, DC. Contact: Conference Coordinator, LDA, 4156 Library Road, Pittsburgh, PA 15234. (412) 341-1515.

18-20 National Center for Montessori Education (NCME) National Conference. Newport Beach, CA. Contact: Kristin Cook, NCME, P.O. Box 1543, Roswell, GA 30077. (404) 434-3181.

19-22 Association for Supervision and Curriculum Development (ASCD) 49th Annual Conference. Chicago, IL. Contact Margaret Murphy, ASCD, P.O. Box 1411, Alexandria, VA 22313. (703) 549-9110 ext. 317.

20-26 Children’s and Hospitals Week. Contact: Mary Jane Tobin, Association for the Care of Children’s Health, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814. (301) 654-6549.


APRIL 1994

1-30 Cancer Control Month. Contact your local office of the American Cancer Society.


2 International Children’s Book Day, International Board on Books for Young People and International Reading Association, 800 Barksdale Road, P.O. Box 8139, Newark, DE 19714-8139.


21st National Head Start Association (NHSA) Annual Training Conference. Louisville, KY. Contact: Marlene Watkins, NHSA, 201 N. Union Street, Ste. 320, Alexandria, VA 22314. (703) 739-0875; Fax (703) 739-0878.

14-16 Southern Early Childhood Association (SECA, formerly SAUCUS) 45th Annual Conference. New Orleans, LA. Contact: Jane Alexander, SECA, P.O. Box 5403, Little Rock, AR 72215-5403. (501) 663-0353.


17-23 Week of the Young Child. Contact: National Association for the Education of Young Children, 1834 Connecticut Avenue, NW, Washington, DC 20009. (202) 328-8777 or (800) 424-2460.


18-22 RIF - Reading is Fun Week. Contact: Reading is Fundamental, 600 Maryland Avenue, SW, Washington, DC 20560. (202) 287-3220.
**APRIL 1994 (continued)**

22 **Girl Scout Leaders Day.** Contact your local Girl Scout office.

22 **Earth Day.** Contact: Environmental Protection Agency, Office of Public Awareness, 401 M St., SW, Washington, DC 20460.

22-25 **Seventeenth Annual Technical Assistance Conference.** Atlanta, GA. Contact: Save the Children Child Care Support Center, 1447 Peachtree St., NE, Ste. 700, Atlanta, GA 30309. (404) 885-1578.


24-5/1 **National Immunization Week.** Contact: National Immunization Campaign, 2626 Pennsylvania Ave., NW, Suite 301, Washington, DC 20037.


**MAY 1994**

1-31 **National Sight-Saving Month.** Contact: National Society to Prevent Blindness, 500 E. Remington Road, Schaumburg, IL 606173. (312) 843-2020 or (800) 221-3004.

1-31 **Mental Health Month.** Contact: National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314. (703) 684-7722.

1-31 **Better Hearing and Speech Month.** Contact: Council for Better Hearing and Speech, c/o Sertoma Foundation, Box 17003, Kansas City, MO 64132. (816) 444-7344.

1-31 **National Physical Fitness and Sports Month.** Contact: The President’s Council on Physical Fitness and Sports, 450 Fifth Street, NW, Suite 7103, Washington, DC 20001. (202) 272-3430.

1-31 **Older Americans Month.** Contact: Administration on Aging, Department of Health and Human Services, 330 Independence Ave., SW, Washington, DC 20201. (202) 245-0641.

1-31 **National High Blood Pressure Month.** Contact: National High Blood Pressure Education Program, High Blood Pressure Information Center, 120/80 National Institutes of Health, Bethesda, MD 20892. (301) 951-3260.

1-31 **National Arthritis Month.** Contact: The Arthritis Foundation, 1314 Spring St., NW, Atlanta, GA 30309.

1-31 **National Trauma Awareness Month.** Contact: American Trauma Society, 8903 Presidential Parkway, Suite 512, Upper Marlboro, MD 20772-2656. (301) 420-4189, (800) 556-7890, Fax (301) 420-0617.

4-7 **Annual High/Scope Registry Conference.** Ypsilanti, MI. Contact: High/Scope Educational Research Foundation, 600 North River Street, Ypsilanti, MI 48198. (313) 485-2000 ext. 218.


9-15 **National Stuttering Awareness Week.** Contact: Stuttering Foundation of America, P. O. Box 11749, Memphis, TN 38111. (800) 992-9392.


25 **National Missing Children’s Day.** Contact: Child Find of America, Inc., Box 277, New Paltz, NY 12561. (800) 426-5678.

22-25 **Association for the Care of Children’s Health (ACCH) 28th Annual Conference.** Toronto, Ontario, CAN. Contact: Elena Widder, ACCH Conference Office, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814-3015. (301) 654-6549.

31-6/4 **American Association on Mental Retardation (AAMR) Annual Conference.** Boston, MA. Contact: Conference Coordinator, AAMR, 1719 Kalaroma Road, NW, Washington, DC 20009. (202) 387-1968 or (800) 424-3688.
address the full range of Performance Standards, builds on good materials already available, and produces materials with compatible formats and delivery modes which will work together across components;

- Explore the relevance, practicality, and usefulness of some newer T/TA delivery modes, including distance satellite training, intensive management training, and residential training at an exemplary Head Start site; and

- Support a strengthened and more defined management role for Regions which will be guided by the Regions' knowledge of grantee needs and problems. Regional offices are the primary point of contact for grantees seeking information about or provision of T/TA under the revised system.

The elements of the revised T/TA system include regional and national providers, each of which are described in this Bulletin.

Regional providers are listed on pages 12, 13, and 14. Interim Regional Liaisons are identified.

### Head Start T/TA Network

**Regional Providers**
- Technical Assistance Support Centers
- Resource Access Projects
- Head Start Teaching Centers

**National Providers**
- National Training Contracts
- Satellite Learning Demonstration
- CDA Credential Grant
- Johnson & Johnson Management Fellows Training

**Issue No. 47 will feature "Parent Involvement"**
This Head Start Bulletin shares some of the wonderful experiences, strategies, and insights that were part of the Parent Involvement Institute in August 1993. For those who attended the Institute, this Bulletin will be a recap of some of the strategies which can be used by local programs to continue the momentum from the Institute. For those who did not attend, we are presenting information in addition to the strategies on how some of the specific materials can be obtained, as well as suggestions for the kinds of processes that can be used in examining how effectively parents are being involved in local programs.

At the Institute, we affirmed the need for every parent to be able to say that their lives were impacted as much as their child's by their experiences in Head Start. For the Institute, we created a special framework for parent involvement which highlights the vision, opportunities, and strategies for parent involvement within Head Start. That document, *Head Start Parent Involvement: Vision, Opportunities and Strategies*, says that Head Start's vision "is to create and sustain an environment of partnership and collaboration across all elements of the program which:

- Supports parents as primary educators, nurturers, and advocates;

(continued on page 3)
New Commissioner for the Administration on Children, Youth and Families

Olivia A. Golden, Ph.D., was sworn in as the Commissioner of the Administration on Children, Youth and Families on November 22, 1993. As Commissioner, she oversees a broad range of programs for children and families, including Head Start, child welfare programs, child care, youth programs, and the new family preservation and family support services programs.

Olivia Golden brings to the position a wealth of experience in issues of importance to children and families, having served in state government, academia, and a national children’s advocacy organization. Immediately before her appointment as Commissioner, Golden was Director of Programs and Policy for the Children’s Defense Fund in Washington, D.C., where she was responsible for the development and direction of the organization’s policy and research agendas across the range of children’s issues. Prior to that, she served as Lecturer in Public Policy at the Kennedy School of Government at Harvard University. There her teaching and research focused on child and family policy, employment and training policy, and public management. From 1983-85, Golden served as the Budget Director for the Executive Office of Human Services in the Commonwealth of Massachusetts.

Golden is the author of a recently published book, Poor Children and Welfare Reform (Auburn House Press, 1992), as well as several papers and a journal article. Her research has focused on the way services work for real people, including issues of innovation, collaboration, and effective service delivery for children and families.

"Everything real in child and family services happens at the service delivery level — where a Head Start teacher reads to a child or listens to a parent," notes Golden. "All the rest of us are support staff."

Golden sees the role of the Federal government as one of support, partnership, and leadership. "I look forward to working in partnership with the Head Start community to help respond to the needs of today’s children and families and to empower them to achieve self-sufficiency."

Olivia A. Golden
Commissioner, Administration on Children, Youth and Families
Report from the "Parent Involvement Institute"

- Assures that every parent has an opportunity for a significant experience in Head Start, and,
- Assures the policy-making role of parents which is the foundation of Head Start's unique success."

Each program should seriously examine whether every parent is being reached and supported in a meaningful way while his/her child is in Head Start. That applies to fathers and mothers, as well as other adults who have a parenting role. At the Institute we said that reaching every parent should be seen as the challenge, opportunity, and responsibility of all staff members. Every staff person needs to be committed to working with parents as full partners and to taking cues from parents on the kinds of activities and support they are interested in — as individuals and as groups.

Several of the plenary speakers, parents, and staff reported that getting parent participation in the program is most likely to occur when at least one person associated with the program takes a special interest in the parent as an individual with something of value to contribute, when there is a sincere effort by the program to support parents in their many roles, and when there are a variety of opportunities for participation. That means that programs need to be organized and staffed so that there are opportunities and time for meaningful interactions and followup with parents. Staff also need to be supported in making the connections between and among the components so that the total program reinforces the concept and reality of parents as full partners.

The framework that was developed for the Parent Involvement Institute suggests strategies for how parent involvement can be implemented in Head Start programs. The framework approaches parent involvement in the same manner in which parents experience the program — from their first introduction to the program, through the recruitment and enrollment phase, to their preparation for transitioning out of Head Start. Just like working with children to promote their growth and development, working at parent involvement needs to be envisioned as a developmental process that is limited in time. Programs have an opportunity to impact on parents' lives for only one or two years. Therefore, staff need to create opportunities and strategies which will increase the likelihood of meaningfully connecting with each and every parent as they proceed through the Head Start experience.

At the Institute, the most powerful moments and insights came directly from the parents who helped us learn how to do our jobs better. They shared their experiences, their conclusions, and their suggestions about how we could become better at being more responsive to their hopes, fears, and desires. If your local Head Start program has not recently had a conversation with parents on these subjects, that could be your first step toward more meaningful parent involvement within your program.

Parent involvement is the cornerstone of Head Start's past and future successes. Each of us needs to assure that it is being implemented in every program and with every parent so that it gives parents the opportunities, experiences, skills, and building blocks to help them prepare for a better future. That is the vision of parent involvement in Head Start.

Parent Involvement Institute Planning Committee

During the Head Start National Parent Involvement Institute in Washington, D.C. from August 9-13, the group of parents nominated to represent their local Head Start programs participated in focus groups. On three consecutive afternoons, parents were asked the following questions:

- What is something good that has happened to you because of Head Start?

- What motivated you to become involved in Head Start?

- What are ways that would strengthen your involvement?

- How can Head Start involve more parents?

- How should Head Start parent involvement be more sensitive to different cultures?

They responded by sharing their insights and experiences about 1) how they entered Head Start, 2) what has happened to them while in Head Start, 3) what about Head Start has meant the most to them in their personal journeys, and 4) how parent participation in Head Start can be strengthened.

Most of these parents had participated in Head Start at least two to three years and, while all of them now feel they are more valued and esteemed, most did not start out feeling that way. They described themselves often as lonely, bored, isolated, feeling “low income,” unvalued, worried, and stressed about all kinds of crises in their lives, wondering how they could pull it all together and get through the next day.

They described Head Start as a place where they began to free themselves from the negatives and work on the positives. Many also see any ongoing involvement with Head Start after their family is no longer in the program as one way of repayment for the opportunities they were offered.

While specific examples included the typically cited opportunities, including working in the classroom, serving on the Policy Council or other decision-making groups, meeting with other parents to discuss child-rearing issues, working towards a GED, CDA, or other training goals, or being a part of a home visit with a staff member, there are also five important general messages that came from the responses. A summary of these five follows:

1. Interactions between staff and parents and among parents around the child are one of the best entry points to help a parent feel comfortable with Head Start. Every Head Start staff person, from the cook and bus driver to the Director and every involved parent, can make a difference.

2. The small person-to-person interactions make the critical difference. Each Head Start staff person, and each already involved parent, has the power, through simple connections, to draw a parent in. Virtually every parent confirmed that his or her true involvement began with this type of experience.

3. One of the best ways to get parents involved is to ask them to do something specific. Ask, and keep on asking. Expect every parent to be involved. It conveys affirmation and respect.

4. Programs can never work too hard sharing information in many languages, or in a variety of settings and events, both formally and informally. This also means flexible scheduling, reaching out to both males and females as nurturers, and providing support such as transportation and child care.

5. Each parent has a personal, individual, and cultural journey into and through the Head Start experience, so every program must have many, different, varied, culturally responsive ways to reach and involve parents. There is no one magic solution.

These are messages that every Head Start program must honor, highlight, discuss, and plan for. A motivated, prepared management team that provides leadership and direction to encourage all staff and parents to participate as partners in Head Start is essential.
Participants at the Head Start National Parent Involvement Institute had an opportunity to raise a number of frequently asked questions about Head Start parent involvement policy, especially policies related to the decision-making process in Head Start programs and involving grantee Boards of Directors, Policy Councils/Committees, and staff. These questions were addressed by Douglas Klafehn, Acting Associate Commissioner, Head Start Bureau, and Rick Johnson, Chief, Social Services and Parent Involvement Branch, Head Start Bureau, during Tuesday, Wednesday, and Thursday mornings as part of the Policy Sessions.

Some of the most frequently asked questions, accompanied by their corresponding answers, include:

**Question:** Is Transmittal Notice 70.2, Sec. B-2-The Parents, in the Appendix of the Head Start Performance Standards, considered part of the Performance Standards? And does it carry the weight of law?

**Answer:** The answer to both questions is yes. This Appendix sets forth policy governing the involvement of parents of Head Start children: "...in the development, conduct, and overall program direction at the local level." And 70.2 does carry the weight of law.

**Question:** Can a grantee or delegate agency place representatives of the community, including agency Board members, on Head Start policy groups without approval by elected parent members of the policy group?

**Answer:** No. (See TN-70.2, Pg. 4, Parag. 2)

**Question:** Are occasional substitutes in Head Start classrooms who are parents of Head Start-enrolled children, prohibited from serving on policy groups?

**Answer:** Yes. They cannot serve on policy groups, but they can serve on center/classroom committees. Paid substitutes are considered staff, and as such, cannot serve on policy groups; it would be considered a conflict of interest. No staff member of the applicant or delegate agencies shall serve on policy groups in a voting capacity. (See TN-70.2, Pg. 5, Parag. 1, #4)

**Question:** Why can parents only serve three years on policy groups?

**Answer:** Current regulations (TN-70.2, Pg. 4, Parag. 5, #3), state that "...it is important that the membership of policy groups be rotated to assure a regular influx of new ideas into the program. For this purpose, terms of membership must be limited to no more than three years."

**Question:** Does a grantee or delegate agency Board member who is appointed to a policy group serve as a voting member of that policy group?

**Answer:** Policy Council/Committee bylaws will determine whether or not this person has voting rights as a policy group member.

**Question:** Can parents be mandated to participate or volunteer?

**Answer:** No. While parents cannot be mandated to participate or volunteer in Head Start programs, staff should encourage them to find ways to participate because of the benefits to their children and family. Head Start is a voluntary program.

**Question:** Can grandparents of Head Start children serve on the Policy Council if they are not the legal guardians of the children?

**Answer:** Yes. Grandparents who are not the legal guardians can serve on the Policy Council if they are the primary caregivers or surrogate parents.

**Question:** Does the Policy Council need to approve the hiring of the Head Start Director?

**Answer:** The Policy Council or Policy Committee must approve the hiring and termination of all Head Start staff, including the Head Start Director. (See TN-70.2, Pg. 14, III, (a), (b), (c) and (d).)

**Question:** What is the true definition of an impasse, and what is the Regional Office’s role in impasse situations?

**Answer:** An "impasse" is a deadlock which occurs when a grantee or delegate agency and its policy group cannot reach agreement on a proposed action, which can affect the operation of a Head Start program. Such impasses are resolved at the local program level to avoid disruption of services to Head Start children and families, or placing the program in jeopardy. Head Start agencies should have a well defined impasse policy to resolve Policy Group/Board conflicts and disputes. This policy must be approved by the Regional Office.
Developing Parent Involvement Strategies

Frankie Hoover Gibson, Parent Involvement Program Specialist, Head Start Bureau

During the Parent Involvement Institute in August, everyone was given the opportunity to participate in Strategy Sessions. The purpose of these sessions was to allow participants to think about what is currently happening in their programs to stimulate parent involvement and to exchange ideas that are successful. While the plan is to compile the suggestions generated at the Institute into a handbook to be distributed to all local programs, it is hoped that centers will incorporate similar brainstorming activities into their local planning. Head Start's goal is to create a climate where staff and parents reinvest in the Parent Involvement component of Head Start as the cornerstone of the program's uniqueness, which is reflected in everything that happens — in the implementation of all aspects of the program. This revitalization of parent involvement can happen by incorporating new strategies and ideas into programs which will create opportunities for every single parent in Head Start. Two suggested steps are:

**Step 1:**

Review *Head Start Parent Involvement: Vision, Opportunities and Strategies*, a document furnished to all individuals at the Institute. (For ordering instructions, see page 19.)

This document is based on the premise that Head Start programs must establish and sustain a relationship with every family in the program. It contains three main parts which deal with the Head Start experience chronologically and incorporates the relevant Performance Standards from all component areas.

The first part, Planning and Preparation for entry into Head Start, includes the areas of program development and management, recruitment and enrollment, orientation, and screening and assessment.

The second part, Participation in Head Start, discusses the importance of providing diverse opportunities for every parent to participate through child and family development, personal development, and shared decision-making experiences.

The third part, Transitioning out of Head Start, addresses the importance of building and maintaining skills beyond Head Start that will build both family and community advocacy.

**Step 2:**

Conduct small discussion groups that address the following issues and then develop action plans around the results.

**Issues:** What are the most critical messages that Head Start should strive to give parents as they enter Head Start? What are the activities being used now to make sure the message is given? What additional and different approaches should be considered?

Examples of the most frequent suggestions at the Institute: Carefully plan initial contact with each parent; make orientation an ongoing activity; put parent involvement in every job description; provide parents with needed reinforcement (i.e., one hour volunteered = inclusion in a food co-op); offer pre-service and in-service training for staff regarding attitudes; pair every staff member with specific families at beginning of year and continue for entire time in program.

Sample Strategy from Parent Involvement Institute: Need for ongoing orientation: Use returning parents, past Policy Council members, children, and staff to create a video or slide presentation to use for late enrollments and new staff throughout the program year.

**Issues:** What are the important challenges faced in involving parents? What makes it difficult? What are the activities being used now to involve parents? What innovative approach can address one or more of these challenges?

Examples of the most frequent suggestions at the Institute: Contract with a local photographer to take family portraits at a reduced rate; encourage parents and children to "build" a book at home, bring it to the

(continued on page 14)
PARENT INVOLVEMENT IN HEAD START

TEN DO'S

#1. ... Assure that Boards, grantees, and staff understand, accept, and promote the role of parents in Head Start.

#2. ... Treat all parents with respect and dignity, and accept them as they are.

#3. ... Support the concept that parent involvement is a partnership among parents, staff, agency Board, and Executive Director.

#4. ... Assess and respond to the individualized needs and strengths of each parent in the program.

#5. ... Provide appropriate training and orientation for all parents related to the various activities they will become engaged in.

#6. ... Provide parents with adequate time, information, and support to assure that all decisions they are asked to make are INFORMED decisions.

#7. ... Offer a wide variety of meaningful activities, schedules, and experiences to meet parents' needs, interests, and circumstances.

#8. ... Respect and promote appreciation for cultural and religious differences and similarities among parents.

#9. ... Recognize and reward parents' contributions to the Head Start program.

#10. ... Empower parents to achieve self-sufficiency and independence by preparing them to advocate for themselves and their children and to take on roles within their community as they leave Head Start.

TEN DON'T'S

#1. ... Use parents exclusively as classroom volunteers or to alleviate staff shortages.

#2. ... Judge, criticize, disrespect, degrade, manipulate, or talk condescendingly to parents.

#3. ... Impose one's cultural values or preferences on parents.

#4. ... Present parent involvement as an isolated component.

#5. ... Measure the success of parent involvement by the frequency of parents' attendance at meetings.

#6. ... Allow Policy Council members to interfere with, oversee, supervise, or dictate to staff in day-to-day operations.

#7. ... Allow staff to serve on, conduct, control, or dominate Policy Council meetings.

#8. ... Restrict the role of the Policy Council to function as a "rubber stamp" in decision-making or as a fund-raising group.

#9. ... Allow Head Start centers to operate without a center or classroom committee.

#10. ... Place the Policy Council in a position to sign off on documents or make decisions without ensuring that they have sufficient knowledge/information, or have been involved prior to making the decision.
# ROLES AND RESPONSIBILITIES OF PARENTS IN HEAD START

<table>
<thead>
<tr>
<th>ROLES</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTICIPANT</td>
<td>Participate in Head Start planning activities, such as orientation, open house, center/classroom committee meetings, educational, recreational, and social events.</td>
</tr>
<tr>
<td>LEARNER</td>
<td>Observe in classrooms; Join parent education groups; Read about Head Start and child development; Sign up for literacy, GED, and/or college credit classes; Attend workshops, seminars, conferences, and talks; Attend consumer information talks.</td>
</tr>
<tr>
<td>CONTRIBUTOR</td>
<td>Volunteer in various aspects of the program; Contribute ideas and thoughts for the program; Give as much time as possible to your Head Start program.</td>
</tr>
<tr>
<td>SUPPORTER</td>
<td>Get other parents to participate; Interpret Head Start in the broader community; Support all staff in their efforts; Help out in centers whenever needed.</td>
</tr>
<tr>
<td>EVALUATOR</td>
<td>Participate in annual program evaluation; Identify methods for strengthening program.</td>
</tr>
<tr>
<td>PLANNER</td>
<td>Initiate and/or plan activities of interest to parents; Identify goals for Head Start program; Help planning process in policy groups; Participate in refunding process.</td>
</tr>
<tr>
<td>DECISION-MAKER</td>
<td>Participate in/attend policy group meetings; Participate in county-wide, citywide, statewide policy group meetings.</td>
</tr>
<tr>
<td>PRIME EDUCATOR</td>
<td>Work with your child to reinforce what s/he has learned in Head Start.</td>
</tr>
<tr>
<td>CHILD ADVOCATE</td>
<td>Understand your child's needs and meet them; Protect your child from injury and bodily harm; Know and protect your child's rights; Be an advocate for your child and other children in your community.</td>
</tr>
<tr>
<td>PAID EMPLOYEE</td>
<td>Apply for openings on Head Start staff; Become qualified if not already qualified; Be an effective, sensitive, responsive staff person.</td>
</tr>
<tr>
<td>LEADER</td>
<td>Become involved in your community (school, government, health and human services activities); Learn the political system and how it works; Use any leadership skills you have learned in or outside Head Start; Assume a community leadership role.</td>
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</tbody>
</table>
AmeriCorps is Exciting Head Start Opportunity

by Gail Collins, Special Assistant to the Commissioner, Administration on Children, Youth and Families

On September 21, 1993, President Clinton signed into law the National and Community Service Trust Act of 1993. The legislation brings together a wide array of volunteer and community service programs, including VISTA and others formerly housed in ACTION, into a new Corporation for National and Community Service. The Act also launches an important new national service program — AmeriCorps.

AmeriCorps will provide meaningful opportunities for Americans of all ages and backgrounds to serve their country through organized efforts addressing the nation's critical human, public safety, and environmental needs. Individuals who are 17 years of age or older, a U.S. citizen or legal resident alien, and who have completed high school or agree to achieve a GED, will be eligible to apply to AmeriCorps. Participants will receive a stipend, health insurance, and, if needed, child care assistance while serving in the program. They will also earn education awards after completing their term of service. These awards may be used either to pay for college or other post-secondary education tuition, or to pay back educational loans.

Each State will participate in AmeriCorps by establishing a bipartisan commission on national and community service to administer the program. These commissions, to be appointed by the Governor of each State, will include educators, representatives of service programs, business and labor representatives, State government officials, and youth currently involved in service programs. Two-thirds of the funding for AmeriCorps will be distributed by the State commissions to local agencies administering community service initiatives. The remaining funds will be distributed by the Corporation for National and Community Service for multi-state initiatives sponsored by national nonprofit organizations, multi-State programs, or Federal agencies.

AmeriCorps presents several exciting opportunities for Head Start grantees. The first is the opportunity to attract new volunteers to serve in Head Start programs. The second is for Head Start parents to become AmeriCorps participants. Parents would be able to continue to be actively involved in their children's education while earning a stipend and an award to apply toward their own education. A Head Start grantee could apply to the State Commission to receive a grant to sponsor AmeriCorps participants or could serve as a placement site for other agencies placing AmeriCorps participants in the community. Finally, Head Start representatives may have the opportunity to serve as members of State commissions.

Head Start grantees are encouraged to learn about how AmeriCorps is being implemented in their State. The Governor's office in each State should be able to provide a point of contact for further information, or contact the Corporation at 202/606-5000.

WANTED: Barbara Peters, a former Head Start parent who presented at the Parent Involvement Institute, is collecting stories from Head Start parents while completing her doctoral dissertation and teaching at the University of Wisconsin-Oshkosh. She is asking parents to share their experiences about how Head Start changed their lives so that she can compile them into a book. Parent stories should be sent to her by March 1, 1994, in writing, on audio tape, or on computer disk (WordPerfect). Her address is: Department of Sociology, University of Wisconsin-Oshkosh, Oshkosh, WI 54901.
Every parent has an opportunity for a significant experience in Head Start.

A meaningful policy-making role for parents is always supported.

Recognizing and appreciating family diversity of all types is a reality in all programs.

70.2 understood, believed in, and followed by all.
When all program activities focus on strengthening adult/child relationships.

Men, as staff and nurturing caregivers, are equally represented in programs.

Accomplishes not just cracking the vicious cycle of poverty in families but breaking it.

Every program fosters an environment where parents are valued as equal partners.

For all people to see Head Start children and families as ones of promise rather than "at risk."
To accomplish Project Head Start's originally stated goals for children and parents, the national program outlined specific roles for parents. These roles were designed to increase parent opportunities for program participation so that they might gain skills in a variety of contexts, including decision making, and by so doing, deepen their sense of self-confidence and self-esteem. These roles are consistent with the objectives established for Head Start by its creators when they initially conceptualized the national program.

HEAD START'S 1967 POLICY MANUAL AND 1973 PERFORMANCE STANDARDS

In 1967, the following four original objectives were reflected in Head Start's Manual of Policies and Instruction, 1-30, (70.2), and later in the 1973 Head Start Performance Standards. They are:

1) Parents as decision makers.
2) Parents as paid staff, volunteers, and observers in the classroom.
3) Parents involved in activities which they themselves have helped to develop.
4) Parents working at home with their own children in cooperation with Head Start staff to support the child's Head Start experience.

STRATEGIES FOR SUPPORTING PARENTS IN THE DECISION MAKING PROCESS

To support parents in becoming an integral part of the team/partnership concept of decision making within local Head Start programs, and assist them in making informed decisions concerning the ongoing operation of their Head Start programs, specific strategies need to be carried out each year while new parents are serving on policy groups. They should include, but not be limited to, the following strategies:

- Arrange for Head Start parents to meet Board members.
- Build continuity by retaining some experienced parents on the Policy Council from year to year.
- Provide training for policy groups on the following:
  - Head Start Performance Standards, including 70.2
  - Parliamentary procedure
  - Decision-making
  - Analyzing budgets
  - Refunding application process
  - Parents' rights, roles, and responsibilities
  - Parent Activity Fund
  - Head Start Program acronyms; i.e., HHS, ACYF, OSPRI.
- Assure that policy group constitution and bylaws are developed.
- Assure policy group parents receive the following:
  - Monthly program financial reports
  - Monthly program status reports
  - Reports on staff vacancies and copies of job announcements
  - Incoming/outgoing correspondence from ACYF, National Office, and Regional Office
  - Copies of legislation affecting Head Start children
  - Reports on any proposed program changes
  - Progress reports on the grant application process, with timetable
  - Calendar of events for the program year (conferences, meetings, etc.)
  - Copy of Head Start approved funding package
  - Copies of minutes of Head Start Policy Committee/Council, Board meetings
  - Copies of policy groups' standings and sub-committees' meeting minutes.

If these strategies are adhered to each year, parents should be well informed and in a position to help make important decisions.
The parent education aspects of the Parent Involvement component have always been an important part of successful Head Start programs. Originally the Performance Standards addressed parent education expectations in Section 1304.5-3. In 1976, the guidance portion for all sections of the Parent Involvement Performance Standards was expanded to re-emphasize its importance. The Head Start Improvement Act of 1992 directs local programs to "provide (directly or through referral to educational services available in the community) parents of children participating in its Head Start program with child development and literacy skills training in order to aid their children to attain their full potential."

In every component area, the Performance Standards reinforce the fact that parents are the prime educators and nurturers of their children and that the Head Start staff must offer varied opportunities for them to expand and enhance that role. Relevant references in the Performance Standards include:

- Parents are provided the opportunity to participate in the classroom and other program activities as paid employees, volunteers, and observers. (1304.5-1(c), 70.2)
- Provide opportunities for parents to work with their own children in cooperation with Head Start staff. (1304.5-1(c), 70.2)
- Involve parents in educational activities of the program to enhance their role as the primary influence in their child's education and development. (1304.5-1(a))
- Identify and reinforce experiences which occur in the home that parents can utilize as educational activities for their children. (1304.2-1(e))
- Assist parents in understanding and using alternative ways to foster learning and development of their children. (1304.2-2(a))
- Include parents in curriculum development and have them as resources. (1304 (3))
- Enhance parents' knowledge and understanding of the educational and developmental needs and activities of children by:
  - parent participation in planning the education program, and in center, classroom, and home-based activities;
  - parent training in activities that can be used in the home to reinforce learning and development of their children in the center;
  - parent training in the observation, growth, and development of their children in the home environment and in identification of and handling special developmental needs;
  - participation of staff in staff-parent conferences and home visits;
  - parent training focusing on child development and behavioral developmental problems of preschool children. (1304.2-2(e) (1-5))

- Provide parents information about all available health resources. (1304.3-6(a) (1))
- Encourage parents to become involved in their child's health care and to accompany their child to health appointments. (1304.3-6(a) (2))
- Involve parents in planning and implementing individual mental health needs of their children. (1304.3-8(b) (8))
- Help parent groups work with other neighborhood and community groups with similar concerns. (1304.4-2(b) (1))
- Involve parents in health, mental health, dental, and nutrition education. (1304.5-3(d))

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Developing Parent Involvement Strategies

center for lamination, and read it to other children; create hands-on learning centers so parents learn about Head Start in an active way; elect some parent representatives to the Policy Council for two years for more continuity; know how to encourage parents who ask lots of questions; include FUN in parent involvement; plan camping, retreat, trust-building events; create an open, inviting, accessible place for parents to gather.

Sample Strategy from Parent Involvement Institute: Program volunteering for working parents: Establish a "loaned executive" program with parents' employers so that they are allowed release time to participate in their children's Head Start programs.

Issues: What important skills should parents have when they move out of Head Start? What are the approaches being used now to develop them? What are some different approaches that can help parents use these skills in the community beyond Head Start?

Example of the most frequent suggestions at the Institute: Develop a "buddy" system, using community volunteers, which continues after Head Start; invite kindergarten staff to parent-run workshops on "meeting our children"; educate parents about becoming involved in the political process (i.e., attending school board/tenant council/community council meetings, or learning about the "motor-voter" law). Let parents know that their Head Start experiences are important and should be included on job resumes.

Sample Strategy from Parent Involvement Institute: Provide leadership to establish a one-stop community resource center (with one basic intake form). This center could house not only the Head Start program but wrap-around and other child care, WIC, health services, GED and university/public school offices, an observation window, and a parent gathering place.

If a center has an effective parent involvement strategy that emphasizes a different or unusual approach, Head Start is looking for ideas that are not widely known in order to share them with the total Head Start community. Send suggestions to: Frankie Hoover Gibson, Head Start Bureau, P. O. Box 1182, Washington, DC 20013. Phone: 202/205-8399; Fax: 202/401-5916.

"Telling Their Stories ... Interviews with Head Start Parents"

This article can be found in the next issue of the Administration for Children and Families' (ACF) publication Children Today. In this article by Diane Carroad of the Office of Public Affairs, ACF, Washington, DC, some of the parents with whom she spoke at the Parent Involvement Institute in August reveal their experiences in and thoughts about Head Start. Copies of the magazine will be sent to all Head Start programs.

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Parent Education

Because Head Start programs need to use many different strategies to reach every individual parent, the publication, Head Start Parenting Education Resource Directory, was compiled. The preliminary version was sent to the field in January, 1993, with a request for feedback. A second special printing for the Parent Involvement Institute incorporated the field suggestions, where appropriate. Centers are encouraged to refer to this document when considering what parenting materials to use in their programs. If your program does not have this directory, single copies are available. See page 19 for ordering instructions.

Many parents at the Parent Involvement Institute stated that one of the major change events in Head Start for them personally as well as for their total family was the opportunity to participate in a parenting education activity. Every program needs to explore ways to support the strengthening of parenting skills for every nurturing adult participating.
Head Start Store Promotes Parent Involvement
by Phara N. Fondren, Parent Involvement Coordinator, Metropolitan Action Commission, Nashville, Tennessee

The Metropolitan Action Commission (MAC) Head Start program in Nashville, Tennessee, is always seeking innovative ways to stimulate parent involvement among the 1,025 children and families it serves. The MAC program, like all other programs, is facing new challenges to involving parents in significant and meaningful ways. The potluck dinners, classroom parties, parent contacted speakers, and other common avenues, do offer a form of stimulation. However, what MAC found was that parents - like children - like to be rewarded. Thus the concept of the MAC Head Start Store was born.

Realizing that most of the parents lived on fixed incomes and most received food stamps, MAC wanted to find a way not only to stimulate parent involvement in their child’s life, but also to assist them in providing basic needs for their families without having to use actual currency.

Parents who volunteer in the program - in whatever capacity - earn a Head Start "dollar" for each hour volunteered. They are always "paid" on the same day as they volunteer. Accumulation of these "dollars" affords them the opportunity to shop in the store which is opened once per month. The store is stocked with items which cannot be purchased with food stamps, such as diapers, sheets, blankets, towels, cleaning agents, dishes, pots, pans, soap, toothpaste, clothing, shoes, furniture, and many other items which are essential to basic survival.

Some of the stock was donated by local businesses which responded to a request for assistance. First Security Bank and American General Insurance were the first businesses to respond. MAC is relying heavily, but not solely, upon donations from local businesses as well as from Head Start employees and individuals in the community. Parents also gain valuable experience and develop skills which could aid them in obtaining employment. Parents are given an opportunity to learn how to manage, stock shelves, and conduct inventories.

The grand opening of the store was held on October 29, 1993, with a ribbon cutting ceremony. The local media was in attendance and the response of the parents was phenomenal!

In addition to generating a substantial response from parents, the store has significantly increased parent involvement in each of MAC’s nine centers.

For additional information, contact Phara N. Fondren, Parent Involvement Coordinator, or Gwen Chambliss, Head Start Director, MAC Head Start, 1624 5th Avenue North, Nashville, TN 37208. 615/862-8860.

"Putting the Family Together Again" Video

Attention to programs confronting substance abuse situations with staff members or parents: This video has been developed by a Parent-Child Center through its Head Start substance abuse capacity-building grant. A copy can be ordered for $10 plus $3.50 postage from Maureen Morland, Parent Child Services, Inc., 909 NE 52nd Ave., Portland, OR 97213. For more information, call 503/236-9389, Ext. 109.
Watch for Survey of Head Start Family Self-Sufficiency Initiatives

The Administration on Children, Youth and Families (ACYF), has contracted with CSR, Inc., to develop and conduct a survey of Head Start family self-sufficiency initiatives. The purpose of this study is to obtain current information on how programs are supporting family progress toward self-sufficiency. In working with families, Head Start staff have observed that literacy, employability, and substance abuse are often problems that interfere with Head Start parents' movement toward self-sufficiency.

In January or February 1994, all Head Start grantees will receive a survey in the mail and will be asked to fill in the questionnaire and mail it back to CSR. It will be important for everyone to complete the survey in a timely manner.

ACYF is constructing and administering this survey to all Head Start grantees in order to collect descriptive information on the number and type of efforts undertaken by Head Start programs to help their families address the issues which jeopardize their self-sufficiency. The information that grantees provide will give ACYF a better understanding of Head Start grantees' current levels of involvement in community efforts to address three of the major obstacles to moving families toward self-sufficiency, as well as the potential role that grantees could play in these efforts. Your cooperation with this study is greatly appreciated.

For more information on the survey, contact Jack Corrigan, Head Start Bureau, ACYF (202) 205-8403, or James DeSantis, CSR, Inc., (202) 842-7600.

New Funding for Family Preservation and Community-Based Family Support Services

The 103rd Congress took a major step to strengthen families and prevent child abuse by passing legislation to provide Federal funds for family preservation and family support services. The legislation, which adds a new Part 2 to Title IV-B of the Social Security Act, will provide nearly $1 billion over the next five years to encourage and enable each State "to develop and establish, or expand, and to operate a program of family preservation services and community-based family support services."

"Family preservation services" refers to services for children and families (including adoptive and extended families) at risk or in crisis, including services to prevent unnecessary out-of-home placement, to reunify families, and to provide respite care.

The term "family support services" means community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.

The term "State agency" means the State agency responsible for administering child welfare services, and includes Indian or Tribal Organizations.

Head Start agencies need to be aware of their respective State agencies' plans to develop, establish, expand, and operate these family preservation services and community based family support services, and determine what role Head Start might play in such plans.
At a time when young families are facing extremely high levels of stress in our society due to a cycle of falling incomes, increasing family disintegration, and rising poverty with all of its negative repercussions, much attention is being directed to possible solutions to these conditions. One solution often mentioned is the network of Family Support Programs in the United States and the roles they play in this national dilemma.

This report from the CDF provides child advocates and others who work for the well-being of children with a clearer idea of what family support programs do, how they operate, and why they are effective. The report is divided into three parts. The first part identifies basic principles of family support, traces its history, and contrasts the family support approach with traditional services. In this section a summary of the basic principles of family support is provided and discussed on pages 8-12. The principles are:

- Emphasize the family unit.
- Build on family strengths.
- Make participation voluntary.
- Address family needs comprehensively.
- Develop parenting skills.
- Provide nurturing connections with others.
- Respond to individual and community needs.
- Work to prevent crises.
- Respect individual and cultural differences.
- Coordinate and cooperate with other agencies.

The second part of the report describes a variety of family support and parent education programs across the country, along with other types of programs that have added a family support or parent education component. Also in this section, some research demonstrating the positive impact of parent education and family support activities on children and parents is discussed.

In the third and final part of the report, the challenges of establishing successful and lasting family support programs are examined and the importance of incorporating family support principles into other human service systems is discussed briefly.

Head Start readers may wish to review this report with a view toward determining how well their respective programs meet all of the criteria set forth for being considered a Family Support Program.

**How Families Teach, Support, Learn, Make Decisions: Ways for Families to Help Children Do Better in School**

RMC Research Corporation, Chapter 1 Technical Assistance Center, Hampton, NH, has developed the above-titled booklet. A copy may be accessed through ERIC, the U.S. Department of Education's Educational Resources Information Center. The listing for the booklet is ED344962 UD028630.

The booklet contains ideas on how families can help children in school by 1) teaching their children; 2) learning new things to help their children learn; 3) supporting children and the school; and 4) making decisions about what and how children learn. For each of these areas a chart is included so that families can evaluate and record their progress in specific activities. Suggestions are also given to help parents understand and use student progress reports. Another area discussed is meeting with the teacher and using the information from parent conferences. A final section lists six resources that parents can turn to for more help in supporting children in school.

To obtain a copy of this publication, or for more information on ERIC, call 1-800-LET-ERIC, or write:

ACCESS ERIC
1600 Research Boulevard
Rockville, MD 20850


12-15 The Foster Care Professional: Confronting the Challenges of 1994...and Beyond. St. Petersburg Beach, FL. Contact: National Institute for Alternative Care Professionals, 10100 Elida Rd., Delphos, OH 45833. (419) 695-8010.


1-29 National Children's Dental Health Month. Contact: American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611. (312) 440-2500.

1-29 American Heart Month. Contact: American Heart Association, 7320 Greenville Ave., Dallas, TX 75231. (214) 373-6300.


22-26 Tenth National Child Sexual Abuse Symposium. Huntsville, AL. Contact: Marilyn Grundy, National Children's Advocacy Center, 106 Lincoln Street, Huntsville, AL 35801. (800) 543-7006, (205) 533-6129, Fax (205) 534-6883.


1-31 National Nutrition Month. Contact: The American Dietetic Association, 208 S. LaSalle St., Suite 1100, Chicago, IL 60604. (312) 899-0040.


1-31 Red Cross Month. Contact: Your local chapter or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.

1-31 National Women's History Month. Contact: National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000, Fax (707) 838-0478.


6-12 Drug and Alcohol Awareness Week. Contact: National Parent Teachers Association, 700 N. Rush Street, Chicago, IL 60611-2571. (312) 787-0977.

7-10 13th Indian Child and Family Conference. Albuquerque, NM. Contact: Jeanette Tranosca, Conference Coordinator, Indian Child and Family Conference, 3812 Central Avenue, SE, Box 3, Albuquerque, NM 87108. (505) 265-8344.

11-13 National Child Care Association (NCCA) 1994 Conference. Orlando, FL. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad St., Conyers, GA 30207. (800) 543-7161; Fax (404) 388-7772.

16-19 Annual Conference-Learning Disabilities Association (LDA) of America. Washington, DC. Contact: Conference Coordinator, LDA, 415 Library Road, Pittsburgh, PA 15234. (412) 341-1515.

18-20 National Center for Montessori Education (NCME) National Conference. Newport Beach, CA. Contact: Kristin Cook, NCME, P.O. Box 1543, Roswell, GA 30077. (404) 434-3181.

20-26 Children and Hospitals Week. Contact: Mary Jane Tobin, Association for the Care of Children's Health, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814. (301) 654-6549.


Using Resource Materials from the Parent Involvement Institute

The importance of creating an environment that welcomes every parent to participate in Head Start was emphasized over and over at the Parent Involvement Institute. We encourage incorporating the following materials from the Institute in your local program to assist you in this essential ongoing task. It is hoped that they will be used in their entirety for discussions, for in-service with staff and parents, as a springboard for ways to recreate your own local version of an event, and in other ways that you define:

1) The Head Start Parent Involvement Vision, Opportunities, and Strategies document provides a framework to look at the experiences for parents in Head Start from the first time they are introduced to the program until they transition out into the larger community. It also provides the context for all of the other materials.


3) The video, "Beginning a Successful Head Start Experience for Parents," features Billie Nave Masters, Director of the Advanced Education Research Center in California and a member of the Cherokee Nation of Oklahoma. Two Head Start parents share their experiences.

4) The video, "Engaging Every Head Start Parent in Meaningful Program Experiences," features Douglas R. Powell, Professor and Head of the Department of Child Development and Family Studies at Purdue University, West Lafayette Indiana. Two Head Start parents share their experiences.

5) The video, "Enhancing Parents' Advocacy Skills Beyond Head Start," features Leonard Olguin, Hispanic Educator and Professor in the Department of Teacher Education Graduate School, California State University, Long Beach. Three Head Start parents share their experiences.

6) The video, "Town Hall Event," features 10 Head Start parents and 10 Head Start staff, who make statements to members of Secretary Shalala’s Advisory Committee on Quality and Expansion. Most of the Institute attendees were in the audience.


8) The Head Start Parenting Education Resource Directory includes summaries of publications and audiovisual materials on parenting topics, parent training programs, curricula, and workshops, as well as a listing of information sources. A title and topic index are included.

The costs for the above items are:

1) Single copy: NO CHARGE
2) through 7): $10 per video
8) Single copy: NO CHARGE

To order the above items, send your check with a written request on Head Start letterhead to:
Research Assessment Management, Inc.
Attention: Barbara White
1300 Spring Street, Suite 210
Silver Spring, MD 20910

Other Head Start-produced videos that were shown at the Institute include:

A) "A Partnership with Parents": This video and user's guide is available to all programs offering the home-based option.

B) "Mental Health in Head Start - It's Everybody's Business": There are a limited number of copies still available to programs. (Watch for the new mental health video which will be mailed to all grantees and delegate agencies soon.)

C) "The Library/Head Start Partnership Project": This video was recently mailed to all grantees and delegate agencies.

If your program does not have a copy of any of these videos and is eligible and interested in obtaining one, write to:

Head Start Publications Center
P. O. Box 26417
Alexandria, VA 22313-0417
Fax: 703/683-5769
BOOK REVIEW

Touchpoints
The Essential Reference

by
T. Berry Brazelton, M.D.

From pregnancy to first grade, concerns that parents have about their children's behavior, feelings, and development, are anticipated and answered in this book.

Written by one of America's most distinguished pediatricians, this book is a good reference guide on a child's emotional and behavioral development. "Touchpoints" refers to those times that occur just before a surge of rapid growth in a child's development — motor, cognitive, or emotional — when the child's behavior falls apart for a short time and the parents become alarmed.

A copy of this book can be obtained from the publisher:

Addison-Wesley Publishing Company
170 Fifth Avenue
New York, NY 10010
(212) 463-8440

WANTED
Photos and Information

Send your identified photographs and items of interest for possible use in future issues to:

Head Start Bulletin
P. O. Box 1182
Washington, DC 20013

Issue No. 48 will feature "Nutrition"
New Associate Commissioner of the Head Start Bureau

Helen Hollingshed Taylor has been appointed Associate Commissioner of the Head Start Bureau in the Department's Administration for Children and Families.

Prior to her appointment, Ms. Taylor was the Executive Director of the National Child Day Care Association in Washington, DC. She has also served as a preschool project director, program director, and social worker.

"Helen Taylor brings to the Head Start Bureau a career that has been devoted to strengthening America's children and their families," says Donna E. Shalala, Secretary of the Department of Health and Human Services. "Helen is a seasoned, hands-on professional who knows Head Start from the perspective of being a Head Start Director for over fourteen years."

Taylor is a member of numerous organizations which advocate on behalf of and with America's children and families, including the National Head Start Association, the National Association for the Education of Young Children, the National Academy of Early Childhood Education, and the National Black Child Development Institute. She was also a member of the National Advisory Committee on Head Start Quality and Expansion.

Helen H. Taylor
Associate Commissioner
Head Start Bureau

A native of Cincinnati, Ohio, Ms. Taylor holds a Bachelor of Arts degree from Howard University and a Master's degree in early childhood education from Catholic University, Washington, DC.

Nutrition Services in Head Start...

Then And Now
Robin Brocato, M.H.S., Health and Disabilities Branch, Head Start Bureau

Providing nutritious meals to children is a fundamental Head Start service. Did you know that nutrition was one of the founding Head Start principles? According to the book "Project Head Start, A Legacy on the War on Poverty," by Professor Edward Zigler, the effects of malnutrition on the intellectual development of mentally retarded children led those responsible for running the War on Poverty to theorize that perhaps there were similar effects on low-income children. Today family lives are more hectic and there is less time to get together for meal times. So meals served to

(Continued on page 4)
A Different Approach to Fighting Hunger at a Parent Child Center in Washington, DC

Share Our Strength ("SOS"), a Washington based, hunger relief organization, has selected the Edward C. Mazique Parent Child Center of Washington, DC, as one of its launch sites for "Operation Frontline." The program brings chefs into the Center to guide parents through a comprehensive nutrition education program which includes cooking demonstrations, field trips to the local supermarket, and lessons on how to make the most of food stamps. This "hands-on" approach to nutrition education is expected to reduce hunger, as well as prevent low birth weights and infant mortality among the families of the participants.

A goal of Operation Frontline is to connect those who know about nutrition, food budgeting, and cooking with those who have a need for this information, so SOS recruits chefs, restaurateurs, and food service industry personnel. The participants who are selected for the program receive special training through SOS and then serve in teams of volunteer teachers at local nutrition clinics, maternal and child health units, and other community-based organizations.

The first class of 15 graduated in November 1993 and included a graduation meal prepared by many of the students. Certificates were presented to those who completed the program. The participants learned new recipes, how to make meals more nutritious, and how to shop more economically.

The six-week sessions, with classes held once each week for two hours, have been well received by the Center's parents. Sessions in Spanish are also offered. Because of the favorable student reaction, planning for an advanced class is underway.

For more information on Operation Frontline and SOS, call: Hadley L. Boyd, Operation Frontline Director, Share our Strength, 1511 K Street, NW, Suite 940, Washington, DC 20005. (202) 393-2925; Fax (202) 347-5868.

[The food graphics and art in this Bulletin are reproduced from the Home and Garden Bulletins of the Human Nutrition Information Service, USDA.]
One day I was performing classroom dental examinations in an elementary school in the middle of a housing project. I examined the children in one classroom and, to my surprise, referred fourteen of them for treatment—twice the number I would normally refer. I asked the teacher if these children were getting a lot of sugar somewhere. She pointed out the window to a large, green, laundry-sized truck, one of several just like it that cruised the neighborhood all day long, every day, peddling candy, ice cream, and other treats to children and their parents.

In our effort to provide dental screenings, examinations, and follow-up treatment for Head Start children, we often overlook one of the most important factors in the promotion of dental health—Diet. Diet and dental health can be summed up easily in one word—Sugar. Other factors are involved, but the one that Head Start programs can have the most impact on is this one.

Almost everything we eat contains sugar. I have read that the average person in this country consumes about 150 pounds of sugar a year. As children, when we behaved, we got candy or cake or ice cream. Most of us carry this into adulthood and, in turn, reward our children the same way. This is a cycle that we may never break, but we can have a significant impact on our children’s dental health if we are willing to alter the cycle slightly.

The relationship between tooth decay and sugar is simple. Our teeth are covered with millions of bacteria (also known as plaque), some of which cannot be brushed off. Like all living things, these bacteria must eat to survive. The bacteria that causes tooth decay eats the sugar in our food. When they eat this sugar they produce acid. This acid can slowly dissolve away the surface of a tooth, creating a hole or cavity. Thus we have tooth decay. The more sugar, the more acid. The more acid, the more decay. Without sugar, there is no decay.

**Frequency** of sugar intake is much more important than total consumption. When we eat sugar, the bacteria on our teeth begin producing acid. Once the source of sugar is gone, however, they stop producing it in a relatively short period of time. They do not begin again until we eat more sugar. Therefore, if we reduce the number of times a day we eat sugar, we reduce the length of time the tooth is exposed to acid.

When a child arises, he/she usually eats breakfast. Since almost all breakfast foods contain sugar, the bacteria on the child’s teeth begin producing acid. About thirty minutes after breakfast the acid production stops and does not resume again until lunch. Suppose, however, that thirty minutes after breakfast the child begins sipping on a soft drink. If it takes thirty minutes to finish the soft drink, and thirty more minutes for the mouth to return to normal, the child’s teeth have been bathed in acid for an additional hour. It is now about mid-morning and the child is hungry, so he/she eats a cookie or candy bar. The whole process begins again. By the time the mouth is back to normal, it should be about time for lunch. And the same scenario is repeated in the afternoon. As a result, the child’s teeth are being dissolved by acid all day long. When we find children with excessive amounts of decay, this is almost always the case. The most important thing parents can do for their children’s teeth is "confine sugar intake to meal times."

In Head Start, when we celebrate a child’s birthday with cake or ice cream, serve it with lunch to reduce the amount of time teeth are exposed to acid. Let the children have their cake and ice cream but do so as part of a meal.

None of this, however, will work unless we get these ideas across to our parents. They are the key to our children’s futures. Remember, the foundations that we lay in Head Start will follow these children and their families for the rest of their lives.
Nutrition Services in Head Start...Then And Now

children in Head Start are still as important now as they were when the program was founded.

The first guidelines of the Head Start nutrition program focused on the importance of providing children with nourishing food and opportunities to promote intellectual and social development. The important role of parents in their children’s nutrition was also stressed. Over time the nutrition component evolved to include nutrition education to children, parents, and staff; nutrition staff qualifications; community nutrition problems and resources; and introducing a variety of foods to young children.

Today, providing nutrition services in Head Start is becoming increasingly more complex. We are constantly being presented with new and, at times, conflicting information about what constitutes a healthy diet and how best to achieve a healthy lifestyle.

But in this issue of the Bulletin, you will find information to assist you in implementing the Head Start nutrition component. This includes information on the new food pyramid, dietary guidelines and food labels, family meal style service, nutrition and dental health, cultural sensitivity, food safety and sanitation, and nutrition resources.

Remember ...

March is National Nutrition Month!

Expansion of WIC Program

The Special Supplemental Food Program for Women, Infants and Children (WIC), is a grant program administered by the U.S. Department of Agriculture. WIC operates through health departments and clinics and is available in all 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Additionally, 31 Indian tribal bands and organizations administer the program.

WIC provides supplemental food, nutrition education, and health care referrals at no cost, to low-income pregnant, breast-feeding and postpartum women, and infants and young children up to 5 years of age who are found to be at nutritional risk.

Congress appropriates a specific amount of funds each year for WIC. The program serves about 6 million participants each month, 50 percent of whom are children. Although WIC serves a large number of persons, its current funding reaches only 60 percent of those eligible for benefits. In some areas, eligible individuals — generally children — are not being served due to lack of sufficient funds.

WIC’s role in providing nutrition and health assistance to all eligible women, infants, and children will be extended and its funding increased. For fiscal year 1994 there was a $350 million increase over fiscal year 1993, and it is estimated that WIC will be able to serve an additional 600,000 participants. The budget for fiscal year 1995 is projected to have a $350 million increase over 1994 and serve 700,000 more participants. With an increase in funding, the largest expansion is expected to occur with children from ages 2 to 4.

Recognizing that both WIC and Head Start will most likely receive increases in funding for services to a similar target population, it is a good time to recommit to working together to meet the needs of our shared clientele. Areas of collaboration between Head Start and WIC that are already taking place include:

- Co-location of program services;
- Coordination of various public health initiatives (e.g., lead screening, immunization, child abuse awareness, etc.);
- Sharing of strategies/guidelines for training paraprofessionals and using volunteers;
- Sharing of statistical, medical, and eligibility information;
- Exchanging nutrition education approaches and materials for children;
- Exchanging information on procedures and standards for providing nutrition services; and
- Obtaining and displaying information on each other’s programs (e.g., bilingual brochures, posters, etc.).

Issue #48

National Head Start Bulletin
Making Healthy Food Choices with the New Food Label

Consumer studies conducted by the Food and Drug Administration, as well as outside groups, enabled the FDA and the Food Safety and Inspection Service of the U.S. Department of Agriculture to agree on a new nutrition label. The following sample of a new food label is seen as offering the best opportunity to help consumers make informed food choices and to understand how a particular food fits into the total daily diet.

New heading signals a new label.

More consistent serving sizes, in both household and metric measures, replace those that used to be set by manufacturers.

Nutrients required on nutrition panel are those most important to the health of today's consumers, most of whom need to worry about getting too much of certain items (fat, for example), rather than too few vitamins or minerals, as in the past.

Conversion guide helps consumers learn caloric value of the energy-producing nutrients.

New mandatory component helps consumers meet dietary guidelines recommending no more than 30 percent of calories from fat.

% Daily Value shows how a food fits into the overall daily diet.

Reference values help consumers learn good diet basics. They can be adjusted, depending on a person's calorie needs.

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving

<table>
<thead>
<tr>
<th>Calories 260</th>
<th>Calories from Fat 120</th>
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<tbody>
<tr>
<td>Total Fat 13g</td>
<td>20%</td>
</tr>
<tr>
<td>Saturated Fat 5g</td>
<td>25%</td>
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<tr>
<td>Cholesterol 30mg</td>
<td>10%</td>
</tr>
<tr>
<td>Sodium 660mg</td>
<td>28%</td>
</tr>
<tr>
<td>Total Carbohydrate 31g</td>
<td>10%</td>
</tr>
<tr>
<td>Dietary Fiber 0g</td>
<td>0%</td>
</tr>
<tr>
<td>Sugars 5g</td>
<td></td>
</tr>
<tr>
<td>Protein 5g</td>
<td></td>
</tr>
<tr>
<td>Vitamin A 4%</td>
<td></td>
</tr>
<tr>
<td>Vitamin C 2%</td>
<td></td>
</tr>
<tr>
<td>Calcium 15%</td>
<td></td>
</tr>
<tr>
<td>Iron 4%</td>
<td></td>
</tr>
</tbody>
</table>

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

<table>
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</thead>
<tbody>
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</tr>
<tr>
<td>Sat Fat</td>
<td>Less than 20g</td>
<td>25g</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Less than 300mg</td>
<td>300mg</td>
</tr>
<tr>
<td>Sodium</td>
<td>Less than 2,400mg</td>
<td>2,400mg</td>
</tr>
<tr>
<td>Total Carbohydrate</td>
<td>300g</td>
<td>375g</td>
</tr>
<tr>
<td>Dietary Fiber</td>
<td>25g</td>
<td>30g</td>
</tr>
</tbody>
</table>

Calories per gram:
| Fat 9 | Carbohydrate 4 | Protein 4 |
Using Food Experiences to Enhance Social Competence
by Beverly B. Swanson, Ed.D., Project Executive, National Head Start Education Training Project, Aspen Systems Corporation, Rockville, Maryland

Providing at least one-third of a child's daily nutrients, Head Start grantees have the opportunity to take advantage of routine meal and snack times to foster language development, an area that research links to a child's level of social competence and school success.

By following some fundamental steps, Head Start staff will be able to increase children's capacities for developing both sound nutritional habits and language skills. The following teaching strategies are based on research in the areas of language acquisition and adult-child social interactions. They are offered for ongoing reference as Head Start staff plan for meeting children's nutritional needs and emphasizing language development:

- **Set an Example.** Head Start staff are in a position to take advantage of this effective teaching strategy by modeling rich, descriptive language while elaborating and expanding on children's language during meal and snack times.

- **Ask Open-Ended Questions.** Staff should set the tone during family-style meals by speaking quietly and listening to individual children as they talk. They should ask open-ended questions that require more than a "yes" or "no" response, or follow up a "yes" or "no" response with "Why?" This gives children opportunities to use and practice language. Staff must also be aware and sensitive to family customs where children are not encouraged to participate in tableside conversations.

- **Compare, Contrast, Classify, and Sequence.** Encourage children to try new and different foods at tasting parties and to describe the attributes of the food in terms of taste, texture, shape, and color. Compare and contrast these foods to familiar ones and classify them into groups (another important development skill). Consider the developmental appropriateness of the classification scheme for your particular group of children: for example, color only; or color and size; or color, shape, and size. Sequencing foods by size is another developmentally appropriate activity for young children.

- **Plan Time for Observation and Discussion.** Allow ample time for children to observe and talk when preparing nutritious fruits and vegetables for their snacks. Model good listening skills by giving close attention to each child's response before moving on to the next question. Invite each child to listen to the others so that the language concept of turn-taking is reinforced.

- **Involve Parents.** Plan activities that parents can do with their children that relate to nutrition. For example, send nutritional information home with children to share with their parents to provide another language opportunity as well as a way for parents to learn nutritional facts. Encourage parents to use family meal times as an opportunity to develop children's language, along with grocery shopping trips. During free play, parent volunteers can model the strategies they see the teachers use during meal times.

- **Foster Thinking Skills.** Cooking activities, such as making applesauce from real apples and making cream into butter, provide a multitude of language experiences and develop thinking skills as teachers encourage children to guess, observe, and draw conclusions.

(Continued on page 15)
Practicing What We Preach: Staff-Focused Nutrition Training in Head Start

by Christine Berman, R.D., M.P.H., and Malia Ramler, M.S.W., M.P.H., National Head Start Health Training Project, James Bowman Associates, San Francisco, California

The National Head Start Health Training Project has been listening to staff in all 10 Regions, including Migrant and American Indian programs, about health concerns and issues that face children, families, and staff, in an effort to identify critical health training needs facing Head Start.

The findings indicate that poor food choices, obesity, and anemia are the top three nutrition concerns for Head Start children. Not surprisingly, poor food choices and obesity are health issues that are shared by large numbers of significant adults in the children's lives — such as parents and Head Start staff. Consequently, this article on implementing nutrition education and training in Head Start focuses on helping adults who work with children to "practice what they preach" in order to be effective teachers and models of healthy choices.

Michael sits with his mother, Sandra, for meal times. He is overweight and clearly loves to eat. Sandra becomes extremely uncomfortable when he asks for second helpings of "starchy foods," because she has battled her weight for as long as she can remember, and she doesn't want Michael to go through the same torture. When he asks for more macaroni and cheese, she tells him he can't have any more and to take some celery or carrot sticks instead. Michael cries until she gives him the macaroni, of which he devours a huge portion, and Sandra feels like a failure.

A successful, well-integrated nutrition program involves staff from all areas of the program, is participatory, allows time for practicing skills, and relates to the participant's own experiences. Staff should create an environment in which good nutrition is seen as important and enthusiasm for learning about food is contagious. The children and their parents cannot fail to respond.

To begin this process, observe and listen to staff. In developing training plans, the core should contain those topics that need to be addressed, but also consider topics of interest to the group. To see where the needs are, observe how many staff members are overweight and following the latest crash diets. Does staff know which foods are high in fat? What kinds of lunches do they bring to work? What are their activity patterns? How do they handle feeding problems in the classrooms? How do they feel about trying new foods? Depending on the background of staff, suitable training topics could be basic dietary guidelines, emotional issues related to eating, safe food handling, and/or low-fat cooking techniques. Supermarket tours, menu "make overs," cooking projects, and label reading sessions would offer participants practice in skills that may be crucial to nutritional improvement. For an awareness of financial barriers to healthful diets, a "homework" assignment, such as following a food budget for one week that does not exceed the maximum food stamp allotment in your area, could be offered.

Adults exert a profound influence on children's eating. Helping children learn healthy eating habits can be a daunting task for both parents and educators. Children and parents look to staff members as sources of reliable nutrition information and as role models of positive eating behaviors.

The foundation of a nutrition program's success is a well-trained staff committed to practicing the principles of good nutrition in their own lives. This does not mean that everyone must have a perfect figure, a low cholesterol count, and the willpower to refuse any and all chocolate chip cookies. It does mean that staff should recognize the importance of (Continued on page 15)
Parent Involvement in Nutrition
by the National Head Start Parent Involvement Training Contractor, RMC Research Corporation, Portsmouth, New Hampshire

Head Start provides education in nutrition principles toward not only the goal of improved child development, but toward the improvement of adult habits. Parents can become involved in monitoring the nutrition status of children as well as in the planning and evaluating of nutritional services in the program. One way to interest parents in a nutritional program is to begin where they are by exploring food preferences and cultural practices in the home.

Parents can bring in empty boxes, cans, paper, and plastic from foods their family has eaten at home. These materials can be used to plan an informal workshop for parents on nutrition and early learning with their children. Grocery receipts and commodity foods can be added for a lesson on budgeting and meal planning. In the workshop, the parents can:

- Sort the packaging to show children the five basic food groups (milk, meat, vegetables, fruit, and bread);
- Teach their children shapes, sizes, and colors using the containers; and
- Talk about why they choose the foods they eat and what motivates their food choices.

Food traditions from the home should be a regular part of a program's nutritional focus. Parents can assist the nutritionist in planning traditional meals from their cultures. An excellent guide for this is the Easy Menu Ethnic Cookbooks, published by Lerner Publications Company, Minneapolis, Minnesota. There are over 25 books in this series in languages from African to Vietnamese to Hungarian. These little cookbooks are lively, well illustrated, and written at a fifth grade on reading level. They describe social life and customs and include typical menus for breakfasts, lunches, and dinners. They have pronunciation guides, metric conversion charts, and recommendations for easily attainable substitutes to cut down on saturated fats and cholesterol. In addition to the recipes, planning traditional meals complies with a Performance Standard to create a genuine social context for nutrition in programs.

Education in nutrition is also an excellent starting point for adult education and literacy goals as follows:

- Some GED tests have chemistry questions based on the pH of certain foods and common household cleaners.
- A program, while providing an informal introduction to food, can act as a springboard for exploring these topics. Other sources of nutrition information are local school systems which usually have a basic nutrition guide, along with information about their school lunch program. A resource to consider is Nutrition by Leslie Jean Le Master, published by Children's Press, Chicago, Illinois. Although this is a juvenile book, it depicts families and provides a thorough discussion of nutrients and deficiency diseases. Another publication, The Human Body, by Steck Vaughn, has a section on the digestive system and nutrients, which may be useful for adults seeking their GED.

Finally, resources are available from local Cooperative Extension Services, listed under "Local or County Government" in the phone book. Other resources are cookbooks, low-cost meal planners, and shopping guides.

For more resources, see the Resource section of this Bulletin.

At the Tohono O'Odham Nations in Arizona, a home-based option group socialization activity is taking place at a feast house.
Meeting the Nutrition Needs of Children with Disabilities
by the National Head Start Disabilities Training Contractor, Education Development Center, Newton, Massachusetts

Nutrition is a major aspect of the health component and a critical consideration for many children with disabilities. Children with disabilities have a range of nutritional needs, from foods causing mild negative reactions to others posing serious threats to their healthy development. Following are a few medical conditions in which nutrition plays a major role:

- **Phenylketonuria (PKU)** is a genetic disorder. Children with PKU lack the enzyme needed to metabolize chemicals in the body. A special diet is required and eating the wrong foods can lead to mental retardation.

- **Diabetes mellitus** is a chronic condition characterized by increased sugar levels in the blood. Children with diabetes need to eat frequent snacks, and, depending on their insulin levels, they may need foods with high sugar content or no sugar at all.

- **Celiac disease** is a chronic nutritional condition caused by an inability to metabolize gluten, a mixture of proteins that can be found in many cereal grains. This condition can be controlled with a gluten-free diet.

**Tips and Guidelines: What Head Start Programs Can Do**

Head Start programs can take a number of steps to meet the needs of children with disabilities as follows:

- **Get the Help you Need.** Before beginning the year, look at the children's health and other records. If you do not understand specific terms, consult a nurse, pediatrician, the nutrition consultant, the disabilities coordinator, or other specialist. If children are taking medication, determine what the medication is and how it affects the child's nutritional needs. If a condition calls for a special diet, ask the nutrition consultant to help you and the cook make practical adaptations. By knowing how to prepare the appropriate foods, a child with a certain condition will not feel left out during celebrations.

- **Conduct Staff Training.** Identify areas in which staff knowledge is needed in the area of disabilities services so that administrators can develop a training program that helps staff understand and respond to special needs of children.

- **Build Links with Families.** Listen to the parents. Ask them what the child knows about his or her condition, what modifications they have made at home, what steps they have taken to help the child monitor his or her own diet, what foods the child enjoys, and what food substitutes may be used. You can also link parents to additional resources and share any creative adaptations you have discovered.

- **Share Information.** Adults who work in the classroom — parents, volunteers, aides, college interns, and program staff from cooks to coordinators — must be aware of and understand the specific dietary needs and restrictions of all children who attend the program.

- **Help Children to Understand Their Own Needs.** If children have dietary restrictions, give them self-monitoring responsibilities that are in keeping with their developmental abilities and age and praise them when they are able to monitor their own diet.

- **Help Children to Understand the Needs of Their Classmates.** If children ask why a classmate isn't drinking milk when everyone else is, simply explain that the classmate is allergic to milk and, if s/he drinks it, s/he will not feel well. If children react with fear, take them aside to answer any questions they may have. (Continued on page 16)
Cultural Sensitivity: A Head Start Approach
by Migrant TASC, Academy for Educational Development, Washington, DC

Bonjour Hello Guten Tag Aloha

The Head Start Program Performance Standards provide very clear statements on the importance of cultural diversity. Programs must "provide an environment of acceptance which helps each child build ethnic pride, develop a positive self-concept, enhance individual strengths, and develop facility in social relationships" (1991, page 6).

The Performance Standards emphasize that programs should respond to children's needs by providing experiences which enhance their cultural and ethnic background, stimulating their overall social and emotional development (1991, page 8).

In the Hispanic culture, for example, although Hispanics speak the same language, there are many differences in words and expressions depending upon the country or region of origin. Children may have difficulty understanding even Spanish-speaking people of another country or from another region.

Individuals have a deep, inherited pride of their region or country of origin which makes them feel different from others — cultural identity. It is important for Head Start staff to know there are specific dishes, names for foods, language expressions, folklore, dances, etc., that are unique to the children and families they serve and which constitute each family's cultural identity.

When we travel, move from one place to another, or interact with people of different backgrounds, we can appreciate the enormous diversity in the way groups name, prepare, and eat foods. For example, tortillas are an everyday food for Mexican and Central Americans, but are not commonly used or perhaps even known in some Caribbean Islands. For most Caribbeans, a tortilla is an egg omelette. For some South Americans, tortillas are made differently than the ones made in Mexico or Central America.

Rice and beans cooked together constitute a typical dish of many Hispanic countries, but are named differently depending upon the country; for example, moro (Dominican Republic), congri (Cuba), arroz con habichuelas (Puerto Rico), gallo pinto (Costa Rica and other Central American countries), casamiento (Nicaragua), arroz seco (Peru), arroz con caroatas (Venezuela), etc.

The following list reflects a few examples of the many names of one food in different Latin American countries:

<table>
<thead>
<tr>
<th>Food</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bean</td>
<td>frijoles, caraotas, menestras, habichuelas, frijoles, porotos</td>
</tr>
<tr>
<td>Corn</td>
<td>maiz, elote, choclo, morocho</td>
</tr>
<tr>
<td>Sweet Potato</td>
<td>camote, batata, boniato, patata</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>toronja, pomeio</td>
</tr>
<tr>
<td>Pork</td>
<td>cerdo, cochino, manzano, lechón, puerco, chancho</td>
</tr>
</tbody>
</table>

In addition to being aware of the names of different foods within a specific ethnic group, there are many ways Head Start programs can incorporate "culturally sensitive" nutrition activities into their classrooms. These include:

- Have open discussions with children about foods they enjoy and which are served at family reunions.
- Provide food activities about crops harvested by families (in the case of migrants). Discuss different ways of using that specific crop. For example, make a fruit salad, or talk about how people like, use, and serve onions.
- Discuss favorite snacks, emphasizing the importance of fruit and vegetables for good health.
- Discuss the importance of children's parents work in providing for other people's needs and how everybody's job contributes to society.
- Provide "story telling" activities that include traditional family recipes and countries of origin.

Dealing with multiculturalism is a great challenge for all, especially when charged with providing quality services to Head Start children. However, the efforts we make today constitute the baseline of tomorrow's work.

We must take that challenge with courage and responsibility so that "as we celebrate diversity, Head Start children will grow more competent and be able to accept the commonalities and differences in people" (Head Start Multicultural Principles Memorandum, 3/5/91, page 21).

And, for us to be effective in achieving Head Start goals, we must develop "cultural sensitivity" within ourselves.

Jambo Buenos Dias Nagadef
Use the Food Guide Pyramid to help you eat better every day...the Dietary Guidelines way. Start with plenty of Breads, Cereals, Rice, and Pasta; Vegetables; and Fruits. Add two to three servings from the Milk group and two to three servings from the Meat group.

Each of these food groups provides some, but not all, of the nutrients you need. No one food group is more important than another — for good health you need them all. Go easy on fats, oils, and sweets, the foods in the small tip of the Pyramid.

To order a copy of "The Food Guide Pyramid" booklet, send a $1.00 check or money order made out to the Superintendent of Documents to: Consumer Information Center, Department 159-Y, Pueblo, Colorado 81009.
# FAMILY STYLE MEAL SERVICE CHECKLIST

<table>
<thead>
<tr>
<th>Room</th>
<th>Day</th>
<th>Date</th>
<th>Meal</th>
<th>Meal</th>
<th>Int</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Established schedule
- Enlist two helpers
- Children, helpers, and caregivers wash hands before meal
- Transition activity
- Wipe down table
- Set table
- Bowls with serving spoons are placed in center of table
- All utensils and food are put out
- Children pour own milk/juice
- Children clean up spills
- Minimal number of children at each table
- Children serve themselves
- Pleasant conversation emphasizing adult/child verbal interaction
- Both caregivers are sitting with children
- Meals are pleasant, not rushed
- Children come to table when all places have been set
- Caregiver begins the serving
- Children clear off individual settings
- Children clean faces and hands after meals
- Children brush teeth after meals
- Helpers clear and clean tables
- Caregivers wipe down tables with bleach solution
Family Style Meals are a Good Idea

The Head Start Performance Standards require programs to provide an opportunity for children to be involved in activities related to meal service during meal times. These activities can be setting the table, serving the food to themselves or others, or cleaning up. One way to comply with this standard is to offer family meal style service.

Family style meals are strongly encouraged in both the Head Start and the Child and Adult Care Food Programs. Meals served family style provide opportunities for children to enhance social and physical skills and establish good eating habits at a young age. Family style meals allow children to identify and be introduced to new foods, new tastes, and new menus, while developing a positive attitude toward nutritious food, sharing in group eating situations, and developing good eating habits. For children in families where time for meals is limited, family style meals are a good way to have one-to-one talks in a family type atmosphere.

Even when a complete family style meal service is not practical or possible, it may be a useful way to offer a component or components in a family style manner, particularly when smaller children are being served or when a new type of food is being introduced. Head Start programs that do not prepare food on site can still participate in family style meal service by asking that prepared foods be delivered in serving bowls suitable for small children, and by using child size serving utensils. They may also want to consider supplementing prepared meals with fresh fruit or vegetables that can easily be offered family style.

The checklist on the facing page can assist programs as they provide family style meals.

When Preparing Food ...

- Do not allow people with infected cuts, sores, colds, or other communicable diseases to prepare or serve food. Bacteria from hands, utensils, and work areas can contaminate food.
- Wash hands thoroughly with soap and water before handling food or utensils. Repeat after each visit to the restroom.
- Wash hands, utensils, and work surfaces thoroughly after contact with raw eggs, fish, meats, and poultry.
- Thoroughly wash all fruits and vegetables which will be served raw.
- Cook foods properly, following standardized procedures and recipe directions.
- Bacteria grow quickly between 40°F and 140°F. This is known as the danger zone. The longer food is held in this danger zone, the more bacteria will grow, increasing the risk of food-borne illness.
- Keep hot food hot (above 140°F).
- Keep cold food cold (below 40°F).
- Bacteria in undercooked food can cause food-borne illness. These bacteria are killed when food is cooked or re-heated to at least 165°F.
- Freeze or refrigerate leftovers promptly.
- Reheat leftovers thoroughly to achieve and sustain adequate internal temperature.

Source: USDA Food and Nutrition Service

Do you have questions about food safety?

Call the USDA Meat and Poultry Hotline (1-800-535-4555) weekdays, 10 a.m. to 4 p.m. Eastern Time (in the Washington, DC, area call 202-720-3333). Basic nutrition questions about meat and poultry and the Dietary Guidelines will be answered.
Curriculum Available on Nutrition, Fitness, and Well-Being

The Arizona Department of Health and Nutrition Services, in collaboration with Maricopa County Head Start, has developed a curriculum which focuses on nutrition, fitness, and well-being for parents, children, and staff (Parent and Child Centers). Maricopa County Head Start has incorporated this curriculum in order to enhance parent, child, and staff wellness through activities which are designed to encourage all to enjoy and live healthier life-styles.

Ms. Della Benjamin, the Wellness Coordinator of Maricopa County, Arizona, would like to offer the curriculum free of charge to individuals who contact the office. Head Start centers may have as many copies as they need for their classrooms and/or home-based programs. Feedback on the curriculum would be appreciated but not required.

To obtain a free copy or copies of this curriculum, contact:

Della Benjamin  
Wellness Coordinator  
Department of Social Services  
Maricopa County, Arizona  
3335 West Durango  
Phoenix, Arizona 85009  
(602) 506-5911

Study of the Nutritional Aspects of the Child and Adult Care Food Program

The Administration on Children, Youth and Families has signed an interagency agreement with the U.S. Department of Agriculture's Food and Nutrition Service (FNS). The FNS plans to study nutritional aspects of the child care component, including the nutrient composition of meals served to those Head Start children who are part of the national sample. The study will examine:

(1) the nutritional composition of the Child and Adult Care Food Program (CACFP) meals that are offered to children,

(2) the nutritional contribution of CACFP meals to children's meal-specific and 24-hour dietary intake, and

(3) factors that affect child care providers' ability to prepare meals that meet the Dietary Guidelines.

Head Start funds will be used to increase the sample of Head Start centers in the study and to compare how well Head Start centers are meeting the Dietary Guidelines in relationship to non-Head Start centers.
Using Food Experiences to Enhance Social Competence

- **Observe and Appraise Children's Language.** The classroom teacher may use snack and meal times to observe and record children's language usage. For example, the teacher may discover that Jimmy calls a red apple, orange, and Keisha may only use one- or two-word utterances in response to an open-ended question. This valuable information can be used to plan for future language development in the classroom and to share with parents in planning activities for their children at home.

- **Reinforce Multicultural Principles.** Invite parents and volunteers to bring in recipes from their cultural backgrounds and prepare them for a tasting party. Teachers may also gather food-related information on various cultures to share with the children. Children need opportunities to converse with each other and adults; therefore, ask parents and volunteers to spend time interacting with the children and encouraging them to share food-related information about their own cultures and interests. Time spent sharing between cultures fosters the acceptance of all cultures — an important Head Start value.

These are some strategies classroom teachers, aides, and parents can use to promote healthy nutrition and solid language development. Staff should use daily opportunities to encourage healthy lifestyles and build language and social skills.

*For additional resources, see the Resource section of this Bulletin.*

Heart Disease and Cancer — Diet and Nutrition

The [National Cancer Institute](https://www.cancer.gov) offers publications on actions consumers can take to promote their own good nutrition and good health. For information on healthy food choices, call the Cancer Information Service at 1-800-CANCER, and ask for a copy of *Diet, Nutrition & Cancer Prevention: A Guide to Food Choices*, and their publications catalog.

The [American Heart Association](https://www.americanheart.org) has information and materials on nutrition, heart health, and heart disease. Contact your local American Heart Association (look in the yellow pages of your phone book), call 1-800-242-8721, or write: American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231-4596.

Practicing What We Preach: Staff-Focused Nutrition Training in Head Start

nutrition to health, try new ways of eating, and examine and discard unproductive eating attitudes and habits. Their own eating patterns, their own attitudes about food, or gaps in their knowledge about food and nutrition, may prevent them from communicating what young children should know about food: that eating healthy is enjoyable, that it is a great adventure to try new foods, and that there are benefits from eating a healthful diet.

Also, keep nutrition on the front burner. Make sure healthy foods are available at meetings and retreats. Challenge staff to try new foods. Encourage staff to share their experiences in implementing dietary changes within their own families. Nutrition is basic to life...find opportunities to incorporate it into every aspect of your program!

*It's macaroni and cheese time again. Once more, Michael asks for seconds. Sandra has been reviewing her dieting history and is considering using a new approach with her overweight child. She knows how deprived she feels when she can't eat her favorite foods and how not having them makes her want them more. She imagines how a young child who doesn't understand why he can't eat what he wants must feel. So she passes the macaroni and cheese to Michael, who takes two bites, announces he's full, and leaves the table happy.*
Meeting the Nutrition Needs of Children with Disabilities

A number of helpful resources are available within the program, the local community, and Head Start. Resource Access Projects (RAP's), for example, provide technical assistance, materials, and training sessions tailored to meet the needs of particular programs and the children they serve.

By understanding children with disabilities and their needs, and taking those extra steps that make them (and others) feel comfortable with their differences, they will feel valued for who they are and what they have to offer. That is what inclusion is all about.

For additional resources, see the Resource section of this Bulletin.

Tips for Choosing Nutrition Consultants ...

- If selecting a nutrition consultant to direct Head Start nutrition services, make sure the consultant meets the required qualifications as stated in the Performance Standards.
- Look for experienced nutrition consultants who are comfortable working with preschool children, low-income families, and culturally diverse populations.
- Expect nutrition consultants to have experience in training staff at all levels and with variety in their backgrounds. Consultants should also have extensive experience in providing nutrition education to families and working with food service staff on menu planning.
- Select nutrition consultants who would be good role models for children, staff, and parents.
- Look for nutrition consultants with a working knowledge of community resources and community contacts which would be available to Head Start children and families.
- Above all, choose nutrition consultants who understand and support the Head Start philosophy, who have strong communication skills, and who value working as a member of a multidisciplinary team.

Summary of the Twin Falls, Idaho, South Central Head Start's Wellness Program

by Donna Suhr, Head Start Director, South Central

The South Central Head Start in Twin Falls, Idaho, wanted to find ways to increase parent interest in developing healthy lifestyles. Focusing on staff wellness provided a starting point. The staff learned that, collectively, they were 2,155 pounds overweight and, on average, were gaining two pounds per person per year. Seventy-four percent of the staff took a one-credit wellness class at the local community college. The class included calibrating fat, checking blood pressure, and developing personal wellness programs that included significant increases in exercise. In two years, the staff lost a total of 825 pounds.

The staff then worked to get parents interested in wellness. Exercise areas and showers were installed in the Head Start center. The staff who had participated in the wellness program were in charge of the exercise areas for three half-hour periods each week. During these times, parents could come and exercise. Thirty-five percent of the parents took advantage of the opportunity. Emphasis was placed on increasing exercise and decreasing fat, salt, and sugar intake. The beneficial impact of these efforts was evident in the increased energy levels of the parents.

Community partnerships and collaboration were an important component of the wellness program. The regional medical center did lab work for the participants; the community college developed a personal wellness class that fit Head Start's needs; and fitness centers and recreation programs donated the use of their space and offered free memberships or products as incentives for participation. As a result of the program, two parents and one staff member became paid aerobic instructors and three staff members became summer swim instructors.

Parents and staff can now be found on local softball, bowling, basketball, and volleyball teams, and the group has become involved in community service. Last year they spent a Saturday fixing and painting a low-income, elderly resident's house. The day provided not only physical activity, but extensive newspaper and television coverage for the center and the wellness program. The community service day was so successful they plan to do another home this year.
MARCH 1994


1-31 Red Cross Month. Contact your local chapter or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.

1-31 National Women's History Month. Contact: National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000.

1-31 National Women's History Month. Contact: The National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000.


6-12 Drug and Alcohol Awareness Week. Contact: National Parent Teachers Association, 700 N. Rush Street, Chicago, IL 60611-2571. (312) 787-0977.

6-12 Save Your Vision Week. Contact: American Optometric Association, 243 N. Lindbergh Blvd., St. Louis, MO 63141. (314) 991-4100.

7-9 National Training Program on Effective Treatment Approaches in Child Sexual Abuse (NTPETA). Boise, ID. Contact: NTPETA, 107 Lincoln St., Huntsville, AL 35801. (205) 536-6310 or (800) 239-9939.

7-10 13th Indian Child and Family Conference. Albuquerque, NM. Contact: Jeanette Trancosa, Conference Coordinator, Indian Child and Family Conference, 3812 Central Avenue, SE, Box 3, Albuquerque, NM 87109. (505) 265-8344.

7-11 13th Indian Child and Family Conference. Albuquerque, NM. Contact: Jeanette Trancosa, Conference Coordinator, Indian Child and Family Conference, 3812 Central Avenue, SE, Box 3, Albuquerque, NM 87109. (505) 265-8344.

11-13 National Child Care Association (NCCA) 1994 Annual Conference. Orlando, FL. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad St., Conyers, GA 30027. (800) 543-7161; Fax (404) 388-7772.

14-17 Save the Children's Family Child Care Technical Assistance Conference. Atlanta, GA. Contact: Conference Coordinator, Save the Children, 1447 Peachtree Street, NW, Atlanta, GA 30309. (404) 885-1578.

14-16 National Training Program on Effective Treatment Approaches in Child Sexual Abuse (NTPETA). LaPlata, MD. Contact: NTPETA, 107 Lincoln St., Huntsville, AL 35801. (205) 536-6310 or (800) 239-9939.

16-19 Annual Conference-Learning Disabilities Association (LDA) of America. Washington, DC. Contact: Conference Coordinator, LDA, 4156 Library Road, Pittsburgh, PA 15234. (412) 341-1515.

18-20 National Center for Montessori Education (NCME) National Conference. Newport Beach, CA. Contact: Kristin Cook, NCME, P.O. Box 1543, Roswell, GA 30077. (404) 434-3181.

19-22 Association for Supervision and Curriculum Development (ASCD) 49th Annual Conference. Chicago, IL. Contact: Margaret Murphy, ASCD, P.O. Box 1411, Alexandria, VA 22313. (703) 549-9110 ext. 317.


20-26 Children and Hospitals Week. Contact: Trish McClean, Coordinator, Association for the Care of Children's Health, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814. (301) 654-6549.


21-23 Community Transportation Assistance Project (CTAP) Human Services Transportation Regional Training Conference. Sacramento, CA. Contact: Conference Coordinator, Hudson Cross Roads, Selbyville, DE 19975. (800) 788-7077; Fax (302) 436-1911.

22-24 National Training Program on Effective Treatment Approaches in Child Sexual Abuse (NTPETA). Swainsboro, GA. Contact: NTPETA, 107 Lincoln St., Huntsville, AL 35801. (205) 536-6310 or (800) 239-9939.

30-4/2 Association for Childhood Education International (ACEI) Annual International Study Conference. New Orleans, LA. Contact: Marilyn Gardner or Cindy Scherrer, Conference Coordinators, ACEI, 11501 Georgia Ave., Suite 315, Wheaton, MD 20902. (800) 423-3563 or (301) 942-2443.

1-30 Cancer Control Month. Contact your local office of the American Cancer Society.


2 International Children’s Book Day, International Board on Books for Young People and International Reading Association, 800 Barksdale Road, P. O. Box 8139, Newark, DE 19714-8139.


7-9 Early Childhood Directors Association (formerly NAECFA) Conference. Minneapolis, MN. Contact: Sue Baldwin, Director, Early Childhood Directors Association, 450 North Syndicate, Suite 5, St. Paul, MN 55104. (612) 641-6643.


12-16 Southern Early Childhood Association (SECA, formerly SAUCUS) 45th Annual Conference. New Orleans, LA. Contact: Jane Alexander, SECA, P.O. Box 5403, Little Rock, AR 72215-5403. (501) 663-0353.

13-16 National Head Start Association 21st Annual Training Conference. Louisville, KY. Contact: Marlene Watkins, Conference Coordinator, National Head Start Association, 201 North Union Street, Suite 320, Alexandria, VA 22314. (703) 739-0875; Fax (703) 739-0878.


18-22 RIF - Reading is Fun Week. Contact: Reading is Fundamental, 600 Maryland Avenue, SW, Washington, DC 20560. (202) 287-3220.

22-25 Seventeenth Annual Technical Assistance Conference. Atlanta, GA. Contact: Save the Children Child Care Support Center, 1447 Peachtree St., NE, Ste. 700, Atlanta, GA 30309. (404) 885-1578.


27-29 Community Transportation Assistance Project (CTAP) Human Services Transportation Regional Training Conference. Chicago, IL. Contact: Conference Coordinator, Hudson Cross Roads, Selbyville, DE 19975. (800) 788-7077; Fax (302) 436-1911.

Utilizing the Resources of the Food and Nutrition Information Center (FNIC) to Impact Staff and Family Wellness

by the National Head Start Social Services Training Contractor, National Alliance of Business, Washington, DC

The United States Department of Agriculture's National Agricultural Library, Food and Nutrition Information Center (FNIC), provides a wide variety of training materials. These materials can be used to develop creative and exciting social services staff training experiences.

Head Start staff can borrow materials from the FNIC. The only cost is return postage. Head Start consultants and contractors can borrow through an interlibrary loan. Nutritionists can be consulted about food, nutrition publications, lists of holdings, or library searches by dialing 1-301-504-5719 and pressing 1, then 4. To borrow materials, dial 1-301-504-5719, press 1, then 2.

The training videos listed below can be used in distance instruction, instruction in both large and small groups, and in self study and home study situations.

■ Observing and Assessing Nutritional Habits of Families: Staff training to improve interviewing, observation, and assessment skills related to nutritional issues could incorporate the following:

“Dietary Recall Instructions for Infants” (1990). Video on how to interview parents to obtain correct information. Also gives advice on counseling parents.
“Young Child Nutritional Protocol” (1986). This protocol provides information on feeding practices to professionals and parents concerned with early childhood development.

■ Family Wellness: A basic nutritional background needed by staff to plan parent education activities, evaluate family needs assessment data, identify appropriate resources, and counsel parents, can be obtained through the following resources:

“Nutrition and Your Health Guidelines for Americans” (1990). Reviews the seven new nutrition and dietary recommendations of the USDA and DHHS.
“Living Well” (1990). This PBS video covers factors that impact our physical and mental well-being, especially nutrition, and stresses the importance of beginning healthful eating habits at an early age.

■ Special Dietary Needs: Materials on nutritional needs of families with disability and/or special health considerations, family eating habits of various ethnic groups, and information on adolescent mothers, nursing mothers, and substance abuse during pregnancy, include:

“When Your Unborn Child is on Drugs, Alcohol, or Tobacco” (1990). Shows the dangers to the unborn child when a pregnant woman smokes, drinks, or uses drugs.
“Mommy, What’s Anemia?” (1987). For mothers and children, discusses the importance of iron in the diet.

■ Improving Family Self-Sufficiency: Training videos that provide information on consumerism and budgeting include:

“Picking the Winners,” Shopping Basics. Discusses how to plan and budget money and time for grocery shopping and preparing food.

These are a few samples of audio-visual materials that can be utilized to train social services staff. The videos can be combined with print materials that the Center also has to provide an interesting and indepth training program on nutritional issues. For more information on the FNIC, write to:

FNIC
National Agricultural Library
Beltsville, MD 20705
(301) 504-5472
Caring for Your Children
A Booklet to Help American Indian Parents in Raising Their Children

From the National Committee for Prevention of Child Abuse and the Northwest Indian Child Welfare Association, Inc., (NWICWA), this booklet has sections on the proper food for babies and children, keeping babies and children clean and healthy, the need for family, and a positive sense of tribal culture.

For copies of this booklet or other child abuse prevention materials relevant to American Indians, contact:

NWICWA
c/o R.R.I., P. O. Box 751
Portland, OR 97207
(503) 725-3038

From Totline Publishing Company

Healthy Snacks
by Susan Hodges. From Totline Testing Kitchens more than 100 new recipes designed to be healthy alternatives to junk-food snacks at home and at school. Each recipe is low in fat, sugar, and sodium.

Teaching Snacks
by Gayle Bittinger. This booklet encourages the use of snacktime to promote the teaching of basic skills and concepts, such as number and letter recognition. Healthful recipes make it easy, natural, and fun to extend learning into snacktime.

National Center for Nutrition and Dietetics, the American Dietetic Association

The theme for March's National Nutrition Month® 1994 EAT RIGHT AMERICA™ is a call to action that challenges Americans to take charge of their food and nutrition habits. The campaign provides the public with practical information on selecting a varied, moderate, and balanced diet for achieving and maintaining fitness.

Some materials offered are: a promotional guide which includes strategies on getting organized, planning promotion activities, and staging special events; copy-ready masters to create handouts for National Nutrition Month® activities; and dietary and fitness tips in English and Spanish.

For information on materials for National Nutrition Month® or for information on the American Dietetic Association, contact:

National Center for Nutrition and Dietetics
216 W. Jackson Blvd., Suite 800
Chicago, IL 60606-6995
(800) 877-1600

Learning Through Cooking Activities
by Amy Houts

As part of their Early Childhood Fundamentals Books series, this instructional guide from Preschool Publications, Inc., shows how cooking is not only fun for young children, but a way of learning math, science, vocabulary, and social skills. It has a section on experiencing foods of other cultures and a section on good nutrition using the Food Guide Pyramid. Preschool Publications also has a newsletter for parents of children from 1 to 6 which contains helpful hints, resources, and information on early childhood development.

For information on this book, or the newsletter, contact:

Preschool Publications, Inc.
P. O. Box 1851
Garden City, NY 11530-0816
(516) 742-9557
(516) 742-5007 Fax

Sources
A Catalog of Information Materials on Medicine and Health
Available from the Pharmaceutical Industry

This consumer's guide lists materials on health matters and specific drug products. Categories of information include nutrition, infant and child care, mental health, preventive health, substance abuse, weight reduction, and women's health. Most are free materials, with some audio-visuals at little or no cost. Available from:

Pharmaceutical Manufacturers Association
1100 15th St., NW
Washington, DC 20005
(202) 835-3400
The Nutrition Education and Training Program (NET) promotes healthy eating for children in schools and child care facilities. The nutrition education activities are coordinated with the National School Lunch and School Breakfast Programs, the Child and Adult Care Food Programs, and Summer Food Service Program.

NET is administered by the Food and Nutrition Service through grants to State Education Agencies. A State NET Coordinator develops a nutrition plan and establishes priorities for funding NET projects. Individuals interested in learning more about the NET Program and nutrition education projects can obtain the name of their State NET Coordinator by writing to:

Director
Nutrition and Technical Services Division
Food and Nutrition Service
U. S. Department of Agriculture
3101 Park Center Drive, Room 607
Alexandria, VA 22302

Nutrition Resources for Early Childhood: A Resource Guide

This comprehensive book examines many aspects of health and safety in the day care setting, and gives appropriate, sensible guidelines for handling them. The chapter devoted to nutrition provides important facts and implications for child care staff. For ordering information, contact:

Harper Collins College Publishers
1900 East Lake Avenue
Glenview, IL 60025
(800) 782-2665

Publications from the Consumer Information Catalog

The following publications are available free from the Consumer Information Catalog:

How to Read the New Food Label. A new law requires packaged foods to have a nutrition label and an ingredient list. Learn how to use these labels to shop wisely and eat better. 2 pg. 1993. FDS 625Z.

An FDA Guide to Dieting. Information on how genetics, the kinds of calories you eat, your metabolism, and exercise all affect weight. 4 pg. (1991). FDA 512Z.

Quick Consumer Guide to Safe Food Handling. To avoid food poisoning, learn how long some foods can be safely frozen or refrigerated. 8 pg. 1990. USDA 528Z.

For information on these publications, or for a publications catalog, write to:

S. James
Consumer Information Center-3C
P.O. Box 100
Pueblo, CO 81002

National Food Service Management Institute

The National Food Service Management Institute is committed to improving the operation and quality of all child nutrition programs. This is accomplished through staff development programs, training experiences, educational materials, and a national satellite network.

One of the Institute’s training packages is especially targeted for early childhood nutrition education. "Barely Bear Learns About Good Nutrition" is a package which includes a storybook entitled, "The Path to the Pyramid," an activity book with reproducible pages, a Food Guide Pyramid poster, and two Barely Bear videos. Young learners join Barely Bear and his whimsical food friends for a lighthearted journey to the Food Guide Pyramid, learning about the food groups and the importance of eating a variety of foods. For Barely Bear ordering information, or to learn more about other available materials, write to:

National Food Service Management Institute
University of Mississippi
P. O. Drawer 188
University, MS 38677
(800) 321-3054

Food Insight: Current Topics in Food Safety and Nutrition

This newsletter, Food Insight, contains the latest issues on food, health, and nutrition six times per year — absolutely FREE. Request free subscription by writing to:

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1100 Connecticut Ave., NW
Suite 430
Washington, DC 20078
RESOURCES

Eating Right

Eating sensibly and feeling well go hand-in-hand. This book offers information on basic nutrition and guidelines for planning meals, eating "on the run" or in a restaurant, grocery shopping, and safe food handling. Written in collaboration with the American Institute for Preventive Medicine.

The book is part of the FYI (For Your Information) series of books from New Readers Press that are centered around vital issues affecting the physical and emotional well-being of adults and children.

For information on how to obtain a copy of this book, or on the FYI series, contact:

New Readers Press
Box 131
Syracuse, NY 13210
(800) 448-8878

Building for the Future: Nutrition Guidance for the Child Nutrition Programs

This publication was developed by the Food and Nutrition Service of the U.S. Department of Agriculture and was patterned after the Dietary Guidelines for Americans, which forms the basis for nutrition policy for the Federal Government. The meals listed in this booklet reflect current dietary guidelines for all Child Nutrition Programs and is part of the continuing nationwide effort to improve children's health.

For more information on this publication, contact:

Food and Nutrition Service, USDA Nutrition and Technical Services Division
3101 Park Center Drive, Rm. 607
Alexandria, VA 22302

Publications From the Government Printing Office

Making Healthy Food Choices. From the Department of Agriculture, this booklet contains information about the dietary guidelines for Americans, the Food Guide Pyramid, weight control, cholesterol, tips on feeding young children, and tips on shopping for food. S/N 001-000-045920. $1.50 per copy.

Preparing Foods and Planning Menus Using the Dietary Guidelines. Contains tips for cooking with less sugar, fat, and sodium; a daily guide to food choices; making the menu fit the family; and recipe ideas. S/N 001-000-04527-0. $2.50 per copy.

Shopping for Food and Making Meals in Minutes Using the Dietary Guidelines. Describes quick meal hints, tips on reading food labels, an aisle-by-aisle shopping guide, and 18 timesaving recipes. S/N 001-000-04529-6. $3.00 per copy.

To purchase these publications, include the stock number of the publication, make a check payable to the Superintendent of Documents, and mail the request to:

United States Government Printing Office
Superintendent of Documents
P. O. Box 371954
Pittsburgh, PA 15250-7954

Snack-N-Good Foods

This brochure explains the value of eating healthy snacks. From the American Society of Dentistry it is part of a series of brochures and videotapes on children's dental health. A video is also available. Other topics in the series are emergency first aid for teeth, the dental benefits of fluorides, development of children's teeth, and the benefits of X-raying teeth.

Developed by pediatric dentists, these brochures and videos quickly explain dental topics to patients and parents in easy-to-understand language to help develop an effective program of preventive dental care for children.

For more information, or to obtain a copy of the brochure, contact:

American Society of Dentistry for Children
211 E. Chicago Ave., Ste. 1430
Chicago, IL 60611
(800) 637-ASDC
(312) 943-5341 Fax
RESOURCES

From the National Black Child Development Institute

The National Black Child Development Institute (NBCDI) works to ensure that African-American children and their families receive quality early childhood education, health care, child welfare services, and education. In collaboration with the National Head Start Association they publish Child Health Talk, a newsletter which contains health and nutrition hints, articles, and information for parents.

For more information on this organization, or on their publications, contact:

NBCDI
1023 115th Street, NW
Suite 600
Washington, DC 20005
(202) 387-1281

The Food and Drug Administration/U.S. Department of Agriculture’s Food Labeling Education Information Center

This government organization offers activities and materials relevant to food labeling education.

For more information, contact:

FDA - Office of Public Affairs
5600 Fishers Lane, HFE-88
Rockville, MD 20857
(301) 443-3220

For information on slides, or to borrow videos or negatives, contact:

FDA - Office of Public Affairs
5600 Fishers Lane, HFI-40
Rockville, MD 20857
(301) 443-3220

Resources for More Information on the Dietary Guidelines

Do you want to know more about Dietary Guidelines and the foods you eat?

Contact:

- The Human Nutrition Information Service (HNIS) for a list of current publications on Guidelines-related topics. The address is:
  U.S. Department of Agriculture
  HNIS, 6505 Belcrest Road
  Room 328A
  Hyattsville, MD 20782

- The National Institutes of Health for publications on Guidelines topics. The address is:
  National Institutes of Health
  Building 31, Room 4A21
  9000 Rockville Pike
  Bethesda, MD 20892

- Your county Cooperative Extension Service home economist or a nutrition professional in your local public health department, hospital, dietary association, diabetes association, heart association, or cancer society.

- Your local library for cookbooks containing recipes to help lower fat, saturated fat, cholesterol, sugars, and salt.

Source: "Dietary Guidelines for Americans" pamphlet, USDA, Home and Garden Bulletin No. 253-1, July 1993. Home and Garden Bulletins Nos. 253-1 through 253-8 cover all seven Dietary Guidelines, along with helpful hints and recommendations for other nutrition information materials that consumers can obtain.

These Bulletins are for sale as a set by contacting the U.S. Government Printing Office, Superintendent of Documents, Mail Stop: SSPO, Washington, DC 20402-9328.

From the National Maternal and Child Health Clearinghouse

The National Maternal and Child Health Clearinghouse offers publications on nutrition, maternal health, infant health, child health, adolescent health, children with special health care needs, and on maternal and child health services and programs. Some of the publications they offer are:

- Nutrition and Your Health—Dietary Guidelines for Americans.

Most publications are in English, but some are available in Spanish, Cambodian, Chinese, Korean, Lao, Tagalog, Thai, and Vietnamese.

For more information on these and other publications, contact:

NMCHC
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955, Ext. 254
(703) 821-2098
CSPI

Part of the credit for the current interest in good nutrition belongs to CSPI.

In the 1970's, this organization began publishing the links between diets high in fat, sugar, sodium, and refined grains, and diabetes, cancer, high blood pressure, and heart disease.

CSPI has worked to stop deceptive advertising campaigns, achieved restrictions on unsafe food additives, and obtained improved food labeling.

They offer many materials to the public, including:

*Nutrition Action Healthletter*: Contains vital information for smarter eating; brand-name listings of fat, cholesterol, sugar, sodium, and fiber in foods; menu plans; and healthful and easy recipes.

"Chemical Cuisine" and "Nutrition Scoreboard": These colorful, fact-packed nutrition and exercise posters are good for homes and classrooms.

CSPI also has hand-held counters for calories, fat and saturated fat, additives, sodium, sugar, and fiber; books on safe food, fast food, and healing foods; and software with nutrition information on more than 5,500 foods.

*Kids Against Junk Food*, a nationwide group for kids and teens who are committed to healthy eating, is also a CSPI organization.
Head Start and Mental Health

Head Start has always recognized that promoting the healthy development of children includes attention to mental health. As with physical health, Head Start’s primary strategy is to prevent problems by reducing risks and nourishing healthy habits. And when mental health services are needed, Head Start helps children and their families receive them.

The Performance Standards set out the following mental health objectives for Head Start:

1) Assist all children in their emotional, cognitive, and social development toward the goal of social competence;
2) Provide necessary mental health services to children with special needs;
3) Inform staff and parents of the need for an environment which is supportive and responsive to the developmental needs of the child; and
4) Mobilize community services to serve the mental health needs of children and their families.

Head Start programs, with assistance from mental health professionals, must design and implement a mental health effort with three levels of intervention:

- Prevention
- Identification/Referral
- Treatment/Support

Prevention:

Prevention is the central mental health activity of Head Start and is represented throughout activities of the entire program — family support, parent involvement, parent and staff education, developmentally appropriate activities for children, and responsive health and nutrition.

Prevention is a major part of the responsive, nurturing, and stimulating Head Start environment for promoting mental health development.

(continued on page 3)
Collaboration in Mental Health

The Stark County Family Council of Canton, Ohio, found that its efforts at early intervention for preschool and Head Start children and families were enormously effective through collaboration with local early intervention service providers.

Mental health services are currently delivered through Head Start and the Child and Adolescent Service Center's early intervention program. This program helps children between the ages of 2½ and 5 with social, emotional, and behavioral problems. Both center-based and home-based services are available and are provided by mental health staff who have extensive experience in working with preschool aged children.

One of the mental health services offered is Preschool Assertive Community Treatment (PACT). PACT is a home-based program that works with the child when the child begins social interaction, such as preschool. Additionally, parents are taught behavior management techniques which reduces the incidence of child abuse and neglect and empowers parents. Both programs target very young populations (0-6 years old) and reflect the commitment of local funding agencies to support early intervention with young children and their families.

Head Start and the Stark County Mental Health Board jointly fund the intervention services through the Child and Adolescent Services Center. County mental health staff are housed at the Head Start programs and function so effectively with the Head Start staff that few people know they are from a separate mental health agency. The mental health staff identify mental health needs in the Head Start population and make sure that assessment and treatment services are delivered to families through mental health home-based services or at the Head Start facility. The PACT team provides on-site consultation to Stark County area preschool teachers who have children enrolled in their program who receive PACT services.

To learn more about Family Support projects in your State, contact the agencies listed on pages 12 and 13. For more information on this program, contact:

Child and Adolescent Service Center
1226 MARKET AVENUE, N.
CANTON, OHIO 44714
Head Start and Mental Health

Head Start gives parents an opportunity to share concerns, learn about their child's emotional development, and receive practical advice on how to address these concerns. This information and support can play an important role in building and reinforcing strong parent-child relationships and preventing or disrupting potentially harmful patterns. Prevention must also include information and support for the Head Start staff trying to meet the needs of the children and families they serve.

Mental health professionals have increasingly recognized that a child's family is an essential component in prevention efforts. Parents' interactions with their children contain powerful messages, some helpful and some hurtful, about ways of dealing with such basic emotions as fear, affection, and anger. With information and support, parents and staff can learn and practice ways to help young children develop "mentally healthy" habits which are critical to achieving social competence.

Dealing with a child's emotions can be an "emotional" experience, particularly for a parent who is isolated from support systems. Many low-income parents face the significant mental health risks of isolation from social supports, and lack a sense of effectiveness. In Head Start, parents can participate in a program which respects their individual strengths and needs, and helps them to access personal and community resources to meet these needs. Promoting each parent's sense of effectiveness is a form of preventive mental health which can accrue benefits for their entire family.

Identification:

The health and developmental screening and assessment provided for each Head Start child includes efforts to identify possible mental health problems. The purpose of mental health screening is early identification of problems which, without appropriate intervention, may interfere with the child's development. A mental health professional must be available, at least on a consultation basis, to the Head Start program to provide advice and assistance in screening and assessment. The screening process is only one means of identifying mental health problems facing Head Start children; problems are also identified through parent reports, teacher observations, and referrals from outside agencies (e.g., Child Protective Services.)

To identify the mental health needs of children, the Head Start program must create an atmosphere in which a parent or teacher feels comfortable asking for help with a child who is experiencing emotional or behavioral problems. Too often parents, and even teachers, can be reluctant to admit that they do not know how to deal with challenging behaviors. The Head Start program should, with the assistance of its mental health professional, conduct training for parents and Head Start staff about addressing mental health problems, including specific guidance on how to seek additional help.

Identifying the mental health needs of parents, and of staff, are also important activities for the Head Start program. Head Start staff can be expected to need assistance from mental health professionals to design and deliver effective services for children and families experiencing mental health problems. Many Head Start families face chronic stresses associated with poverty, including community violence, social isolation, and the difficulties in meeting the primary needs of shelter, food, and safety. Many families deal with additional issues of substance abuse, teen parenting, and family violence which can influence family functioning and child development.

Treatment/Support:

Few Head Start programs have staff on hand to provide mental health treatment to children and families. Head Start's role usually involves helping families with identified needs to receive mental health services. Often, the Head Start program can serve as an environment in which mental health objectives — ranging from a child's development of social interaction skills to a parent's participation in a support network — may be addressed with support and consultation from a mental health professional. Head Start programs must develop and maintain relationships with community mental health and family support agencies for the purpose of designing interventions for the child and family in the regular Head Start program. Yet, the Head Start program must be responsive to specific mental health needs which it cannot address by itself.

When children and families with significant mental health needs are identified, the next step is to involve a qualified professional. Head Start must play a supportive role to see that this referral is acted upon by the family, and that the services offered are responsive to the family's needs. Often, the Head Start program's contribution is helping families find the strength to seek help and to persevere in addressing problems. Peer support groups at
Head Start and Mental Health

the Head Start program, comprised of other Head Start parents, can play an important role in securing meaningful and sustained participation in a treatment program.

Additionally, the social service staff and mental health consultant must work together to access services for parents. Many Head Start programs have become increasingly active in establishing partnerships with community mental health and family support programs so that their mutual services are more accessible to low-income families with young children. Head Start can help by addressing barriers to service, such as lack of child care and transportation, and fear or negative attitudes about mental health services. Identifying resources, including EPSDT/Medicaid, for mental health services is an important role that Head Start programs play.

As Head Start centers continue to improve program quality and serve more children and families, careful attention to the design and implementation of their mental health component will be critical. The Advisory Committee on Head Start Quality and Expansion has recommended in its report, Creating a 21st Century Head Start, that special attention be paid to family support efforts. Strengthening the program’s capacity to meet mental health needs of children and families will be critical to Head Start’s efforts to improve program quality.

Federation of Families for Children’s Mental Health

The Federation of Families for Children’s Mental Health (FFCMH) is a national parent-run organization which focuses on the needs of children and youth with emotional, behavioral, or mental disorders and their families. It provides an opportunity for family members to work with professionals to improve services for their children, and for family members to belong to an organized group to advocate on behalf of their children.

FFCMH is founded on the principle that family support is the center of formal and informal services and tangible goods that are defined and determined by families. It is “whatever it takes” for a family to care for and live with a child or adolescent who has an emotional, behavioral, or mental disorder. It also includes supports needed to assist families in maintaining close involvement with their children who are in out-of-home placement, and to help families when their children are ready to return home.

Family support services include, but are not limited to, the following components:

- Family self-help, support, and advocacy groups and organizations;
- Information and referral;
- Education that will support families in becoming active, informed decision-makers on behalf of the family and the child;
- Advocacy with and on behalf of the family, if needed;
- Capacity to individualize, provide flexible support services, and meet unplanned needs quickly and responsively;
- In-home and out-of-home respite care with an emphasis on neighborhood and community participation for the child, and conceptualized not as a clinical service but as a support for the whole family;
- Cash assistance;
- Assistance with family survival needs (housing, food, transportation, home maintenance); and
- Other supports, as determined by the family.

FFCMH has State Chapters and representatives for assisting families. For information on FFCMH, or your State Chapter or representative, contact:

FFCMH
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7710
Family Therapy Program

An initiative has begun between Head Start programs and the American Association for Marriage and Family Therapy (AAMFT). The AAMFT and Head Start initiative signals a continued movement in Head Start toward providing more family services.

A leader in this effort is the Wichita Head Start Parent Child Center (PCC) and Friends University in Wichita, Kansas. The PCC has many programs available for the families enrolled in the Center. The PCC is funded for enrolled children and families to receive the regular Head Start experience of a classroom, plus the added benefits of the PCC.

The PCC is a comprehensive child development and family support program serving children from birth to 3 years and provides numerous opportunities for family support, including:

- Prenatal classes.
- Parent education classes that strengthen and improve parenting skills and raise the awareness and confidence level of the parent.
- Child development services.
- Marriage and family therapy for selected families. (See sidebar.)

A family therapy program is offered at the PCC in cooperation with Friends University. The PCC employs four family educator graduate students from the Friends University marriage and family graduate program. These students are working toward a Master of Science degree in family therapy. Through family therapy, family members explore problem solving, communication, and interpersonal relationships which can affect family members' current actions. The family educators are in charge of weekly home visits and parent classes at the PCC. Parents at the PCC can decide if they would like to be involved with this new family therapy program. Their decision does not affect the child's enrollment or participation in the PCC.

For more information, contact: Frankie Hoover Gibson, Head Start Bureau, P.O. Box 1182, Washington, DC 20013. (202) 205-8399.

Marriage and family therapists (MFT's) are mental health professionals who offer a range of services to individuals, couples, and families. Their family-centered treatment seeks to pinpoint problems and conclude as soon as specific, attainable, therapeutic goals are met. Trained in family systems theory, MFT's believe that individuals and their problems must be seen in context, and that the most important context is the family.

Head Start Technical Assistance Support Centers (TASC's)

The Technical Assistance Support Centers (TASC's) serve as information resources on the mental health systems and provide prevention, training, and treatment services in your State. Each State has a lead agency (such as the Department of Mental Health or Mental Health Commission) which coordinates comprehensive statewide systems of mental health care. Services are delivered in regional or district community mental health centers by mental health professionals. The community mental health center is often the way to gain access to the services available.

Your TASC can provide information on Head Start practices in mental health services in your State and Region. The TASC can also direct you to information on how to use EPSDT/Medicaid programs to acquire mental health services.
Helping Children With Challenging Behaviors
by Steffen Saifer, Education Specialist, Region X Head Start Technical Assistance Support Center, Portland, Oregon

If you have a child in your class who exhibits extreme negative behavior (such as defiance, physical or verbal aggression, cruelty, or self-abuse) you should work with your program’s mental health consultant to: 1) Determine possible root causes of the behavior and begin the process of changing it (transformation); 2) Intervene positively when the behavior occurs to begin to change the behavior and instill self-control and self-efficacy (intervention); and 3) Change your own behavior and/or the physical environment to prevent the negative behavior from emerging again (prevention).

Transformation:

There is a cause for all behaviors, although it can sometimes be difficult to determine the cause. Children behave in a negative way for a variety of reasons, including: the behavior works (the child gets what s/he wants, be it a coveted toy or attention); it’s a habit; it’s what is modeled and expected at home and in the neighborhood; it’s an expression of anger, fear, or other stresses (even very young children feel complex emotions but often cannot express them appropriately); and/or there is lack of control for physical reasons (poor nutrition or health, allergies, brain chemical imbalances, etc.). Work with family service staff and others to alter the root causes of challenging behavior in the child’s life. Understanding the possible causes will make you more empathetic toward the child and your empathy may be the single most important thing needed to help the child.

Intervention:

The best intervention strategies assume ignorance, not malice, on the part of the child. Teach the child more positive and productive alternative ways to get her/his needs met. Validate the child’s needs and feelings first and then provide as much help as necessary (for some children a great deal of highly directive help is needed) to practice a different behavior. For example, for a child who pushes another child to get a toy, tell her/him, “You really want that toy and I’m going to help you get it, but I can’t let you hurt someone to get it. This is a safe classroom and I won’t let anyone hurt you or let you hurt anyone.” Then, keeping both children together, teach them the words to use to negotiate a turn, a trade, or some other mutually agreeable solution. It is important that this be done with both children because negotiation is best learned during interaction. This will take time and energy, but there are seldom short cuts to changing behavior. Notice this strategy of teaching appropriate behavior does not include use of time out, consequences, or other punitive approaches. Most children with challenging behavior already feel demoralized and powerless and punishment only supports those feelings.

Prevention:

Your most effective strategy for helping children with challenging behavior involves the creation of a classroom where children feel empowered. They must have opportunities to make real choices, take on leadership roles and appropriate responsibility, positively impact others, demonstrate competence, receive individual attention, be appreciated and supported, be taken seriously, and given challenges. Messages about empowerment are sent to children through choices that are made about the physical environment of a classroom, daily schedules, procedures and routines, and types of responses to their inquiries. Curriculum strategies that include positive, prosocial interactions (such as cooperative movement games) and practice at dealing with conflict (role plays, puppets, etc.) are extremely helpful.

For more information, see Practical Solutions to Practically Every Problem: The Early Childhood Teacher’s Manual (Redleaf Press, 1990).
Mental Health Professionals as Head Start Volunteers

Volunteers have been important contributors to Head Start's success since the program's inception in 1965. In a 1992 initiative, the Head Start Bureau and the American Psychological Association collaborated to recruit over 300 psychologists from across the country to volunteer their services to Head Start.

From this participation, Head Start programs report receiving such valuable services as:

- How to conduct parenting workshops and parent support groups;
- Staff training on classroom behavior management techniques;
- Mental health consultation for staff serving children and families experiencing mental health problems; and
- Mental health screening and assessment services.

In another recent initiative, the Head Start Bureau launched a national multi-media campaign to increase awareness of and stimulate volunteerism in local Head Start programs. An Information Memorandum on "Head Start Multi-Media Campaign to Recruit Volunteers" (ACYF-IM-93-26) was sent to all Head Start grantees and delegate agencies in January of 1994 describing this effort. As part of the multi-media campaign, printed advertisements, targeted at health and mental health professionals, will be placed in professional journals and magazines.

Potential volunteers can call a toll-free 800 number to receive a packet of information with the address, phone number, and name of the Volunteer Coordinator in the nearest Head Start program participating in the campaign. The Head Start Volunteer Coordinator will schedule a meeting with the volunteer to learn more about the volunteer's interests and availability. A successful match can then be made between the program's needs and the volunteer's attributes. Only volunteers who have registered with the campaign will be referred to Head Start programs.

If your program has not yet responded to the Information Memorandum, and you are interested in obtaining additional volunteers for your program, please complete the form printed below and mail to:

Head Start Media Campaign
c/o Research Assessment Management, Inc.
1300 Spring Street, Suite 210
Silver Spring, MD 20910
Attn: Barbara White

---

[Form]

Head Start Media Campaign

Agency: ____________________________  □ Grantee  □ Delegate

Address: ____________________________

City/Town: ____________________________  State: ______  ZIP: ______

Telephone Number: (     ) __________ Fax Number: (     ) __________

□ Ms.  □ Mrs.  □ Mr.
Volunteer Coordinator: ____________________________

Coordinator's Direct Telephone Number: (     ) __________ Fax Number: (     ) __________

□ Check here if you need a copy of Information Memorandum ACYF-IM-93-26.
On the Mark for Mental Health

by Alice Eberhart Wright, Mental Health Consultant, Region VII Technical Assistance Support Center, Menniger Clinic, Topeka, Kansas

The focus of mental health is feeling good, building on strengths, and seeing problems as challenges. That goes for everyone. It is important to remember that mental health in Head Start is for children, parents, and staff. To carry out the mental health component effectively, as well as every other component, it is imperative that the entire team communicates effectively and works well together.

Next there must be a mental health coordinator who loves people and has good communication skills. Although it would be desirable to have someone with some mental health training and/or experience, it is more essential that the person have the willingness to learn, is capable of finding resources, and can utilize the materials that have been developed specifically for Head Start. A good mental health coordinator is a creative problem solver who will hunt until s/he finds whatever is needed.

Be sure that you have secured the services of mental health professionals who can help you meet the varied mental health needs of children, families, and staff. Some mental health professionals may provide excellent teacher consultation and child screening/assessment services but may not be skilled in meeting mental health needs of parents. Look to other community agencies serving mental health needs of adults to supplement your mental health services.

There should already be a good working relationship with the public schools. You need to make friends with the Special Education department of your school district. They are mandated to assure services for special needs children between the ages of 3 and 5. If some children are experiencing emotional or behavioral problems that require more intervention than you are able to provide in your classroom, call on them for help — making sure that you have the parent’s permission and cooperation to have their child evaluated.

Training and consultation should be budgeted for. Identify areas you need assistance with, such as dealing with trauma, coping with violence, handling substance abuse issues with children and parents, resolving staff conflicts, helping parents discipline with love, building self-esteem, etc. Identify training opportunities provided by other community programs and send selected staff to appropriate workshops.

Have your mental health coordinator keep a file of books, videos, consultants, and training opportunities available through your regional training and technical assistance centers. Inform parents and staff of materials, such as free programs, workshops, and volunteer consultants.

Familiarize your staff with mental health materials, especially As I Am for teachers, Mental Health in Head Start: A Wellness Approach for mental health coordinators, Promoting Mental Health through the Head Start Experience (brochure), and Mental Health is Everybody’s Business (video). A central shelf can be set up for mental health materials so that they will be visible even if there is staff turnover. A library of children’s books dealing with difficult topics might be centrally located but available to individual classrooms through a checkout system. Ask your TASC for selections to meet your program’s needs.

Finally, ask questions. Make sure you know the person responsible for mental health technical assistance in your regional TASC and contact that person.
Helping Head Start Families Dealing with Depression

Head Start programs promote mental health in every family it serves. But for some families, Head Start may need to intervene to help address a treatable illness: major depressive disorder — often referred to as depression. Depression affects twice as many women as men and is a common disorder, affecting about 1 in 20 Americans each year.

Depression is more than feeling "blue" or "sad" after a loss or disappointment. It is a persistent, serious disorder which interferes with a person's ability to complete regular, day-to-day activities and affects a person's physical health, feelings, thoughts, and behavior. Depression does not appear to be caused by any one factor, but by a combination of biological, genetic, and psychological factors. Extreme stress or substance abuse may reveal an underlying tendency toward depression.

Given the prevalence of depressive disorder, every Head Start program should be aware of this condition and how to help families receive services from community mental health resources. Head Start programs should work with their mental health professionals to plan how they will help families (and staff) affected by depression. Family service workers, who often have the most information on family needs should have the opportunity to consult with the mental health specialist when they suspect that depression or another mental illness is interfering with a family's capacity to benefit from the Head Start experience.

The information in this article comes from an easy-to-read brochure entitled "Depression is a Treatable Illness: A Patient's Guide," published by the Agency for Health Care Policy and Research (AHCPR), U.S. Public Health Service (1993). The 30-page brochure includes a depression systems checklist and brief descriptions of treatments. Programs may order one free copy of the brochure by calling toll-free 1-800-358-9295, or by writing to:

AHCPR Publications Clearinghouse
P.O. Box 8547
Silver Spring, MD 20907

The following organizations also offer free publications on depression and other mental illnesses:

National Institute of Mental Health: (800) 421-4211
National Alliance for the Mentally Ill: (800) 950-6264
National Mental Health Association Information Center: (800) 969-6642

Choosing Non-Violence for Children
The Rainbow House Handbook to a Violence-Free Future
by Anne Parry, Melissa Walker, and Chris Heim

"Stop it! I don't like that! Don't touch me! That's violent. I'm not going to play with you!"

The Rainbow House's "Choosing Non-Violence" (CNV) program teaches children: that they have choices to violent responses, that they can make their own decisions about how they will act and be, and that language can be used to express feelings and protect and defend themselves without being violent.

Rainbow House/Arco Iris in Chicago, Illinois, was created in 1982 as a non-profit, community based agency to provide comprehensive support service to the survivors of family violence. In addition to providing direct service, Rainbow House advocates on behalf of survivors, educates the community about the problem of family violence, and builds communication and service networks.

The CNV program developed the book, "Choosing Non-Violence for Young Children" which incorporates games, songs, and dramatic play into a training curriculum for non-violence. For a copy of this book, contact:

Rainbow House
"Choosing Non-Violence"
P.O. Box 29019
Chicago, IL 60629
(312) 521-5501
In the fall of 1993, the National Head Start Health Training Project conducted interviews with representatives of more than 50 Head Start agencies throughout the country to learn about training needs. From the results, it was obvious that mental health issues were of vital and immediate concern. Many programs felt caught between increasingly disruptive and severe behavior problems in the classroom and limited mental health resources. Staff were struggling with their own unmet mental health needs. In such an environment, mental health consultation is critical.

The authors of this article provide mental health consultation to several inner-city Head Start programs as part of the University of California - San Francisco's Daycare Consultants. Their model of consultation is designed to address mental health rather than mental illness by improving the quality of relationships in the care of children, parents, and staff.

The National Head Start Health Training Program

Traditionally, when mental health professionals are involved in child care programs their efforts are often directed at the child who is having the greatest difficulty - the child who can't sit still, the one who hurts himself or others, or the one who is unable to play with his peers. It is often at this point that teachers, frustrated with difficult to manage behavior, call in a mental health consultant. The "problem child" receives individual therapy from the mental health specialist, but the teachers are given little assistance in how to help the child in the context of the group. The mental health consultant is limited to intervening in crisis situations. Unfortunately, this common scenario limits our view of what mental health really is and what mental health consultation can be.

Our model of comprehensive mental health consultation rests on the following fundamental principles:

- Views parents and classroom staff as integral to promoting the mental health of a child with identified behavior problems;
- Promotes well-being rather than responding exclusively to identified problems;
- Promotes mutually respectful, trusting relationships among management, staff, and parents which allows for the development of similar relationships with the children; and,
- Involves an ongoing relationship with the program, rather than crisis intervention.

The following case consultation at a Head Start program illustrates these principles in action:

Tiffany is a three-year-old girl, new to her Head Start classroom, whose teachers requested consultation because her behavior had recently become very aggressive. According to the teachers, Tiffany was attacking other children, biting, pulling hair, and grabbing toys "all the time." In meetings with Tiffany's teachers, the consultant learned that several changes had recently occurred in Tiffany's life. For example, even though she had made two visits with her mother before beginning preschool and seemed to like being there, she cried inconsolably when her mother left and would not accept comfort from any of the caregivers. In addition, Tiffany had been weaned from her pacifier in preparation for preschool. None of these changes alone would necessarily be very upsetting for a child but all of them together were clearly overwhelming for Tiffany.

The next step was to meet with Tiffany's parents. At the mental health consultant's suggestion the head teacher asked for the parents' help in easing Tiffany's adjustment to the program, rather than focusing on her aggressive behavior.

The aggressive behavior, while seeming to the teachers to happen "all the time," actually occurred most often after separation from her mother and whenever the children were grouped closely together, such as at the lunch table and in the yard where children sometimes were not closely supervised.

The consultant worked with the teachers to reduce the chances of these incidents occurring again. Her grandmother was invited to come with Tiffany to help her get used to the classroom. The head teacher offered to talk with the mother daily when she greeted Tiffany to help her with the separation, and spend more time monitoring her interaction with other children. When the children were grouped together, the teacher would hold Tiffany's hand and sit close to her. Tiffany was given (continued on page 14)
Family violence has become an all too familiar occurrence in our society. It occurs in households of all ages, races, religions, cultures, educational levels, and socioeconomic groups. Children, siblings, parents, and spouses are abused in homes that should be safe and caring. More than 4 million women are abused each year and research has shown that the correlation between domestic violence and child abuse is extremely high.

As Head Start strives to improve its supportive services for families, the impact of family violence must be considered. To increase staff's capacity to confront this sensitive issue, training in dealing with and understanding family violence is necessary.

Expected Outcomes of Training:

Efforts to reduce the incidence of family violence can be enhanced through prevention training. This training should emphasize the manner in which staff communicates with families, as well as improve staff's ability to develop family activities which:

- Increase parental self-esteem and self-awareness;
- Promote healthy relationships and family functioning;
- Increase communication skills;
- Develop support networks; and,
- Teach skills in conflict management and resolution.

Training will also increase staff's knowledge and skill of intervention techniques. Staff should improve their ability to:

- Provide emotional support;
- Offer information and instruction;
- Refer and accompany family members to social services; and,
- Negotiate with other organizations and service providers.

Training Strategies and Resources:

Head Start programs can develop a family violence training program through partnerships with local women's shelters, domestic violence programs, and child welfare organizations. Staff from these programs can assist Head Start staff in understanding the dynamics of abusive relationships and identify available services. Medical and law enforcement professionals can offer training regarding the signs and symptoms of battering and appropriate legal and medical responses. Forming and improving relationships with local and State social services and housing agencies also promotes favorable relationships for referral of families in time of crisis.

For further information regarding domestic violence, contact the National Council of Child Abuse and Family Violence at 1-800-222-2000. This organization can assist Head Start programs in identifying local services available to families in crisis situations and provide training resources for staff. Additional national training resources are:

National Coalition Against Domestic Violence, P.O. Box 18749, Denver, CO 80218-0749. 303-839-1852. Provides technical assistance and information through printed materials, national directories, and monographs which focus on special issues (i.e., family violence in rural communities).

Domestic Abuse Intervention Project, 206 West 4th Street, Duluth, MN 55806. 218-722-4134. Operates a national project which offers training materials and consultant services to assist agencies in developing a community coordinated response to domestic violence.

Pennsylvania Coalition Against Domestic Violence, 6400 Flank Dr., Ste. 1300, Harrisburg, PA 17112. 717-545-6400. Houses the National Resource Center for Domestic Violence which offers listings of national training resources.
Child and Adolescent Service System Programs

There is increasing recognition that mental health services for young children and families may be most effective when delivered within the context of a supportive, comprehensive, family-centered approach, which includes programs like Head Start. The Center for Mental Health Services has made grants to several States to help programs like Head Start become part of community partnerships which develop "local systems of care" for children with emotional/behavioral disorders. The contact persons for these Child and Adolescent Service System Program (CASSP) local systems development grants are provided below. This person can help you locate partnerships underway in your State which can work with you to serve children and families you may have difficulty serving in isolation.

Alabama:
Brian H. McManus, Director
Bureau of Mental Illness
Community Programs
200 Interstate Park Drive
Montgomery, AL 36109-0710
Phone: 205-271-2623

California:
Rachel Guerrero
CASSP Coordinator
Department of Mental Health
1600 9th Street
Sacramento, CA 95814
Phone: 916-654-3479

Colorado:
William Bane
Child & Adolescent Program Specialist
Division of Mental Health
Colorado Department of Institutions
3520 West Oxford Avenue
Denver, CO 80236
Phone: 303-762-4076

Connecticut:
David Brumer, Director
CASSP Program
State of Connecticut
170 Sigourney Street
Hartford, CT 06105
Phone: 203-566-3793

Florida:
Robert Anderson
Alcohol, Drug Abuse, and Mental Health Program Office
Department of Health and Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Phone: 904-487-2415

Georgia:
Ruth Coody, Director
Child and Adolescent Services
Division of Mental Health, Mental Retardation and Substance Abuse
Two Peachtree Street, 4th Floor
Atlanta, GA 30303
Phone: 404-657-2165

Illinois:
Kenley Wade
Deputy Administrator
Director for Mental Health
Illinois Department of Mental Health and Developmental Disabilities
401 Stratton Office Building
Springfield, IL 62765
Phone: 217-785-7226

Kansas:
Patrick Dickey, Director
Child and Adolescent Mental Health Services
Division of Mental Health and Retardation
915 SW Harrison St., 5th Fl. N
Topeka, KS 66612
Phone: 913-296-3471

Kentucky:
Paul Andis, Manager
Children and Youth Services Branch
Department of Mental Health and Mental Retardation Services
275 East Main Street
Frankfort, KY 40621
Phone: 502-564-7610

Louisiana:
Jo M. Pine
CASSP Director
Office of Mental Health
P.O. Box 4049, Bin 12
Baton Rouge, LA 70821
Phone: 504-342-9528

Maine:
Robert E. Durgan, Ph.D., Director
Bureau of Children with Special Needs
Department of Mental Health and Mental Retardation
State House Station #40
Augusta, ME 04333
Phone: 207-287-4520

Mississippi:
Brenda B. Scafidi, Ed.D.
Division Director
Department of Mental Health
1101 Robert E. Lee Building
Jackson, MS 39201
Phone: 601-359-1288

Missouri:
Robyn Boustead
Department of Mental Health
1706 E. Elm Street
Jefferson City, MO 65102
Phone: 314-751-8027

Montana:
Dan Anderson
Administrator
Mental Health Division
1539 11th Avenue
Helena, MT 59620-1301
Phone: 406-444-3969

Nebraska:
Priscilla Henkelmann, Director
Office of Community Mental Health
Department of Public Institutions
P.O. Box 94728
Lincoln, NE 68509-4728
Phone: 402-471-2851

Nevada:
Al Glover, Chief
Planning, Evaluation and Program Development
Department of Human Resources
Room 600, 505 East King Street
Carson City, NV 89710
Phone: 702-687-4730
Child and Adolescent Service System Programs - continued:

**New Hampshire:**  
Nancy L. Rollins  
New Hampshire Division of Mental Health and Developmental Services  
105 Pleasant Street  
Concord, NH 03301  
Phone: 603-271-5095

**New Mexico:**  
Vera Dudley  
CASSP Director  
Office of Managed Care Services  
New Mexico Children, Youth and Families Department  
P.O. Drawer 5160  
Santa Fe, NM 87502-5160  
Phone: 505-827-4497

**New York:**  
Mary I. Armstrong, MSW, MBA  
Director, Bureau of Children and Families  
NY State Office of Mental Health  
44 Holland Avenue, 6th Floor  
Albany, NY 12229  
Phone: 518-474-8394

**Pennsylvania:**  
Constance Dellmuth  
Bureau of Children's Services  
Office of Mental Health  
Rm. 625, Health and Welfare Building  
Harrisburg, PA 17120  
Phone: 717-772-2764

**Rhode Island:**  
Paula Izeman, Director  
Development Program  
RI Department of Children, Youth and Families  
610 Mt. Pleasant Avenue  
Providence, RI 02908  
Phone: 401-457-4547

**South Dakota:**  
Dianne Weyer  
Program Specialist  
South Dakota Department of Human Services  
Division of Mental Health  
East Highway 34  
500 East Capitol  
Pierre, SD 57501-5070  
Phone: 605-773-5991

**U.S. Virgin Islands:**  
Laurent D. Javois, M.D.  
Director  
Division of Mental Health, Alcoholism & Drug Dependency Services  
Department of Health  
Charles Howard Memorial Hospital  
Saint Croix, VI 00820  
Phone: 809-773-1311, X-3013

**Vermont:**  
Charles Biss, Director  
Child and Adolescent Unit  
Vermont Department of Mental Health and Mental Retardation  
103 South Main Street  
Waterbury, VT 05671-1601  
Phone: 802-241-2354

**Virginia:**  
Gary McBeth  
Virginia's CASSP Statewide Local System Strategy Implementation  
Office of Mental Health  
P.O. Box 1797  
Richmond, VA 23214  
Phone: 804-786-2991

**Washington:**  
Dennis Olson, Project Director  
Dept. of Social and Health Services  
DSHS Mental Health Division  
P.O. Box 45320  
Olympia, WA 08504-5320  
Phone: 206-586-3007

**Wisconsin:**  
Eleanor McLean  
SED Coordinator  
Office of Mental Health  
Division of Community Services - DHSS  
1 West Wilson, Rm. 433  
Madison, WI 53707-7851  
Phone: 608-266-6838

**Wyoming:**  
David Block  
CASSP Specialist  
Child & Adolescent Mental Health Specialist  
Division of Behavioral Health  
WY Department of Health  
449 Hathaway Building  
Cheyenne, WY 82002-0480  
Phone: 307-777-5637

Photographs courtesy of Georgetown University Child Development Center
more space at the lunch table and the teachers increased supervision in the yard. Within two weeks Tiffany's unhappiness and aggressive behavior were reduced dramatically and a month later both staff and parents agreed that Tiffany was managing well.

Involving Parents and Caregivers:

When mental health consultation is focused on a particularly difficult child, as it was with Tiffany, the parents are involved from the beginning. Information about Tiffany's home life is gathered and shared with the consultant. Observation of the child at the child care site is followed by ongoing consultation to the caregivers and continued contact with the family. The specific ways in which a consultant may prove useful to a family are determined by the family's needs and wishes. At times the consultant may simply help the parents acknowledge and understand that their child is having difficulties. At other times the consultant may help parents better understand and manage difficult behaviors, like helping with child rearing issues or ensuring that parents have contact with the appropriate agencies when longer-term help is needed. Communication between parents and teachers, along with developing ways of working with the child in the classroom, often leads to the child's improved functioning.

Promoting Well-Being:

Building an understanding and appreciation of how experiences, both at home and in child care, contribute to every child's well-being is an aim of mental health consultation. Among the most important tasks is to help staff and parents focus on the relationships within which children have the experiences that cause them to develop their unique view of themselves and their world. In Tiffany's case, the consultant did not focus on the aggressive behavior as the problem. Rather, she helped staff understand the behavior as a response to circumstances beyond Tiffany's control.

Promoting Mutually Respectful, Trusting Relationships:

The consultant was interested in staff's opinion about Tiffany's behavior and listened closely to the classroom team. Through understanding the staff's experience with a particular child, the consultant begins to build a useful relationship with staff. It is only when a reciprocal, mutually respectful relationship exists between all adults in child care that children will be treated with respect and reciprocity. The consultant was careful to treat Tiffany's teachers the way she hoped they would treat Tiffany and the other children in the classroom.

Ongoing Program Consultation:

To be effective, consultation takes place on an ongoing basis between the consultant and the program rather than on a crisis intervention basis. The consultant meets regularly with the classroom staff and observes the day-to-day running of the program. As in the situation with Tiffany, caregivers often request consultation for the first time when they are worried, angered, or alarmed by a particular child. But, as occurred in this case, many caregivers see that the usefulness of working with a consultant should not be limited to crisis situations. In fact, the periodic crisis is better managed when the consultant and staff have established ways of working together. The consultant's suggestions about ways of working with a difficult child or programmatic changes that might ease the teacher's work are based on staff input and a knowledge of the program's resources and limitations.

The teachers come to feel that the consultant understands and empathizes with each teacher's experience; not just their experiences in the classroom, but also the stresses and strains of program planning that impact how they feel about the job.

What is important to note about this particular case is that Tiffany was reacting to a set of circumstances over which she had no control. It wasn't possible for her behavior to change without those circumstances being examined and adjusted to meet her needs. The teachers focused on reducing Tiffany's anxiety and fear rather than holding her responsible for her difficult behavior. This careful, understanding approach made it possible for Tiffany to bond with her caregivers and to feel good about being at the center, both of which reduced the causes of her worrying behavior and led eventually to her successful adjustment.

Teamwork between parents, teachers, and the mental health consultant resulted in changes which benefited all children. Of course, in some cases it would be appropriate for the child and/or family to be referred for ongoing work with a mental health professional. In such cases, the consultant would adhere to the same basic principles to ensure that the referral resulted in a successful link between the family and therapist, and that information continued to be shared with classroom staff. 

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(continued from page 10)
Ten Messages For Head Start Grantees
About Substance Abuse
Susan Weber, Special Assistant to the Commissioner, Administration on Children, Youth and Families

1. Watch Your Language.
   Avoid talking about "crack" or drug babies, and be very careful about using the word "addict." These words may not convey the respect for children and families to which Head Start is committed.

2. Remember: Alcohol is one of the Biggest Problems.
   The most important and one of the largest problems of addiction in this country is alcohol. That is true everywhere. Many Head Start grantees have families and/or staff who abuse alcohol. Because it is legal, and sanctioned by communities, it tends to be overlooked.

3. Be Careful About Assuming a Child has been Prenatally Exposed to Alcohol or Drugs.
   Only prenatal exposure to alcohol (Fetal Alcohol Syndrome) can be clearly diagnosed, and even that requires specialized medical skills. Everything else is speculation, especially by the time a child arrives in Head Start. Further, knowing a child was prenatally exposed to substances does not tell one the prognosis of the child. Most children who have been prenatally exposed are more alike than different from their peers. Focus on the child’s current development. What are the strengths, stresses, and special needs of this child and family which need to be addressed now?

4. It is Very Difficult to Help Parents Identify When They Have a Substance Abuse Problem.
   This is the most difficult family support problem all Head Start grantees are facing. Substance abuse yields denial and secrecy. It is easy for Head Start staff to minimize the problem, but allowing a person's addictive behavior to go unaddressed enables that person to continue the behavior. Staff need training and special support to help parents with this problem.

5. Substance Abuse Prevention is Best Addressed by Promoting Family Wellness.
   In Head Start, substance abuse prevention should be addressed in the whole context of healthy living, family wellness choices, and the development of supportive community initiatives that promote family wellness.

6. An Outstanding Head Start Experience is the Best Substance Abuse Prevention Curriculum for Children.
   Head Start is a prevention program, in that it builds self esteem and develops problem solving and decision-making skills. Children from families and communities involved with addiction need experiences which that provide the extra support of individualized attention and attention to the ways they learn best. They need extra opportunities to share their stressful life experiences with mental health or other trained specialists. In addition, children may need instruction to help them remain safe in environments where drug paraphernalia or other dangers exist. This must be provided with sensitivity, so Head Start does not inadvertently place the child in the position of threatening adults and inviting punishment.

7. Develop a Substance Abuse Initiative Appropriate to the Head Start Mission.
   Help staff understand how their job requires developing a capacity to address substance abuse issues. Rather than proposing a new substance abuse program, help staff with the work they already do to support families. Substance abuse is a family issue which must be addressed through sustained family interaction to identify needs, secure treatment, and support families while they are receiving treatment and in recovery. This requires training for all staff. It also requires developing an overall program capacity for relationships with community prevention and treatment resources and strategies.

8. Try to Identify Treatment Resources that Match with Head Start Values and Family Needs.
   Often the values of Head Start and substance abuse treatment may clash. Treatment may be based on an individualistic male model (without regard to responsibilities as parent or wife), or focus on “breaking people down” rather than “building them up.” Head Start needs to be a positive community advocate for treatment resources that are responsive to the needs of women with children and for more effective support services for women in recovery. Recognize that substance abuse confidentiality requirements are very strict, and often make it very difficult for Head Start programs to collaborate with treatment programs on the needs of families.

9. Head Start's Support for Families may be Exactly What is Needed by Parents Who are in Treatment or in Recovery Following Treatment.
   (continued on page 18)
Young Children’s Social Development: 
A Checklist

by Diane E. McClellan and Lilian G. Katz

This Article and the Checklist on the opposite page are Adapted from ERIC Digest, ERIC Clearinghouse on Elementary and Early Childhood Education (EECE), University of Illinois, 805 W. Pennsylvania Avenue, Urbana, IL 61801. (217) 333-1386.

Early childhood educators have traditionally given high priority to enhancing young children's social development. During the last two decades a convincing body of evidence has accumulated to indicate that unless children achieve minimal social competence by about the age of six years, they have a high probability of being at risk throughout life.

Because social development begins in the early years, it is appropriate that all childhood programs include regular assessment of children's progress in the acquisition of social competence. The set of items presented on page 17 is based largely on research identifying elements of social competence in young children.

The Social Attributes Checklist includes attributes of a child's social behavior and preschool experience which teachers should examine every three or four months. Consultations with parents and other caregivers help make the attributes and assessments realistic and reliable.

Many of the attributes listed in the checklist indicate adequate social growth if they usually characterize the child. This qualifier is included to ensure that occasional fluctuations do not lead to over-interpretation of children's temporary difficulties. On the basis of frequent direct contact with the child, observation in a variety of situations, and information obtained from parents and other caregivers, a teacher or caregiver can assess each child according to the checklist.

We suggest that this checklist be used as a guide for teachers and parents. If a child seems to be doing poorly on many of the items on the list, the adults responsible for his or her care can implement strategies that will help the child to overcome and outgrow social difficulties. The intent is not to supply a prescription for "correct social behavior," but rather to help teachers observe, understand, and support children as they grow in social skillfulness. If a child seems to be doing poorly on many of the items on the list, the adults responsible for his or her care can implement strategies that will help the child to establish more satisfying relationships with other children. For some children, consultation with a mental health professional may be appropriate.

Finally, it is also important to keep in mind that children vary in social behavior for a variety of reasons. Children have distinct personalities and temperaments from birth. In addition, nuclear and extended family relationships obviously affect social behavior. What is appropriate or effective social behavior in one culture may be inappropriate in another culture. Children from diverse cultural and family backgrounds thus may need help in bridging their differences and in finding ways to learn from and enjoy the company of one another. Teachers have the responsibility of creating a classroom community that is open, honest, and accepting.

Staff Mental Health Group at Davis/Morgan/Summit Head Start in Layton, Utah

Every other Thursday during the school year, a mental health group is held for Head Start employees. The group is voluntary, meets for approximately two hours in the afternoon, and is facilitated by a mental health consultant and a Licensed Clinical Social Worker (LCSW). The purpose of the group is to give staff a chance to discuss personal or job-related issues and provide them with coping skills in the areas of stress, guilt, self-esteem, relaxation, healthy mind and body, etc. A feeling of support and belonging is created along with the skill building.

For information on this program, contact: Davis County Head Start, 120 West 3000 North, Layton, Utah 84041. (801) 774-7427.
The Social Attributes Checklist

I. Individual Attributes: The child:

1. Is usually in a positive mood.
2. Is not excessively dependent on the teacher, assistant, or other adults.
3. Usually comes to the program or setting willingly.
4. Usually copes with rebuffs and reverses adequately.
5. Shows the capacity to empathize.
6. Has positive relationships with one or two peers; shows capacity to really care about them, miss them if absent, etc.
7. Displays the capacity of humor.
8. Does not seem to be acutely or chronically lonely.

II. Social Skill Attributes: The child usually:

1. Approaches others positively.
2. Expresses wishes and preferences clearly; gives reasons for actions and positions.
3. Asserts own rights and needs appropriately.
4. Is not easily intimidated by bullies.
5. Expresses frustrations and anger effectively and without harming others or property.
6. Gains access to ongoing groups at play and work.
7. Enters ongoing discussion on the subject; makes relevant contributions to ongoing activities.
8. Takes turns fairly easily.
9. Shows interest in others; exchanges information with and requests information from others appropriately.
10. Negotiates and compromises with others appropriately.
11. Does not draw inappropriate attention to self.
12. Accepts and enjoys peers and adults of ethnic groups other than his or her own.
13. Gains access to ongoing groups at play and work.
14. Interacts non-verbally with other children with smiles, waves, nods, etc.

III. Peer Relationship Attributes: The child is:

1. Usually accepted versus neglected or rejected by other children.
2. Sometimes invited by other children to join them in play, friendship, and work.

Adapted from ERIC Digest, ERIC Clearinghouse on Elementary and Early Childhood Education, University of Illinois, Urbana, IL. Authors: Diane E. McClellan and Lilian G. Katz.
Ten Messages for Head Start Grantees About Substance Abuse

The nurturing, supportive environment which Head Start provides families is exactly what persons recovering from addiction most need. The greatest strength of Head Start matches the greatest needs of recovering parents.


When families involved with addiction won’t accept treatment, Head Start’s goal should be to establish and support a stable, nurturing caregiver in the life of the child, who will support the child when he or she leaves Head Start. A grandmother, aunt, or a good family friend may need encouragement and support to take on this role.

The following publications can help Head Start programs deal with families facing substance abuse issues:

Supporting Substance-Abusing Families: A Technical Assistance Manual for the Head Start Management Team addresses how to identify families involved with substance abuse, the characteristics of substance-abusing parents, the special risks of their children, the process of conducting a comprehensive family needs assessment, working with children in a pre-school setting, and a review of substance abuse treatment programs. Available August 1994 as a Head Start publication.

Confidentiality of Substance Abuse Information: A Manual for Head Start Programs Who Identify Families as Having Problems Related to Alcohol and Drug Use and Who Refer Parents to Treatment, by A. Collins, K. Goldsberg, T. Kaufman, P. Barker, & R. Boldt. Cooperative Agreement No. 5-U88-T100023 between Baltimore Substance Abuse Systems (Target Cities Project), Baltimore City Head Start Substance Abuse Project, and the University of Maryland School of Law/Clinical Law Office. For a copy of this publication, send $5 (which includes shipping and handling) to: DHCD/Human Services Division, Head Start Program, Substance Abuse Project, 2330 St. Paul St., Baltimore, MD 21218.

RESOURCE:

Responding to Children Under Stress: A Skill-Based Guide for Classroom Teams

This publication was developed in response to expressed needs from Head Start Education Coordinators and classroom staff seeking skill-building opportunities in order to support children and families better. Based on the most current research, it has been shared with Head Start Education Coordinators at recent conferences of the National Head Start Association and the National Association for the Education of Young Children.

It is a comprehensive training guide for classroom teachers, assistants, volunteers, and program coordinators to increase their skills in supporting the needs of children who are coping with high levels of stress. It suggests practical strategies and serves as a framework for mutual support of staff as they meet over a period of time to discuss information, share their experiences, and interact with the Education Coordinator, Mental Health specialist, and other component staff.

An Information Memorandum will soon be sent to all grantee and delegate agencies on the availability of this guide.
1-31 Mental Health Month. Contact: National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314. (703) 684-7722.

1-3 National Conference on Family Literacy. Louisville, KY. Contact: Bonnie Lash Freeman, National Center for Family Literacy, Waterfront Plaza, Suite 200, 325 West Main Street, Louisville, KY 40202-4251. (502) 584-1133; Fax (502) 584-0172.

1-31 Asian Pacific American Heritage Month.

1-31 National Sight-Saving Month. Contact: National Society to Prevent Blindness, 500 E. Remington Road, Schaumburg, IL 60173. (312) 843-2020; (800) 221-3004.


1-31 National Arthritis Month. Contact: The Arthritis Foundation, 1314 Spring St., NW, Atlanta, GA 30309.

1-31 National Trauma Awareness Month. Contact: American Trauma Society, 8903 Presidential Parkway, Suite 512, Upper Marlboro, MD 20772-2656. (301) 420-4189; (800) 556-7890; Fax (301) 420-0617.

4-7 Family Resource Coalition's National Conference. Chicago, IL. Contact: Family Resource Coalition, 200 South Michigan, Room 1520, Chicago, IL 60604. (312) 341-0900; Fax (312) 341-9361.


5-7 National Association of Child Care Professionals (NACCP) National Directors Conference. San Antonio, TX. Contact: NACCP Conference, Rt. 1, Box 273CL1, Edwards, MO 65326. (800) 537-1118.


7-9 Art Therapy in the Treatment of Post-Traumatic Stress Disorder: Sexual Abuse and Multiple Personality Disorder. New York, NY. Contact: American Art Therapy Ass’n., Inc., 1202 Allanson Road, Mundelein, IL 60060. (708) 949-6064; Fax (708) 566-4566.


9-15 National Stuttering Awareness Week. Contact: Stuttering Foundation of America, PO Box 11749, Memphis, TN 38111. (800) 992-9392.


14-16 Second National Conference on Gangs, Schools, and Community. Orlando, FL. Contact: Alan McEvoy, Program Committee, Safe Schools Coalition, PO Box 1338, Holmes Beach, FL 34218-1338. (813) 778-9140.

16-18 Alliance to End Childhood Lead Poisoning Annual Conference. Washington, DC. Contact: Conference Planner, Alliance to End Childhood Lead Poisoning, 227 Massachusetts Ave., NE, Ste. 200, Washington, DC 20002. (202) 543-1147; Fax (202) 543-4466.

19-20 Alliance to End Childhood Lead Poisoning International Conference. Washington, DC. Contact: Conference Planner, Alliance to End Childhood Lead Poisoning, 600 Pennsylvania Ave., SE, Ste. 100, Washington, DC 20003. (202) 543-1147; Fax (202) 543-4466.

22-25 Association for the Care of Children's Health (ACCH) 29th Annual Conference. Toronto, CAN. Contact: Donna-Renee Price, Conference Administrator, ACCH, 7910 Woodmont Ave., Ste. 300, Bethesda, MD 20814-3015. (301) 654-6549.


JUNE 1994

2-5 Laubach Literacy Action Biennial Conference. Little Rock, AR. Contact: Conference Department, Laubach Literacy Action, 1320 Jamesville Ave., PO Box 131, Syracuse, NY 13210. (315) 422-9121.

2-5 National Institute for Early Childhood Professional Development Annual Conference. Chicago, IL. Contact: Conference Department, National Association for the Education of Young Children, 1509 16th Street, NW, Washington, DC 20036-1426. (202) 232-8777; (800) 424-2460; Fax (202) 328-1846.


7-9 National Low Income Energy Conference. Indianapolis, IN. Contact: Conference Coordinator, Dollar Energy Fund, PO Box 43239, Pittsburgh, PA 15203. (412) 431-2800.


10-12 Second Annual National Conference on the Ritual Abuse of Children. Arlington Heights, IL. Contact: Believe the Children, PO Box 268462, Chicago, IL 60626. (708) 515-5432.


19-23 Developing Local Systems of Care for Children and Adolescents with Severe Emotional Disturbances. Traverse City, MI. Contact: Child and Adolescent Service System Technical Assistance Center, 2233 Wisconsin Ave., NW, Washington, DC 20007. (202) 338-1831.


20-26 1994 International Child and Youth Care Conference. International Federation of Educational Communities and the National Organization of Child Care Worker Associations. Milwaukee, WI. Contact: International Conference, c/o Child and Youth Care Learning Center, PO Box 413, Milwaukee, WI 43201. (414) 229-5797; Fax (414) 229-2840.

23-25 All Children Ready to Learn Conference. St. Louis, MO. Contact: Debra Ferguson, Parents as Teachers National Center, 9374 Olive Blvd., St. Louis, MO 63132. (314) 432-4330; Fax (314) 432-8963.

**RESOURCES**

**From the Association for the Care of Children's Health**

*Seasons of Caring.* This 40-minute video documents the lives of several families who have young children with disabilities and shows the importance of having skillful and knowledgeable service providers throughout. A curriculum guide is also available.

*Special Kids, Special Dads: Fathers of Children with Disabilities.* This 23-minute video provides some answers as fathers speak for themselves about their emotional needs, their concerns, and the importance of involving them in the care of their children.

To order, or to receive a catalog of publications, contact:

Association for the Care of Children's Health  
7910 Woodmont Avenue  
Suite 300  
Bethesda, MD 20814  
(301) 654-6549

**Publications from Redleaf Press**

*A Practical Guide to Solving Preschool Behavior Problems,* by Eva Essa. This guide provides concrete suggestions for handling behavior "problems" common in early childhood settings. Topics include biting, name-calling, disrupting activities, short attention span, clinging, and many others. #1518.

*Love and Anger: The Parental Dilemma,* by Nancy Samalin. This book contains constructive alternatives for anger-driving words and actions that don't hurt children and lessen parental guilt. #5026.

*Active Parenting,* by Michael Popkin. Based on a successful video on a parent education program, this book provides techniques for active, rather than reactive, parenting. #5009.

*Six Stages of Parenthood,* by Ellen Galinsky. This book provides insights into the six "stages" of parenthood and offers a look at parental growth which is thought provoking and reassuring. No. 5014.

*The Sleep Book for Tired Parents: Help for Solving Children's Sleep Problems,* by Rebecca Huntley. Here is help for the walking weary. Many common sleep problems are examined and solutions are offered. #5021.

*Self-Esteem: A Family Affair,* by Jean Illsley Clarke. A warm, affirming book to help parents and other caregivers bring out the best in their children and themselves. #5013.

The Caring Child, by Nancy Eisengerg. Understand how prosocial behaviors develop so you can encourage them in your children. #1539.

To order these materials, or to receive a catalog, contact:

Redleaf Press  
450 North Syndicate, Suite 5  
St. Paul, MN 55104-4125  
(800) 423-8309

**NCCAN's Clearinghouse on Child Abuse and Neglect**

The National Center on Child Abuse and Neglect (NCCAN) has a "User Manual Series" designed to provide guidance to professionals involved in the treatment and prevention of child abuse and neglect. Some of the publications that are available from NCCAN's Clearinghouse are:

*A Coordinated Response to Child Abuse and Neglect: A Basic Manual*

*The Role of Educators in the Prevention and Treatment of Child Abuse and Neglect*

*Child Protective Services: A Guide for Caseworkers*

*Caregivers of Young Children: Preventing and Responding to Child Maltreatment*

*The Role of Mental Health Professionals in the Prevention and Treatment of Child Abuse and Neglect*

For information on receiving single copies free, contact:

Clearinghouse on Child Abuse and Neglect Information  
P.O. Box 1182  
Washington, DC 20013-1182  
(703) 385-7565  
(800) FYI-3366
**RESOURCES**

**Publications From Parenting Press**

Parenting Press offers numerous ideas and suggestions on how to raise children with love, wisdom, and joy. Some of their creative parenting series include:

- **Dealing with Feelings Series** gives children constructive ways to express their anger without hurting anyone;
- **Children’s Problem Solving Series** shows how to teach children negotiating skills; and
- **Let’s Talk About Feelings Series** explores common feelings everyone experiences.

Other titles include:

- **Love and Anger: The Parental Dilemma.** Offers techniques for directing parental anger into a constructive expression.
- **Without Spanking or Spoiling, 2nd Edition.** This book gives information on different parenting approaches to help parents choose the right guidance method for their child.

For more information, contact:

Parenting Press, Inc.
11065 5th Avenue NE, Ste. F
Seattle, WA 98125
(800) 992-6657

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**Let’s Talk About Living in a World with Violence**

by James Garbarino

This is an activity workbook, with parent and teacher guides, to help children process their feelings, thoughts, and experiences in relation to violence. The workbook is designed for use with children between 7 and 11 but early childhood teachers (including in Head Start day care centers in Chicago) have successfully adapted it for younger children. Also available in Spanish. 1993.

For information on this workbook, or on other materials, contact:

Erikson Institute
420 N. Wabash Avenue
Chicago, IL 60611
(312) 755-2244
(312) 755-2255 Fax

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**From the Consumer Information Center**

The Consumer Information Center offers various publications on mental health, including:

- **A Consumer’s Guide to Mental Health Services.** Answers commonly asked questions, helps identify warning signs, discusses treatments, and lists resources. Free.
- **Plain Talk About the Stigma of Mental Illness.** Clear, straightforward information about mental illness to counter public misperceptions and myths. Free.

Also offers publications dealing with depression, stress, and help groups. For information on these publications, or for a catalog of publications, contact:

R. Woods
Consumer Information Center - 3A
P.O. Box 100
Pueblo, CO 81002

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For information on the organization, these publications, or other materials, contact:

**ZERO TO THREE**

Zero to Three/National Center for Clinical Infant Programs is the only national not-for-profit organization dedicated solely to improving the chances for healthy cognitive, social, emotional, and physical development of infants and toddlers. Some of the publications they offer are:

- **Caring for Infants and Toddlers in Violent Environments: Hurt, Healing, and Hope,** by Joy Osofsky and Emily Fenichel. Created by Zero To Three’s Study Group on Violence, this pamphlet offers caretaking strategies and support for very young children who are witnesses to or victims of community violence, family violence, and abuse. Dec. 1993/Jan. 1994.
- **Can They Hope to Feel Safe Again? The Impact of Community Violence on our Infants, Toddlers, their Families, and Practitioners,** is the report of the 8th Annual Conference of the National Center for Clinical Infant Programs. Dec. 1991.
- **Heart Start: The Emotional Foundation of School Readiness.** Heart Start has published specific recommendations for Federal, State, local, and corporate actions to help all children be ready for school by the Year 2000. The materials identify and illustrate the critical experiences in early childhood that build an emotional foundation for success in school.

For more information on the organization, these publications, or other materials, contact:

ZERO TO THREE
National Center for Clinical Infant Programs
PO Box 25494
Richmond, VA 23260-5494
(703) 528-6848
(703) 528-6848 Fax
(703) 528-0419 TDD
RESOURCES

NAMI - The National Alliance for the Mentally Ill

NAMI, a grass roots, self-help, support and advocacy organization for families and friends of individuals with mental illness, and NAMI CAN (NAMI's Children and Adolescents Network), offer brochures, posters, tapes, and publications on the mentally ill. Some of their materials include:

The Hyperactive Child, Adolescent and Adult;
When Someone You Love Has a Mental Illness;
Families as Allies in the Treatment of the Mentally Ill.

For information on these or other publications, or on the organization, contact:

NAMI CAN
2101 Wilson Blvd., Ste. 302
Arlington, VA 22201
(703) 524-7600

Scholastic, Inc.

First Feelings. This book tells how to recognize the key stages of children's emotional growth from birth to age five, while guiding and enhancing early psychological development.

The Essential Partnership: How Parents and Children Can Meet the Emotional Challenges of Infancy and Childhood. Topics include building self-esteem, fostering independence, handling tantrums, and more.

To obtain these publications, contact:

SCHOLASTIC, INC.
P.O. Box 7502
Jefferson City, MO 65102-7502
(800) 631-1586
(314) 635-5881 Fax

What You Need to Know About Your Child with an Emotional Disability and the Individualized Education Plan (IEP)

This manual is for parents of children with emotional disorders and provides information on school IEP plans. While it was developed specifically for Kansas, the information can be used in all States. 1989.

For more information, contact:

Theresa J. Early
University of Kansas
School of Social Welfare
Twente Hall
Lawrence, KS 66045-2510

Mental Health in Head Start: A Partner for Families

Recently distributed to all Head Start programs, this 28-minute video, and accompanying guide, is intended for use with parent groups to describe how Head Start program activities can promote mental health for children and families. The tape shows Head Start parents, children, and staff "in action" and uses these images to help viewers relate to the challenges and solutions portrayed.

BEST COPY AVAILABLE
This book will assist teachers and others in their work with troubled children. The author presents insights that address the inner needs of children and offers creative responses to deal with "creative misbehavior." It comes with a teacher's companion, 62 Ways to Create Change in the Lives of Troubled Children.

To obtain a copy of this book, or for information on other publications, contact the publisher:

Whole Person Associates
Pfeifer-Hamilton Publishers
210 W. Michigan
Duluth, MN 55802-1908
(218) 727-0500
(218) 72700505 Fax

Recommended by Cari Olmsted,
Region X Resource Access
Project, Portland, Oregon
"Family literacy is based upon a simple but powerful premise: parents and children can learn together and enhance each other's lives."

— From the 1994 Annual Meeting of the National Center for Family Literacy, Louisville, KY.

The following interview with Helen H. Taylor, the new Associate Commissioner of the Head Start Bureau, was conducted by Trellis Waxler, Family Literacy Coordinator, Head Start Bureau:

Question: Congratulations on your new position. Someone once said that your job is one of the best jobs in government.

Helen Taylor: Thanks. I would agree with that statement. I was pleased to be selected for this position. I have worked for Head Start at the local level for 28 years and I see this position as an opportunity to make a difference in the lives of more children and their families. I also welcome the opportunity to work with so many people who are dedicated to making a difference. Head Start started as part of the war on poverty. The effort is still needed.

Q: You were sworn in a few months ago. What have been some of the highlights so far?

Taylor: First of all, it has been a tremendously hectic few months. There have been so many exciting and important events that have taken place, but the one thing that stands out in my mind is the work on the Head Start reauthorization bill. This was an intense bipartisan effort that I think made it a much better piece of legislation. I am very excited about the bill because in addition to expanding the program and providing grantees greater flexibility in meeting the needs of the local community, it places emphasis on improving the quality of services to children and their families. In addition to the work on the bill, we are heavily involved in attempting to respond to the recommendations made by the Secretary's Advisory Committee on Head Start Quality and Expansion. I would say that these are my two high points thus far.

Q: There are a number of common points between the Reauthorization Legislation and the Advisory Committee's recommendations. For example, they both emphasize the importance of family literacy. Do you anticipate any new initiatives in this area?

Taylor: The two of them do deal with the issue of family literacy, (continued on page 3)
Literacy - A Head Start Family Tradition

Bobbie Shay, Social Services and Parent Involvement Specialist, North Central West Virginia Head Start, Fairmont, West Virginia

One of Head Start’s goals is to promote and support family literacy. Through a coordinated local effort and a lot of hard work, Head Start families in a Lancaster, Kentucky, community have benefited immeasurably from this goal.

The Community Action Head Start program in North Central West Virginia, in conjunction with the Christian Appalachian Project (CAP) in Lancaster, has coordinated a book distribution for Head Start families for a third year in a row.

Thousands of new paperback books were donated by CAP. The Head Start program distributed them to various organizations in a 10-county area. Those benefiting from the book distribution included schools, literacy programs, libraries, domestic violence and homeless shelters, and other non-profit organizations. The Taylor County Public Library was able to provide a book to each elementary school child in the public schools. A college student on a limited budget was grateful to find a book that was required for school because he would have had to purchase the book had it not been for the book distribution. Head Start centers added some of the books to their Parent Lending Libraries.

The book distribution also provides an opportunity for families to attend book fairs and other community activities.

Book distribution at North Central West Virginia Community Action Head Start. Left front: Nancy Byard; right front: Bobbie Shay; background left: Kay Nesselrote; background right: Steve Merrill.

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A Conversation With the New Associate Commissioner of the Head Start Bureau

particularly in terms of improving the quality of the services provided to children and families. Program improvement is an important concept in Head Start. This year we have backed the concept up with a major infusion of funds for additional quality.

Q: Are you saying that a large portion of this year's Head Start budget is devoted to program improvement?

Taylor: Yes. We are determined to improve every facet of the Head Start program, including family literacy. Over the coming months, we will work with grantees to help them improve their current parent involvement and literacy activities. Those grantees that do not have family literacy projects will be encouraged to develop literacy activities.

As you know, Head Start has a long history of working with literacy efforts. For example, the Family Service Centers have family literacy as one of their three components. In 1991 every grantee was given the opportunity to apply for additional funds for literacy activities. These funds became a permanent part of the grantee's base budget. Some grantees have interagency agreements with local partners to implement literacy efforts. An example of this would be the agreements that many grantees have with their local school systems to provide GED programs for parents, and some grantees work with their local Literacy Councils or local literacy volunteer programs.

Q: What other literacy efforts are underway?

Taylor: One activity we have is the Interagency Agreement between Head Start and the Library of Congress. [See article on page 6.] We encourage all grantees to look at the resources within their local communities in working with families. We know that Head Start cannot do it alone; there must be help from many agencies, both public and private. Grantees must reach out to parents and make them feel secure in seeking help to improve their literacy skills so that lifelong learning becomes a goal for all families.

Q: You mentioned earlier that lifelong learning is one goal of the Head Start literacy effort. What are some other goals for family literacy?

Taylor: That's a very interesting question. The word "family" has become the new buzzword for the 1990's. However, when we use the word "family" in Head Start we really do mean family. For Head Start, the focus of family literacy is to assist parents in their roles as the prime educators of their children and to assist parents in their efforts to obtain economic and social self-sufficiency. We want parents to reach the highest level of proficiency they can in each of these areas.

We have an important ally in our family literacy work. Recently, Bob Williams, Commissioner of the Administration on Developmental Disabilities, spoke to a Head Start audience. He stated that expectations of parents and teachers are greatly diminished when a child has significant disabilities and he could see the family literacy provisions of the Head Start Reauthorization Act as key to beginning to challenge and replace those lowered expectations. He also stated that one out of every two adults with cerebral palsy was illiterate and he felt that Head Start could be a vehicle for beginning to change that for the next generation.

It is my hope that Head Start will continue to play a major role in the country's effort to break the cycle of intergenerational illiteracy and that it will help pave the way for the achievement of social and economic self-sufficiency of all families and individuals.

Thank you, Ms. Taylor, for sharing this time with us.

A recent survey by the Office of Educational Research and Improvement in the U.S. Department of Education [See article on page 12] described adult literacy in three areas: prose literacy, document literacy, and quantitative literacy. Prose literacy means being able to understand and use information from texts such as editorials, news stories, poems, and fiction. Document literacy means that the individual can locate and use information contained in materials like job applications, transportation schedules, maps, and tables. Quantitative literacy means that the person can apply arithmetic operations, either alone or sequentially, using numbers embedded in printed materials such as restaurant checks, order forms, and so forth.
Family Literacy

Early intervention to break the cycle of illiteracy and undereducation by combining efforts to provide quality early childhood education with efforts to improve the literacy and parenting skills of undereducated adults.

— The Kenan Trust Family Literacy Project, National Center for Family Literacy, Louisville, Kentucky.

Guidance on Helping Children Understand and Learn about Books and Reading

E. Dollie Wolverton, Chief, Education Services Branch, Head Start Bureau

In Head Start's effort to foster emergent literacy and expand the exploration of children's worlds through pictures, information, and language, staff need to help children understand and learn about books and reading. As Head Start centers bring books into their environments and establish book collections, staff should work to assist children in:

- Seeing how pictures and words can tell a story;
- Learning how to follow a story through a picture sequence; and
- Appreciating that books are enjoyable and can be exciting, funny, interesting, and informative.

To encourage this understanding, it is recommended that Head Start staff:

- Include books in daily curriculum activities as appropriate, by integrating them into the various learning centers;
- Create a quiet, cozy, comfortable area where the children, and also their parents, can enjoy books. There could be rugs, pillows, a rocker, or small sofa in this area;
- Display books in a well-organized, attractive way with props to attract children, such as puppets, a quilt, a musical instrument, a stuffed animal, or plant;
- Make puppets or flannel board pieces to accompany stories that children like and request often;
- Encourage parents to read to children, either individually or in small groups, when the children or a child asks to hear a story;
- Help parents to develop oral and written stories with their children based on family photographs;
- Avoid forcing a child to listen to a story or look at a book;
- Read themselves—children who see adults reading will model the behavior; and
- Above all, make reading fun for staff, parents, and children.

In addition to borrowing books from the public library, encourage children to bring books from the Head Start program and their homes to supplement temporarily a book collection.

When selecting books from a public library, use the following criteria and choose books that:

- Are in good condition;
- Are free of gender, cultural, and racial bias;
- Parallel children's interests;
- Have varying complexity (picture books, stories with few words, poetry, etc.);
- Have different purposes ("how to" books, funny or silly books, books with rhymes, and books with real or serious children's themes such as a new baby in the family, moving, going to school for the first time, or a death in the family);
- Are from both realistic and fantasy literature; and
- Have characters the same ages as Head Start children.
Ivory Conley, Head Start Director of the Economic Opportunities Association of Washington County in Fayetteville, Arkansas, knew that she wanted computer programs that were compatible to the programs being used in the public schools. She also wanted programs that would enhance or develop beginning literacy skills with Head Start children, and programs that could be used in a variety of ways.

She contacted an area computer center that works with the public schools. At a meeting with the Education Manager of the computer center, suitable computer programs were selected for the children who would be transitioning into public schools. The Education Manager worked closely with Head Start staff to help get them familiar with the programs and now maintains close contact to provide technical assistance. The teaching staff at each center were provided with an orientation to the equipment and programs.

The children are encouraged to use the computer set up in the classroom as a learning center. Two children at a time may visit the area. Parents are encouraged to get involved as well. Using the computers is a way to increase interaction between the parents and children.

Parents and staff can also see the potential for using the computers in a variety of classroom activities. One use is to enhance the literacy skills of the children. After the teacher has read a book at story time, the children can go to the computers and type out words from the book or their version of the story with the teacher’s assistance. The children may also write a note to their parents on the computer about the book or story characters. To see the enthusiasm of the children as they type out a letter on the printer to a parent, or type their name, is priceless, a staff member reports.

The parents are very aware of the importance of computers and are excited to see their children working with “Reader Rabbit,” “Math Rabbit,” or “Visit to the Farm,” to name a few favorite computer programs. With these programs the staff can work with the children on literacy, number concepts, and eye-hand coordination.

Computers are new this year in three centers and there are plans to add computers to the remaining five centers as funds become available.

This has been a new experience for Head Start staff in Washington County, as well as parents and children, and they have welcomed the challenge.

For program information, contact Ivory Conley, Head Start Director, or Sharon Sizemore, Education Coordinator, Economic Opportunities Association of Washington County, PO Box 1823, Fayetteville, AR 72702. (501) 521-5571.

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**Head Start Automation**

- In February 1992, Head Start grantees and delegate agencies received the National Head Start Automation Manual, a depository for information on computers, software, technology issues, and automation developments of interest to Head Start programs. Head Start programs have received three chapters so far: 1) Head Start Specific Computer Software Guide, 2) Higher Technology in Head Start, and 3) Fund Accounting Software: A Review. The next two chapters Head Start centers can expect to receive in the very near future include: A Buyer’s Guide to Accounting Automation in the 90’s: The Role of the Head Start Director, and Using Computers in Head Start Classrooms.
Introducing the Head Start-Library of Congress Partnership

Trellis Waxler, Education Program Specialist, Head Start Bureau

The Head Start-Library of Congress Partnership Project is administered through a joint agreement between the Head Start Bureau and the Center for the Book in the Library of Congress. The Center for the Book was established by law in 1977 to stimulate public interest in books, reading, and libraries. In addition to 28 affiliated State centers, it has enlisted more than 100 organizations, both private and governmental, as reading promotion partners.

The interagency agreement between Head Start and the Center for the Book is being carried out in communities throughout the country in collaboration with the Association for Library Service to Children, a division of the 55,000 member American Library Association. The interagency agreement is designed to demonstrate how libraries that serve young children can work with Head Start grantees to enhance learning and parent involvement in children's literacy and language development.

The multi-media resource package produced to support the development and operation of the partnership encourages Head Start teachers, home visitors, volunteers, and parents to integrate books and other library resource services into day-to-day learning experiences and to build bridges between Head Start and the child's home. The multi-media package, consisting of a video and a user's manual, was distributed to every Head Start grantee in September 1993.

The video consists of four segments:

- **Segment I** explores the entire scope of the Head Start/Library partnership and describes how the partnership works.
- **Segment II** demonstrates a variety of library program formats and techniques that can help make reading books a joyful experience, including story telling, reading aloud, puppets, dramatic play, video and audio tapes, and other enhancements and extenders.
- **Segment III** describes how to evaluate and select books that are interesting and engaging to children.
- **Segment IV** shows how the presence of library materials and staff in the lives of the children supports their educational and emotional experiences. This presence also serves to reinforce the parent involvement component and link library resources with all Head Start components.

Head Start grantees and librarians from all over the country have been having small cluster workshops to explore how they can further enhance the use of libraries in the broad field of family literacy. Workshops have been held in California (Sacramento), Virginia (Richmond), and Kansas (Topeka).


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**Comments from Participants of the Head Start-Library of Congress Partnership Project Workshops . . .**

- From Rhonda Ahrent, Home-School Coordinator, First STEPS (Supporting Transition Efforts in Public Schools), Walnut Ridge, Arkansas:
  
  "I am very excited about the partnerships being formed across the country as a result of these conferences. Some of the ideas I heard and plan to implement include summer reading programs, parent night at the library, parent corner in the school library, and unit boxes for Head Start centers."

- From Harold R. DeArmond, Director Child Development Programs, Stanislaus County Office of Education, Modesto, California:
  
  "...Head Start participants at these conferences were very excited about the idea of forming and extending partnerships with our local libraries. These partnerships can't help but benefit libraries, Head Start programs, and most of all, the parents and children."

- From Maggie Molloy, Executive Director, Child-Parent Centers, Inc., Tucson, Arizona:
  
  "Just a note to say thank you for the terrific introduction to the Head Start/Library Partnership. An area I did not feel received adequate attention was the need for children to have daily exposure to books, both at Head Start and at home. In our program this means a home reading program where children check books out of a library each week."
From children and families with little or no exposure to books, to children and families who read as many as three thousand plus books in one school term—this is the difference that Region VI's Head Start literacy program is making in the Texas panhandle.

The program, which began three years ago with a grant to the Region's Education Service Center in Amarillo, initially guided parents toward continuing education. This endeavor alone resulted in 50 parents earning GED's, with 22 percent going on to college during its first two years. This year, a projected 75 will earn diplomas, with about 200 attending classes.

While "continuing education" did improve literacy the first year, there was concern about needing to have a more direct impact on all children and families in the Head Start program. As a result, the reading program was born.

The reading program encourages the parents of all 983 enrolled children to read nightly to their children. Throughout the year, recognition and awards are given to parents in the classrooms and at five regional parent training sessions.

Once a child and parent have read five books, they send a completed form to school. The child's name is then colorfully displayed around a poster depicting the reading theme. For example, with themes like "Take a Giant Step," "Be a Star," "Link up with Literacy," "Catch It...Read," the student's name is written on a foot, star, link, or butterfly, respectively.

At a GED celebration, Darlene and Echo Waller receive a "Grand Reader" trophy from Debora Branum.

At the last regional parent training session of the year, each child whose parent has read to him or her is rewarded with a pencil and either a book mark, certificate, ribbon, or button. All children are rewarded the same whether 10 books or 150 books have been read.

In addition to children receiving awards and rewards, the family that has read the most books during the year is recognized. The "Grand Reader" is chosen and presented with a trophy for reading the most books of any family in the region. Last year's "Grand Reader" family read 3,120 books.

The program has provided an opportunity to empower parents in their roles as primary educators of their children. Staff see parents and students spending more time together, an increase in self-esteem in entire families, and greatly improved language skills.

During the literacy training sessions, children sometimes meet with their parents; at other times parents meet alone while their children engage in activities in other parts of the building. Staff members often teach lessons around some of the books that have been shared between parents and children.

The strength of the program lies in the outstanding support received from classroom staff and volunteer parents. The enthusiasm of the staff in reporting countless stories of success continues to propel the program forward.
Migrant and Head Start Literacy

The staff at the Su Casa center, a delegate agency of the Illinois Migrant Head Start Project, considered factors that affected the availability of printed materials for farm workers. Angie Gomez, Su Casa Family Services Coordinator, pointed out the unlikelihood of migrant families adding books to the necessities they are able to carry as they travel to job sites, and the language barriers they encounter when they try to use public services, like libraries, in "upstream" communities.

The issues voiced at Su Casa prompted the Illinois grantee administration to apply for Head Start funding for family literacy. The money was used to furnish lending libraries at centers and to operate a literacy program. Selected for replication was the bilingual, inter-generational literacy model designed by Elizabeth Quintero, Ed.D., and Maria Cristina Velarde, M.Ed., of El Paso Community College in Texas. The program is an extension of the bilingual whole-language approach used in Head Start classrooms. At weekly classes, parents and children engage in hands-on projects like cooking or painting. They use the written language of their choice to complete a language experience activity related to the project. The bilingual instructor also demonstrates reading a story to the children, and each family chooses a book to borrow for the week.

The grantee also used a one-time Head Start grant to buy 200 books for each of their sites. Selections in Spanish and English accommodate every age and reading level, including sturdy board books for babies. Especially helpful to parents with low reading skills are wordless picture books, which enable parents to tell the story as they show the pictures to their children. All books are consistent with the program's anti-bias philosophy, and several include migrant farm worker themes.

Head Start staff who worked in the program emphasized the link between parents' reading aloud to their children and the children's eventual mastery of reading. Former grantee director Gina Ruther stated, "There's a universal desire for the kids not to repeat their parents' past, but to have choices in life. They know the biggest factor in having those choices is success in school." Migrant Head Start hopes the literacy program will contribute to the realization of this goal.

For information on this program, contact: the Department of Children and Family Services, 406 East Monroe Street, Springfield, IL 62701-1498.

Home Visitors and Family Literacy

Annie Coleman, Education Assistant, Richmond Public Schools, Richmond, Virginia

Home visitors are in a position to impact family literacy in major ways by encouraging the "literacy" skills of children and their families.

Some approaches of home visitors in the Richmond Public Schools are to:

- Arrange family field trips to the library to obtain library cards and borrow books;
- Schedule parent visits to Head Start centers to borrow toys, books, and games;
- Show parents how to model the development of reading skills by pointing out street signs with their children, and reading grocery lists and food labels in the grocery store;
- Assist parents in gaining skills with "telling" as well as reading stories to their children;
- Set up training sessions on job applications, interviews, and resume preparation; and
- Facilitate transportation for parents to training centers in the schools so they can earn their GED's.

Of major importance is that staff review the Family Needs Assessment at the beginning of the program year to assess the literacy needs of each family.
The Advisory Committee on Head Start Quality and Expansion recommends that Head Start programs “recommit to providing two-generational programming that focuses on parents as well as children.” It states further that such programming should, “Provide parents with child development and literacy skills training to help their children reach their full potential” (Committee Report, Dec. 1993). As Head Start grantees look to expand services to families, some are finding a natural link with a program in the Department of Education called the Even Start Program.

Even Start is a Federal and State funded demonstration project which has delivered integrated services to children ages 0-7 and their parents through more than 400 nationwide programs since 1989. It is administered through the Department of Education’s Chapter I program and builds on existing community resources to expand service to families. Even Start has three components: early childhood education, adult literacy, and parenting education.

Head Start programs have been involved with Even Start through two avenues: Local Education Agencies (LEA’s) or Community Based Organizations (CBO’s). Following are some encouraging findings from Head Start-Even Start collaborations:

- **The Albany Park Community Center, Inc.**, in Chicago, Illinois, is a CBO which received an Even Start grant last year. Although they already had Adult Basic Education and English as a Second Language classes as part of their Head Start program, they applied for Even Start to enable them to support more fully families with infants and toddlers who needed to take literacy classes and be more involved in the program.

- **The Southern Ute Child and Family Center** in Ignacio, Colorado, has found that Even Start enables them to involve parents who were not previously involved in Head Start. In addition to providing services for families of 0- to 3-year-olds, the community center has worked with schools to develop services for early elementary children and their parents.

- **The Hopewell School Even Start** in Hopewell, Virginia, was started three years ago by an LEA. Recently, they moved their Head Start-Even Start collaboration to the rural Woodlawn Learning Center. This joint effort has created a system where instructors from both programs team-teach adult education classes in math, social studies, and reading. Head Start Coordinator Belinda Perry says this has opened up opportunities for both parents and staff as the two programs collaborate on other needs, such as transportation, technical assistance, and inservice training.

- **At the ABCD (Action for Boston Community Development, Inc.) Even Start program in Boston, Massachusetts, Pauline O’Leary, ABCD’s Even Start Coordinator, says that her work is guided by her belief that “community based education is a powerful tool to bring about change in a neighborhood. And the Even Start model can be a powerful tool to bring about change in the family.” In their Even Start program, parents experience how their children learn and master skills that support their children’s learning and creative play at home. ABCD feels that the more adults experience and share in the joy of their children’s learning, the more eagerly they will stay involved with their children’s education.

Whether your Head Start agency is school or community based, Even Start may provide your program with a framework for enhancing services to families. For more information, contact your State Education Office. Ask to be put in touch with the LEA that administers Even Start in your area.
A Head Start center is the ideal environment in which to deal with the challenges and opportunities that occur when serving a diverse population. Fairfax County Head Start in Fairfax, Virginia, has four programs serving children and families with diverse language and dialects. Assuring inclusion of these children and their families in all aspects of the Head Start program continues to be a priority for the entire staff.

The following scenes from the Glen Ridge Head Start center illustrate the staff's commitment to diversity and to enhancing literacy:

**SCENE 1: THE BUS RUN**

Cynthia, Glen Ridge Head Start Center Bus Driver: “My aide and I just completed the new bus run. We picked up a child who was not on the list. The child spoke no English. She was standing at the stop with a neighbor who could tell us only the child’s first name. The mother had to rush off to her new job and asked the neighbor to put her child on the bus. “I radioed the director to tell her what was happening. Obviously, we couldn’t leave the child on the street. Since the neighbor was also on her way to work, we decided to bring the child to the center. By the time we arrived, a teacher who spoke the child’s native language had come in. She found out that the child had been in the summer program which ended two weeks ago, and was able to learn enough information to track down the parent.”

**SCENE 2: THE FIRST DAY**

Anita, Glen Ridge Teacher: “I’ve prepared the classroom for the new group of 4-year-olds and have a wonderful program planned for the day. I’m a little nervous about the three children coming in who don’t speak any English, since I don’t speak their languages. I wonder if I’ll be able to communicate with them enough for them to be comfortable in their new environment. I want to reassure them, introduce them to our room routines, and stimulate their interest in activities.

“I remember that during enrollment, families’ conversations were fluent and natural. A sibling interpreted for the parents only when necessary, while the other children observed and interacted with each other. My assistant and I had some ideas on how to handle this, but

**SCENE 3: INFORMATION**

Patrick, Glen Ridge Secretary: “I’ve taken several calls from parents who received center information in the mail. They were trying to find out what it was and what to do with it. Because some parents spoke a little English, and I know some Spanish, I was able to give the Spanish-speaking parents an explanation and could clarify a few things. However, I don’t know any Urdu and couldn’t offer any assistance to those parents.

“I’m at a loss because I don’t have any idea how much our non-English-speaking parents understand about what we send them. I worry that I may not be as helpful to them as I can be to other parents.”

**SCENE 4: ENROLLED**

Teresa, Parent Involvement Coordinator: “I’m so relieved that enrollment is over. We’re at capacity, with a waiting list. Now I need to get ready for the first parent meeting. We’ll have a pot luck dinner before the session on parent activities. That’s no problem. But several issues are surfacing. Families enrolled in the center are now so diverse. I can think of six families who speak different languages. I guess I should get some help for our Spanish-speaking parents. But I wonder if they’ll understand what we’re sending them in the mail.”

(requested that the issue be an agenda item at our next staff meeting instead.)
Scenes of a Center in Change

Different languages and dialects. How do I deal with written material to be handed out? What about interpreters? Should I have the flyers translated? Looking back at my component plans, I realize that we need to make some changes. We're going to have to deal with this at the very next staff meeting.”

**SCENE 5: THE PLAN**

Michelle, Director at Glen Ridge:
“I've been listening carefully to the conversations in the center. I'm acutely aware of statistics from the community needs assessment. Although I expected some ethnic shifts in our population for this program year and had planned for some differences, I'm surprised to see that the population has changed so drastically since last year. Glen Ridge now serves Latinos, Asians, Africans, Middle Easterners, African Americans, and Euro-Americans. The list of staff concerns keeps growing. It looks like the staff meeting tomorrow will focus on language and how staff can serve the families of so many languages.

"I'm blocking out the entire afternoon to concentrate on diversity issues. At the spring conference I met a center director who talked about dealing with similar issues. I'll call her for advice.

"I'll also talk to staff about arranging monthly seminars around Head Start's 10 multi-cultural principles. We'll figure out how to put the principles into action. Parents should be enormously helpful to us with this.

"I'll ask the education coordinator about training on literacy. As adults, we struggle to learn a new language. For children, language learning is active and natural. I think our goal is to keep up with the kids. They're more comfortable with practicing language. They are willing to keep trying rather than worrying about getting it right. We need to focus first on spoken language for real needs, and then to become more confident with the language—just the way children do.”

Some of the suggestions staff have made also are useful, such as:

- Post common phrases/greetings in all languages in classrooms and offices.
- Use parent substitutes who speak different languages.
- Contract with community organizations for translation and interpreter services.
- Offer conversational language classes.
- Purchase language programs for individual use.
- Conduct a bilingual staff recruitment drive.
- Purchase language software.
- Explore establishing a telephone bank for immediate translations.

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**Writers and Books Available from PEN Reading Program**

The PEN (International Association of Poets, Playwrights, Editors, Essayists, and Novelists) Reading Program sends American writers and books all over the country to promote reading. Free. Groups serving as hosts pay nothing for the service. Publishers donate the books and the PEN American Center covers travel and incidental expenses of the visiting writers, who donate their time.

Literacy programs, schools, plus community and work project organizations which foster literary pursuits, are encouraged to apply for the service.

For an application, write to:

Stephen Friedman
PEN Reading Program
Application
PEN American Center
568 Broadway
New York, NY 10012
(212) 334-2181 Fax
Getting an Early Jump on Literacy

Few things give children a better start than learning to love to read. This occurs most frequently when children are read to on a daily basis. That is why libraries and schools set aside special story times for children.

In Florida, the Miami-Dade Public Library System is helping day care centers teach Dade County's at-risk preschoolers to love to read with "Project Jump Start."

Jump Start provides Head Start and HUD child care workers with library resources and training to conduct on-site, quality story time programs. Jump Start kits are furnished upon request to day care centers. Each kit contains everything needed for children's story time: books, finger plays, a flannel-board story, songs, and a musical cassette. The kits are geared to the 3 to 5 age group with enough variety for daily 20-minute story times. Project Jump Start materials are also available in Spanish and Creole in order to serve the multi-ethnic, multi-language population of Dade County.

The Miami-Dade Public Library System received a grant from OERI under the Library Literacy Program. [See adjacent article.] In Project Jump Start's first year, it reached more than 3,000 at-risk preschool children from 100 day care centers and trained 569 center staff in the use of the story kit materials.

For information about this Library Literacy Program, call (202) 219-1303 or 1315. For information about Project Jump Start, contact Sylvia Mavrogenes, Youth Services Administrator, Miami-Dade Public Library System, 101 W. Flagler Street, Miami, FL 33130-1523. (305) 375-4108. [ ]

OERI Support for Improving Adult Literacy

The Office of Educational Research and Improvement (OERI) of the U.S. Department of Education sponsors the following activities that relate to adult literacy:

The National Center on Adult Literacy (NCAL) at the University of Pennsylvania sponsors research on how to improve the literacy levels of those most in need, including workers, immigrants, parents, and the incarcerated. For more information, call (215) 898-2100.

The National Clearinghouse on Literacy Education (NCLE) is an ERIC (Educational Resources Information Center of the U.S. Department of Education) adjunct clearinghouse that disseminates information and provides technical assistance on literacy education for limited English-proficient adults and out-of-school youth. Topics include ESL literacy, tutor training, and workplace literacy. A special focus is the training of trainers of volunteer tutors and others who provide literacy services. The Clearinghouse collaborates with NCAL and the ERIC Clearinghouse on Adult, Career, and Vocational Education (800-848-4815), and provides technical assistance to the newly established State Literacy Resource Centers in each State. For more information on this organization, call (202) 429-9292.

OERI's Library Literacy Program (Title VI, Library Services and Construction Act [LSCA]) makes grants to State and local public libraries to support a wide array of adult literacy projects. [See adjacent article.] In addition to training volunteer tutors each year, projects promote literacy programs in the inner city and deliver services by bookmobiles and literacy vans, help employees in work-site literacy programs improve basic skills through computer-assisted technology, and teach the use of the library as an educational resource. The LSCA Title I Public Library Services Program provides funds to public libraries to support literacy projects for both adults and children. Call (202) 219-1315 for information on LSCA Title VI; (202) 219-1303 for information on LSCA Title I.

While these programs are formally identified as "adult literacy," OERI also contributes to the broader field of literacy education with support of research in areas such as basic skills, linguistics, cognition, and professional development.

Daisy Girl Scouts — A Head Start on Literacy: “Playing in the World of Words”

Since 1990, the Girl Scouts of the United States of America have worked together to provide opportunities for graduates of Head Start to join the Daisy Girl Scouts.

The focus of Daisy Girl Scouts is on self-esteem and helps girls look forward to learning to read and succeed in school. Literacy enhancement and leadership training are also offered to their parents. As a result of these concerted efforts, there is increased participation of young girls of Asian, Hispanic, American Indian, and African American heritage in Girl Scouting. This encourages pluralism and promotes ethnic pride and respect.

For Families:

In Girl Scouting, parents can continue the Head Start emphasis on parent involvement. Adults who become Daisy Girl Scout leaders receive the benefit of Girl Scout training and program support, further enhancing their ability to nurture their child’s growth while increasing their own leadership and job skills.

For Literacy:

In the “Daisy Girl Scouts—A Head Start on Literacy: Playing in the World of Words” project, Head Start girl graduates explore the overall Girl Scout program. With an emphasis on getting “a head start on literacy,” age-appropriate activities encourage pre-literacy skill development. Through “playing in the world of words” (story telling, singing, dramatic play, dancing, drawing, and making things), girls learn to express themselves and understand others. Such activities help them to learn to read, succeed in school, and enjoy interaction with their ever-widening world.

Girl Scouting offers a program of informal education to girls from kindergarten through high school, ages 5-17. The program emphasizes self-potential; relating to others with understanding, skill, and respect; values; and contributing to the community through service.

Daisy Girl Scouts are welcomed into the Girl Scout family after a year-long program designed especially for girls who are entering kindergarten.

The Daisy Girl Scouts literacy project is designed with particular sensitivity to the needs and interests of girls from low-income families. Recognizing that low-income populations include disproportionate numbers of “minorities” and single-parent, female heads of households, as well as high rates of illiteracy, limited English proficiency, transience, and unemployment, project services are being designed with (not just “for”) participants. Support is bilingual and individualized as needed.

Activities designed to develop self-identity, cultural pride, and respect for differences—like joining Brownie Girl Scouts at neighborhood events, enjoying older girls reading to a troop, or participating in Daisy-sized service projects within the community—all contribute to the process of increasing pluralism in Girl Scouting.

“A Head Start on Literacy” is generating great enthusiasm and has become the premiere project of the Girl Scout National Center for Innovation. Daisy Girl Scouts from Head Start become part of the Girl Scout national network, and every effort is made to maintain contact, even when their families move, to continue their participation in Girl Scouting. The project covers the transition from Head Start to Daisy Girl Scouts, the first year of participation in Girl Scouting, and the process of “bridging” to Brownie Girl Scouts.

For more information on Daisy Girl Scouts, contact: Nancy Richardson at (818) 449-8068, or the national headquarters: Media Services Department, Girl Scouts of USA, 830 Third Avenue, New York, NY 10022. (212) 940-7500.
Camp Fire Boys and Girls Councils Work with Head Start Grantees

Kathy Hermes, Child Care Program Specialist, Camp Fire Boys and Girls

Founded in 1910, Camp Fire is a national, voluntary, not-for-profit, youth development agency for children from age 2 to 17. The programs Camp Fire offers include clubs, camping and environmental programs, self-reliance courses, before- and after-school child care, and youth leadership/Teens in Action programs.

The goals of Camp Fire are to provide opportunities for youth to realize their potential and to function as caring, self-directed individuals, responsible to themselves and to others; and, as an organization, to seek to improve those conditions in society which affect youth.

Camp Fire programs concentrate on promoting environmental awareness, developing leadership, respecting diversity, encouraging healthy lifestyles, promoting personal and social responsibilities, developing informed decision-making, awakening individual potential, and inspiring vision, commitment, and action in America's youth.

Camp Fire Boys and Girls Councils currently work with Head Start grantees in 12 locations throughout the country to promote the mutual goals of family literacy. The Central Massachusetts Council of Camp Fire collaborates with the branch library in Great Brook Valley Housing Project and offers young children a place for reading. The Council, which has served 646 youth since 1989, operates a year-around enrichment program for the children who live at Great Brook Valley. The staff of the program includes youth volunteers and adult residents, including parents. In Worcester, Massachusetts, a program provides story time to Head Start children during the summer.

Camp Fire also operates programs for at-risk youth that help build self-esteem and offer a continuum of support and encouragement to young people.

To find out more about Camp Fire Boys and Girls in your area, look in the phone book under community organizations, or contact the national office: Camp Fire, Inc., 4601 Madison Avenue, Kansas City, MO 64112-1278. For information on the Worcester program, call Sonia Dobson at (508) 753-5398.

ERIC® Emergent Literacy: An Early Reading and Writing Concept

Carl B. Smith, Director of ERIC/RCS, University of Indiana, Bloomington, Indiana

Emergent literacy refers to an increasing awareness of the print world and is usually associated with young learners observing and experimenting with the reading and writing process. More important than the label is the attitude behind it. It is acceptable for learners to experiment, stumble, self-correct, and figure out gradually that print communicates.

Through reading and writing associations with adults, asking questions about print, observing print in stories, and experimenting with writing, the learner gradually sees the relationship between the spoken and written word. Through this natural, emerging process, the young learner gains the confidence needed to participate in the real word of print.

In preschool, kindergarten, and first grade classrooms, opportunities exist for children to experience print in their environment as well as in books. Read-along-books, writing tables, and bulletin boards for displaying dictated stories are examples of activities that fit with the emergent literacy concept. These classroom activities are appropriate means for children to grow naturally into print.

Most early childhood authors agree that the most successful early readers are those who have had contact with written materials in their home. Book handling and scribbling may begin earlier than the mastery of speech skills.

During these early literacy experiences, children need to make meaning out of print with little intrusion from adults. In nursery school and preschool, for instance, children may learn from each other that there are relationships between the print in books and the visual symbols such as logos and advertisements that they see (continued on page 18)
Reading is for Everyone!
Trudi Norman-March, Director of Speech and Special Education, Southwest Human Development, Region IX Resource Access Project, Phoenix, Arizona

Head Start has an explicit commitment to promote literacy for children and families, as described throughout this issue of the Head Start Bulletin. This same commitment can be made regardless of the individual's developmental level.

We know that literacy skills are critical for success in school and, later, in the workplace. Some children in Head Start may have some degree of delay or deficit in the area of understanding or using language. Children with identified delayed language development go on to have difficulty in school and trouble learning to read. This is due, in part, to the fact that children with disabilities often are not exposed to the same early literacy experiences as other children, since their parents and teachers do not always know what their capacities are to participate and learn from them.

Parents, teachers, and the therapy team can collaborate to formulate appropriate reading and comprehension goals, objectives, and strategies for each child. Children who may be having difficulty understanding a story will benefit from having it repeated or simplified. Questions can be addressed to individual children which are appropriate to their level of comprehension, and props can be used to supplement the spoken language.

Some children may dictate elaborate stories to go along with their drawings. Others may provide single word labels by way of description. In both cases, the child has the pleasure of having communicated successfully and of seeing his or her words written down, thereby giving them value and importance.

Most children, regardless of their developmental level, benefit from a symbol-rich environment. They will attend to labels consisting of the printed word or a simple pictograph when used to indicate where things belong in the classroom. Symbols can be incorporated into pretend play, for example traffic signs in the cars and trucks area or “signs” (with animal pictures) for the different animal cages when playing zoo. All children enjoy using choice boards, which consist of photographs or simple drawings, for choosing activities such as a story or deciding what center to go to at option time. For the child who has difficulty with verbal expression, these symbol displays offer a way to express choices or interests.

As with all other aspects of the child's program, the parents' role in supporting and nurturing emergent literacy skills is critical. Parents are able to give suggestions about favorite books to read and keep in the classroom. They know which environmental logos and signs their child understands (such as signs for fast food chains). Attention should be drawn to the progress the child is making, such as starting to turn the pages one-by-one, or starting to join in with a repeated line (“Brown bear, brown bear, what do you see?”). In this way, parents can come to appreciate their child's development and begin to imagine the possibility of more success.

Finally, our goals are for Head Start to be a place where all children and their families have the opportunity to talk and to listen, and to nurture the emerging literacy skills that will sustain children across their lifetimes.

ATTENTION! ATTENTION! ATTENTION! ATTENTION!

The theme of an upcoming Head Start Bulletin, No. 52, will be “Meeting the full-time child care needs of families in a Head Start setting.” If your Head Start program has valuable experience to share with other programs in any of the following areas, please submit a one-page summary to the address at the end of this announcement:

- How to retain a quality program when moving from part- to full-day services;
- How to partner with JOBS, JTPA, Job Corps, or other employability efforts;
- How to link with other State and Federal initiatives, like Even Start, CCDBG, State pre-K, or Chapter 1;
- How to apply for non-federal funds;
- How to maintain successful parent participation;
- How to meet the full-day needs of families with infants, children with disabilities, school-age children, etc.;
- How to handle illness and emergencies in full-day settings;
- Other relevant topics.

To be considered for the Bulletin, send your correspondence as soon as possible to:

Madeline Dowling
Head Start Bureau
PO Box 1182
Washington, DC 20013
Fax: (202) 401-5916
Family literacy is a primary focus of the Southern Ute Child and Family Center. The center includes a Head Start program for children 3 to 5; the Shining Mountain Family Center, a National Family Service Center Demonstration project; an Even Start program which focuses on families with children ages birth to 7; and child care for preschool and school age children.

The family literacy programs contain three main goals for parents. First, improving their functional communication skills. These include developing abilities in reading, writing, and the use of technology in a first or second language. Second, having specific opportunities to develop needed life and job skills, including GED and Adult Basic Education. Third, using resources to help their children have successful school experiences.

Because the center is in a tri-ethnic community which serves Southern Ute, Hispanic, and Anglo families, staff is very aware that literacy occurs within a cultural context, and that values, beliefs, traditions, and expectations vary tremendously among the families. Cultural literacy is a critical area for mutual learning between staff and parents as they work toward communicating shared meanings around child and family issues. It provides keys to knowledge and behaviors which allow adults to function successfully in the workplace and children to function successfully when they go to public schools.

The Shining Mountain Family Center has developed an approach to family literacy that is both empowering for families and culturally sensitive to the children and adults it serves. It utilizes the following principles:

- **Work from a “family strength” perspective.** Confidence in one area of the family must be fostered in order to help parents set goals and take action in other areas. Communication which emphasizes active listening and helping adults build self esteem and trust is crucial to this goal.

- **Be sensitive to cultural and learning styles.** For example, the area’s Native American families come from a strong oral tradition and “word of mouth” is often more effective in recruiting these families than are flyers or brochures. Learn about and respect beliefs and traditional views of children and families. Be aware that cultural conflicts about particular practices may necessitate working one-on-one or in a small parent support group.

- **Families and staff should be assisted in building bridges between cultures.** As professionals, we must be willing to become “bi-” or “multi-” cultural if we are to help families gain tools to do the same. Communication and literacy must be developed around children and their daily lives. Most of the adults come to the center because they want to be better parents. They want good things for their children. Adults should be encouraged to be readers by helping them learn to read to their children. Culturally relevant books and materials should be integrated into curricula for adults and children alike. Foods and cooking are also bridges across cultures. Cookbooks which contain picture recipes and photos in addition to print can be used by both adults and children. Music and singing can also be utilized to develop cross-cultural literacy.

- **Acknowledge that you are in a true and equal partnership with families.** Be open and you will learn as much from them as they will from you.

For further information on any of these programs, contact Jim Gage at (303) 563-4566.
A Quest to Understand Emergent Literacy
Mary LaMantia Rogers, Early Childhood Consultant, Hilton Head Island, South Carolina

This is a story about a Head Start teacher who began as a classroom volunteer and teacher assistant. For the past three years she has been a lead teacher at a Head Start center in South Carolina. She earned her CDA credential four years ago and renewed it last year. Since that time, she has been keeping a professional journal about her decision to learn more about the topic of emergent literacy. The following journal entries describe part of her search:

Sunday:
Long drive back from a good training session with agency head teachers. As usual, I’ve collected a wealth of information. Can I ever use it all?

One thing I’ve come back with that disturbs me is at lunch yesterday my companions were talking about language development and emergent literacy. I wanted to join in the conversation but didn’t want my Education Coordinator to know that I didn’t know what emergent literacy was.

Tomorrow after the children go home I will set up a meeting with Chatrene. As Center Director I’m sure she will tell me what it is. I will ask if she has any information on emergent literacy, any examples for the classroom, and any materials to use. Then I will see what I can include in our class so we are being developmentally appropriate.

Monday:
Chatrene was in meetings today. I left a message that I had some questions and may need her help and could we speak about it tomorrow.

Had a meeting with center staff about activity plans and reorganizing the learning centers to focus on the local community farmer’s market. Each staff member shared what they would contribute to make the center more reflective of the community. Jaimeelah would bring in pictures from the local market and fields to show the kinds of vegetables harvested by the families. Peter said he’d make signs for the play at the farmer’s market and get fruit and vegetable catalogs for cutting and pasting. Lynn would work on plans with the children about the cooking activity, the recipe, and grocery list to take on the field trip to the market. I’ll bring the camera and film and use these with the children to create a large storybook about our visit to the market and cooking activity. I’ll coordinate the parent volunteers and buses. We divided the responsibility for the different centers among each of us and will meet next Monday to continue discussing it.

I have been wondering if emergent literacy means I should teach the children the written names of the vegetables we purchase, etc. I can’t wait to talk with Chatrene about this. I know she’ll give me the answers I need. I do hope I’m not biting off more than I should. Things are too busy now to commit any more time to learning new techniques.

Wednesday:
Chatrene visited our classroom today. She liked the farmer’s market and field trip plan. She suggested we consider using the catalogs for the children to build a large storybook and even a wall mural for the hall. She thought this would help them tell the story from their point of view.

After class, I was anxious to see what she had to explain to me about emergent literacy.

Her response to my request for information was not what I expected. Chatrene just handed me a dictionary and said let’s get started. I was surprised. She said to look up the terms and we’d discuss them. At this point I knew this was not going to be simple.

I looked up “literacy” first. The definition read, “the quality or state of being literate.” Chatrene just listened as I spoke. Nothing was any clearer with this definition so I read further. “Literate” was defined as “able to read and write.” This was clear. It does pose a basic conflict for me because reading and writing are not part of our program. We do not teach reading and writing. We read to the children, listen to their stories, and tell a few ourselves. We ask open-ended questions, write their comments on their drawings when they want us to record their thoughts, and more—too much to list in my journal.

Chatrene told me to keep looking and thinking about my classroom and children. I asked her if she would just tell me. But she said I’d understand it better if I did the searching.

I flipped to “emergent.” I was not quite sure how this word’s meaning could possibly impact on the inappropriateness of what I had defined so far about literacy; that is, literate meant reading and writing. What about communication and language? I think these two are also part of literacy and they are more descriptive of what I do in early childhood: I talk with the children, they talk with me, and we talk with each other. And we build vocabu-
(continued on page 18)
A Quest to Understand Emergent Literacy

I found a phrase that caught my attention: “Rising as a natural or logical consequence.” Okay. Does this mean something that arises naturally—not taught? Chatrene and I talked about this in terms of literacy arising out of the natural consequences of children's play, their environments, and the people and experiences they encounter.

We spent a good hour talking about what each of us felt the definition might mean in the Head Start classroom. Finally, we agreed: it suggests that literacy for young children (which includes reading, writing, speaking, listening) must “emerge” from their natural experiences and can emerge through the spontaneous process of child choice.

Friday:

I spent today thinking about what I had discovered yesterday and observing the children during play periods watching where, when, and how they would read, write, listen, and speak.

Just how were they literate, to what degree, and what was I doing to encourage it for them at their developmental level? I guess I was so surprised at what I was actually seeing because I had never looked at this issue of literacy in the preschool environment before. The children knew their names, classroom labels, picture books, and each other's drawings! Their conversations were full of “their” stories. Little Erika even showed me a get-well note she had written for Eduardo who was home sick. It was full of scribbles and pictures and she'd signed her name. This was not what we as adults know as writing but it was writing. It was Erika's writing and it said something! It said, “We miss you. Get well!”

I understood that reading was not just words. Could it also be the interpretation of pictures, body language, scribbles, picture signs, all the various forms that successful daily communication includes to facilitate interaction in the classroom? How did they learn how to read those signs?

I felt that emergent literacy not only referred to reading and writing but also to speaking and listening. Children can read/interpret signs, pictures, and words in their environment. They can write in their own language. I learned that many skills are developed in advance of the actual process of reading, writing, and speaking for each area of literacy. I also learned that I understand better when I do my own research instead of being supplied with the answers. And I feel that I am nearing the end of my quest.

Emergent Literacy: An Early Reading and Writing Concept

around them. Those initial personal experiments will stimulate interest and understanding in the more formal aspects of reading and writing (i.e., graphic symbols).

What do these theories and studies about emergent literacy mean for teachers? It has been suggested that handling books, letter recognition, and simulated writing or scribble writing seem to be more important in developing literacy skills than working on shape and color recognition or motor skills.

Advocates of emergent literacy development suggest a close link between early experiences and the actual behavior of reading a book. Just as children pretend or act out in their play many of the life adventures they observe in the adult world, so they will model their early literacy behavior on what they perceive adults doing with regard to reading and writing.

Following this line of reasoning, then, preschool, kindergarten, and first grade teachers can do more than simply surround the children with books and other print materials. They can read aloud and encourage children to read aloud to each other. They can use tape recordings (and videotapes) in read-along book corners or centers, and ask children to use those same books as they read to one another.

In these ways, children see reading and writing as something people learn and use to communicate. Establishing the purposes for reading and writing may be as important as teaching any set of skills during this early reading, or emergent literacy, period.

—Adapted from an article by Carl B Smith, published in the ERIC Review, Vol. 1, Issue 2, April 1991. For more information on how to obtain a copy of the complete article, see the ERIC/RCS reference in the Resources section of this Bulletin, page 22.
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1-3 National Education Association Expo '94. New Orleans, LA. Contact: Patricia Epps, NEA Conference and Travel Services, 1201 16th St., NW, Washington, DC 20036. (202) 822-7769.

2-16 Movement and Music Workshop from High/Scope for Early Childhood Teachers and Trainers.* Clinton, MI. Contact: Phyllis Weikart, High/Scope Conference Center, 15141 Sheridan Rd., Clinton, MI 49236. (517) 456-4062, Fax (517) 456-6443.


7/9-8/4 19th Annual Advanced Seminars in Child Care Administration. Boston, MA. Contact: The Center for Career Development in Early Care and Education, Wheelock Graduate School, Wheelock College, 200 The Riverway, Boston, MA 02215-4176. (617) 734-5200, Ext. 211.


18-22 Parents as Teachers (PAT) National Training Conference. St. Louis, MO. Contact: Training Coordinator, PAT National Center, 9374 Olive Blvd., St. Louis, MO 63132. (314) 432-4330, Fax (314) 432-8963.


21-22 4th Midwest Family-Based Services Conference. Sioux Falls, SD. Contact: Ben Ahrented or Mel Harrington, SE Mental Health Center, 2000 S. Summit Ave., Sioux Falls, SD 57105. (605) 336-0510.


23-8/6 Movement and Music Workshop from High/Scope for Early Childhood Teachers and Trainers.* Clinton, MI. Contact: Phyllis Weikart, High/Scope Conference Center, 15141 Sheridan Rd., Clinton, MI 49236. (517) 456-4062, Fax (517) 456-6444.


25-29 Child Development Resources (CDR) Annual Early Intervention/Early Childhood Summer Institute. Williamsburg, VA. Contact: Lisa McKean, Institute Coordinator, CDR Summer Institute, PO Box 299, Lightfoot, VA 23090. (804) 565-0303, Fax (804) 564-0144.

28-29 ARCH East Coast Training Institute. Atlanta, GA. Contact: Jennifer Wheeler, ARCH National Resource Center Satellite Office, Respite Resource Network, PO Box 7330, 519 W. Houston St., San Antonio, TX 78207-3198. (210) 228-2794, Fax (210) 228-2797.

AUGUST 1994


8-10 National Training Program on Effective Treatment Approaches (NTPETA) in Child Sexual Abuse. Spokane, WA. Contact: NTPETA, 107 Lincoln St., Huntsville, AL 35801. (800) 239-9939, (205) 536-6310.

8-12 Region X Orientation for new Directors and Coordinators. Seattle, WA. Contact: Judy Williams, TASC Coordinator, School of Extended Studies, Portland State University, PO Box 1491, Portland, OR 97207. (206) 615-2557.

12-16 Annual Convention, American Psychological Association (APA). Los Angeles, CA. Contact: Convention Coordinator, Galaxy Registration, Inc., PO Box 868, Frederick, MD 21701. (301) 662-9400.

14-19 National Center for Family Literacy (NCFL) Staff Training Conference. Louisville, KY. Contact: Nancy Spradling, Director of Training, NCFL, Waterfront Plaza, Ste. 200, 325 W. Main St., Louisville, KY 40202. (502) 584-1133.


28-31 Association for the Care of Children's Health (ACCH) Conference. Ontario, Canada. Contact: Lee Ann Slayton, Conference Planner, ACCH, 7910 Woodmont Ave., St. 300, Bethesda, MD 20814. (301) 654-6549.


* Special scholarships available to Head Start programs. For information contact Phyllis Weikart, High/Scope, at (517) 456-4062.
Resources
From the National Education Association (NEA)

The NEA offers publications on topics such as thinking skills, reading and writing, parent involvement, and many more. Although geared for K-12, many of the publications can be adapted for younger children, and many are offered in Spanish. Some of their publications include:

*Children of Promise: Literate Activity in Linguistically and Culturally Diverse Classrooms.* A how-to look at a successful school-university partnership project for cross-grade, multi-lingual, interactive tutoring in reading and writing.

*Motivation for Learning: How Parents Can Help.* A package of 25 printed leaflets designed to elicit parental support in motivating their children to learn.

*Empowering At-Risk Families During the Early Childhood Years.* This book contains strategies for empowering at-risk families.

*Schools and Families Working Together filmstrip.* Focuses on problems confronting today's families.

*Public Education Leaflets* (in Spanish and English). Reproducible leaflet masters on 35 different subjects designed to promote school/parent/community partnerships.

For a catalog of publications and materials, contact:

NEA
1201 16th St., NW
Washington, DC 20036-3290
(202) 833-4000
(800) 229-4200
(203) 933-5276 Fax

Correction: In the Resources section of Bulletin No. 49, Mental Health, the telephone number of *Zero to Three* was incorrectly listed as (703) 528-6848. The number is (703) 528-4300 or (800) 899-4301 if calling out of State.

National Center for Family Literacy (NCFL)

A nonprofit corporation, the NCFL is a primary source of advocacy, training and technical assistance, information, and research for supporting the expansion of family literacy programs throughout the nation. NCFL's family literacy programs include adult literacy, early childhood education, parenting skills education, and regular opportunities for parent and child interaction to address the challenge of breaking the intergenerational cycle of under-education and poverty.

A few of the many materials they offer on family literacy are:

*A Success Story.* 11-minute video that introduces the viewer to family literacy and the services of NCFL.

*Using Computers in Family Literacy Programs.* This paper discusses strategies and activities that use computers as literacy tools in intergenerational programs.

*Generation to Generation: Realizing the Promise of Family Literacy.* This book offers practical guidelines for establishing community literacy programs and identifies ways that families can learn together.

*The Power of Family Literacy.* This booklet presents an overview of the success of the Toyota Families for Learning Program.

*Public Education Leaflets* (in Spanish and English). Reproducible leaflet masters on 35 different subjects designed to promote school/parent/community partnerships.

For more information on these materials, on NCFL Projects, their newsletter, or on the NCFL, contact:

NCFL
Waterfront Plaza, Suite 200
325 W. Main Street
Louisville, KY 40202
(502) 584-1133
(502) 584-0172 Fax

Zero to Three/ National Center for Clinical Infant Programs (NCCIP)

The NCCIP publishes a bulletin for practitioners, policy makers, teachers, administrators, and researchers concerned with the development of infants, toddlers, and their families. Each issue takes a multidisciplinary approach to a single topic, such as supervision and mentorship in infant/family programs, tensions and challenges in early intervention, emerging literacy, and more. Covers both typically and atypically developing children.

For more information, contact:

Zero to Three
PO Box 25494
Richmond, VA 23260-5494
(703) 528-4300
(703) 528-6848 Fax
(800) 899-4301
(703) 528-0419 TDD

American Literacy Guild (ALG)

This organization works to improve literacy in children by beginning with parents and expanding from that base into the school systems, communities, and workplaces. ALG trains teachers, tutors, administrators, and interested parents in teaching reading, writing, and spelling to all grade levels. It has publications, videos, and training materials, and provides in-kind assistance in computer, audio-visual, and other equipment.

For more information on this organization, contact:

American Literacy Guild
One Westbook Corporate Center, Suite 300
Westchester, IL 60154
(708) 236-1750
Resources

From the Consumer Information Catalog

Help Your Child Learn to Write Well. Simple strategies for adults to help encourage children who are just learning to express their ideas through writing. 1985. #413Z. 50¢

Helping Your Child Use the Library. Highlights programs and activities for children of all ages as well as those with special needs. Tips to get children interested in books. 1989. #415Z. 50¢

Timeless Classics. Lists nearly 400 books published before 1960 for children of all ages. 1993. #419Z. 50¢

To order these publications, or for a catalog of additional publications, write to:

R. Woods
Consumer Information Center
Pueblo, CO 81009

Wolf Trap Institute for Early Learning Through the Arts

The Wolf Trap Institute places performing artists trained in early childhood development practices in early childhood centers. Family literacy programs are part of this effort. To develop literacy skills, an artist engages children in activities which draw on the visual and physical cues of dance and song. This enhances fine and gross motor skills while children learn word meaning and pronunciation from rhymes, raps, songs, and chants.

For information about Wolf Trap activities, contact:

Miriam Flaherty, Director
Wolf Trap Institute
1624 Trap Road
Vienna, VA 22182
(703) 255-1900

From the U.S. Department of Education

The Department of Education has many publications dealing with literacy. Some of the literacy topics include: ESL, education for the homeless, literacy and new technologies, literacy and disabilities, workplace literacy programs, and many more. Most publications are free. For a list of their publications, contact:

Division of Adult Education and Literacy Clearinghouse
Office of Vocational and Adult Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-7240
(202) 205-8973 Fax

The Department of Education also publishes an adult literacy newsletter, the A.L.L. Points Bulletin. Subscriptions are available free of charge upon request from:

Division of Adult Education and Literacy
Office of Vocational and Adult Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-7240
(202) 205-8973 Fax

Parents as Teachers (PAT)

The PAT program acknowledges parents as the first teachers of their children. As a result, and to help parents better understand their child's development, PAT offers training to parents through special parent educators in the areas of language, cognitive, social-emotional, and motor development. Training includes home visits, parent group meetings, screening in all areas, referrals, and other parental support activities. For more information on the program, contact:

PAT National Center
9374 Olive Boulevard
St. Louis, MO 63132
(314) 432-4330
(314) 432-8963 Fax

International Reading Association (IRA) Publications

The IRA publishes material on early reading/emergent literacy, comprehension, adult literacy, motivation, reading for special students, for parents, assessment tools, how to use television as a reading tool, and many other topics. Some of their publications include:

Magazines for Children. Guidebook to more than 125 children's periodicals, aimed at infants up to teenagers. Includes age and subject index. #153.

Emerging Literacy: Young Children Learn to Read and Write. Shows how children learn to read and write with ease and enjoyment. #351.


Readability: Its Past, Present, and Future. Examines methods of readability, including readability formulas for languages other than English. #795.

Computer Applications in Reading. Addresses a variety of issues related to computer use, including evaluating and selecting software and integrated learning systems. #785.

The IRA also offers Parent Booklets with practical suggestions for helping children establish good literacy habits, Parent Brochures for developing a reading environment in the home, and recommends booklists. Some publications are available in Spanish and French.

For more information on these materials, or for a catalog of publications, contact:

IRA
800 Barksdale Road
PO Box 8139
Newark, DE 19714-8139
(800) 336-READ

Head Start Bulletin Issue #50

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Resources

ERIC® Educational Resources
Information Center (ERIC)/Clearinghouse on Reading and Communication Skills (RCS)
FAMILY LITERACY CENTER

The Family Literacy Center of ERIC/RCS helps educators with family reading and communication skills. Topics include professional resources, parent involvement, adult literacy, communication, assessment, writing, bilingual materials, staff development, and more. Some of their many resources include:

Parents and Children Together magazine. This is a read-along booklet with a cassette tape for children, ages 4 to 10, and their parents. Each issue encourages parents to read and write with their children, strengthen family relationships through communication, and speak with and listen to their children. #CO1, $75/year; $7/ea.

101 Ideas to Help Your Child Learn to Read and Write. In English and Spanish. 1989. #G08, $6.50.

¡LEAMOS!/LET'S READ. Bilingual Parent Meeting Leader's Guide. #PM45.

Parent Booklets (co-published with the IRA) describes how parents can help their child become a reader.

ERIC/RCS also has newsletters and publications, information and references on selected topics (ERIC DIGESTS), and performs searches of the ERIC computer database (ERIC/RCS FAST Bibs). Contact:

ERIC/RCS
Indiana University
PO Box 5953
Bloomington, IN 47407
(812) 855-5847
(800) 925-7853
(812) 331-2776 Fax

Reading is Fundamental

RIF is a national, nonprofit organization whose purpose is to help young people discover the joy and acquire the habit of reading. It offers parent guides and family facts brochures, posters, bookplates, buttons, and flyers (in English and Spanish). Some of their many brochures are:

Building a Family Library with ideas for creating an inexpensive home library and helping children build their own collections;
Encouraging Soon-to-Be-Readers describing how to excite preschoolers about books and help them to develop the skills that lead to reading;
Upbeat and Offbeat Activities to Encourage Reading listing playful projects and activities to help preschoolers and beginning readers build skills.

Most brochures are $.50/ea. or $15/100. For more information on RIF, or their materials, contact:

RIF, Inc.
Publications Department
600 Maryland Ave., SW, Suite 600
Washington, DC 20024-2520
(202) 287-3220
(202) 287-3196 Fax

Helping Children Learn About Reading

Some of the materials NAEYC offers on literacy are:

Helping Children Learn About Reading. This pamphlet tells how to make learning to read a meaningful part of children's lives. #520.

More Than the ABCs: The Early Stages of Reading and Writing. Organize your home or classroom so children experience reading and writing as a joyous and meaningful part of life. #204.

Reading and Young Children video. A discussion of what teachers can say to parents who want their children to learn to read in preschool. #808.

Bulk and discount rates are available. For more information on these publications, or other materials, contact:

NAEYC
1509 16th St., NW
Washington, DC 20036-1426
(202) 232-8777
(800) 424-2460
(202) 328-1846 Fax

National Association for the Education of Young Children (NAEYC)
Resources

From Scholastic, Inc.

*Read to Me: Raising Kids Who Love to Read*, by B.E. Cullinan. Offers parents tips on how to find time to expand their child’s imagination, how to teach their child to love books, and how to help their child do better in school.

*Generation to Generation: Realizing the Promise of Family Literacy*, shows how to set up a community-based family literacy effort.

For more information on these publications, their beginning reader series, or other publications, contact:

Scholastic, Inc.
630 Broadway
New York, NY 10003
(212) 343-6100
(800) 325-6149

From Literacy Volunteers of America, Inc. (LVA)

LVA is a national, nonprofit educational organization providing materials and services to assist in the development of volunteer literacy programs in Basic Literacy and English as a Second Language. Areas include tutor training, program organization, and management of programs in corrections, library, adult basic education, and others. In the family literacy area, LVA offers:

*How to Add Family Literacy to Your Program*, which includes a detailed appendix of LVA affiliates and current family literacy programs and procedures, and the training module: *Reading with Children*, with leader’s guide, video, and handbook.

For more information on LVA, contact:

LVA
5795 Widewaters Parkway
Syracuse, NY 13214
(800) LVA-8812
(315) 445-8006 Fax

From New Readers Press

New Readers Press is the publishing division of Laubach Literacy Action, which is the largest volunteer adult literacy organization in the world. New Readers Press offers over 400 audio, visual, computer-based formats, and titles in print on subjects such as reading, newspaper literacy, pleasure reading, spelling, writing, workplace literacy, family literacy, life skills, teacher resources, ESL, Spanish language, staff development and training, and much more. All materials are developmentally appropriate and some are in Spanish. Some of their resources include:

*Family Reading: An Intergenerational Approach to Literacy*, their family literacy series where adults learn to read to children while developing their own literacy skills. A manual for trainers, a training video, teacher’s guide, photocopy masters, children’s books, and adult reading selections.

*You and Your Child’s Teacher*, to help parents understand ways of communicating with school personnel.

*Let’s Work It Out* series, designed to help parents improve both their reading and parenting skills, this can be used in any ABE, literacy, or parenting program.

*Your Home is a Learning Place*, shows parents and other caregivers how to help children learn basic skills at home.

*Family Literacy and the School*, for public school teachers and administrators to help raise awareness of illiteracy as a local issue and to enhance their communication skills with parents.

*Read To Me Books*, designed specifically for new readers, focus on reading to children.

*Un Buen Comienzo* (A Good Beginning), is a month-by-month guide to a baby’s first year of life. Contains traditional Spanish nursery rhymes, songs, and poems to emphasize parent-child closeness and communication.

For more information on these resources, or for a copy of their resource catalog, contact:

New Readers Press
Department AS94
P.O. Box 888
Syracuse, NY 13210-0888
(800) 448-8878

American Foundation for the Blind

The AFB offers Mentors-in-Training Workshops for braille literacy. The workshops are intended to provide experienced special education and rehabilitation teachers with skills in mentoring and in providing inservice training in braille literacy to less experienced teachers in their home areas. Workshop participants will also be linked with a national network of experienced teachers of braille.

Call AFB to request a workshop application at (404) 525-2303 or (212) 620-2113 (Voice mailbox for AFB National Initiative on Literacy.) Or contact:

AFB
100 Peachtree Street
Suite 620
Atlanta, GA 30303

African American Family Reading List, 2nd Edition

Co-published with the National Education Association, this “user-friendly” publication is directed at parents to encourage family reading. It will inspire in children a love of reading and ensure that they learn about their proud heritage.

For information on this publication, or other publications, contact:

National Black Child Development Institute, Inc.
1023 15th St., NW
Suite 600
Washington, DC 20005
(202) 387-1281
(202) 234-1738 Fax
Beginning with Books
Library Programming for Infants, Toddlers, and Preschoolers
by Nancy N. DeSalvo

Early contact with books can make lifelong readers, and this book describes how to accomplish that. It lists 24 actual programs appropriate to the play level and stimulation needs of each age group from infancy to 5 for developing an early appreciation for books.

Written by a Coordinator of Children's Services at the Farmington, Connecticut, public library, the author includes ways to engage parents in the programs; shows how to tie in toys with books, films, and tapes; and describes how to influence at-home reading. 181 pg. 1993.

For more information on this book, contact:

The Shoe String Press, Inc.
2 Linsley Street
North Haven, CT 06473-2517
(203) 239-2702
(203) 239-2568 Fax
New National Service Program/AmeriCorps

New legislation was signed into law on September 21, 1993 creating the Corporation for National and Community Service. Several existing federally sponsored volunteer programs have been incorporated into the new Corporation - Volunteers In Service To America (VISTA), Foster Grandparents, and the Retired Senior Volunteer Program (RSVP).

Several new volunteer programs have been added, such as AmeriCorps. This program is designed to address four national priorities at the community level: education, human needs, public safety, and environmental needs. AmeriCorps offers opportunities for Americans 17 or older to serve in urban areas or rural communities for a period of two years. The volunteers receive a living stipend which includes health care and child care. In addition to the stipend the volunteers will earn education awards of $4,725 per year for college or vocational training. Volunteers can work in their own community or be placed through a national clearinghouse. The AmeriCorps program will be launched on September 12, 1994, and will engage up to 20,000 AmeriCorps members by the end of the year.

The AmeriCorps program also provides grant funds, through a competitive process, to national organizations, community based organizations, Indian Tribes, and U.S. Territories. Thirty grants have been awarded through this process, including one to the Head Start Bureau on behalf of the Indian and Migrant Head Start programs. (See FamilyServe article on page 3.) The Head Start/New York State Collaboration Project received one of the 300 awards made to statewide organizations. (The project is described on page 4.) Head Start grantees interested in obtaining information on these national and State awards should contact their State's National and Community Service Commission (pages 12 and 13). Head Start grantees should explore the possibility of participating in AmeriCorps activities in their States.

State Commissions have been created to administer the AmeriCorps activities. Individuals interested in joining AmeriCorps, VISTA, Foster Grandparents, or RSVP should contact the State Commissions beginning on page 12, or call 1-800-94-ACORPS (1-800-942-2677).
Nursing School and Head Start Collaboration

In the spring of 1992, St. Paul, Minnesota, Head Start (Ramsey Action Programs) and students from the University of Minnesota (UM) School of Nursing got together in the Head Start classrooms in a mutual collaboration.

Nursing students, working to meet requirements for their courses, entered the classrooms with stethoscopes, dental health curriculums, and a willingness to learn more about the health and well-being of Head Start's preschoolers.

Since that time, each semester has had a new group of nursing students enter the Head Start classrooms with enthusiasm and creativity. Some of the experiences the nursing students have had include designing and running exhibits at Head Start health fairs, such as shown in the photograph; helping out on Head Start buses; teaching children about hand washing and dental care; taking children to zoos; and completing developmental screenings. Nursing students have also conducted adult education classes at parent group meetings.

Student nurses have consistently reported that their experiences with the Head Start program have been worthwhile, states Karen Alaniz, R.N. and Associate Education Specialist at the UM School of Nursing.

Patti Kester, Head Start Coordinator of the RAP Head Start, says that the collaboration between UM's School of Nursing and the RAP Head Start has been a warm and meaningful one from which both parties have realized practical gains.

For additional information on this program, contact Ms. Kester at RAP Head Start, 215 East Sixth Street, St. Paul, MN 55101.

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Production Staff:

Rossie Kelly, Head Start Bureau
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The Head Start Bulletin is published six times a year by the Head Start Bureau, Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services.

Editorial inquiries should be addressed to:
Head Start Bulletin, P. O. Box 1182, Washington, DC 20013.

Purpose: To enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.
The Head Start Bureau, Administration on Children, Youth and Families (ACYF), has been awarded an AmeriCorps grant of $532,000 to support volunteers in the Indian and Migrant Head Start programs. The project is entitled FamilyServe.

The mission of the Head Start AmeriCorps program is to use national service as a catalyst in strengthening children, families, and communities in two traditionally underserved and isolated populations: American Indian and migrant farm worker communities. The program will seek to use Head Start's comprehensive community based approach to improve the quality of early childhood development and family support services, build the capacities of the communities by increasing knowledge of child development and parenting skills among the families served, and draw together diverse community institutions to support families.

Seventy-five percent of the AmeriCorps team members will be drawn from the host Indian and migrant farm worker communities. Particular attention will be given to increasing early childhood development knowledge and skills among the members, as well as enhancing their skills and commitment to long-term community service. The educational awards given at the end of the community service year(s) will enable the AmeriCorps members to complete at least one year of post-secondary education.

ACYF is responsible for the overall administration of FamilyServe. The program will serve children and families on three American Indian reservations in Montana, North Dakota, and South Dakota, and two migrant worker communities in Florida and Texas.

ACYF's decision to pilot AmeriCorps for these populations is in response to the recommendation of the Advisory Board on Head Start Quality and Expansion that the Department provide additional support to address the special needs of these two populations that face unique issues and challenges due to geography, isolation, language, and cultural diversity.

FamilyServe will focus on three of the AmeriCorps goals: education through school readiness, human needs and health, and building community linkages. ACYF will be working with three subgrantees: the East Coast Migrant Head Start Project, the Texas Migrant Council, and the American Indian Higher Education Consortium (AIHEC).

The East Coast Migrant Head Start Project has identified five Head Start centers in Hardee, Okeechobee, and Martin counties of Florida. Fifteen AmeriCorps members will work with 295 families on adult literacy and basic education, nutrition and health education, and transition to public schools.

The Texas Migrant Council has identified Hidalgo County as its service area. Fifteen AmeriCorps members will work with 26 migrant Head Start programs on literacy, community education issues which affect adolescents, and families and health education.

Thirty AmeriCorps members will be placed through the AIHEC Little Hoop Community College at Devil's Lake, North Dakota; Sinte Gleska University at Rosebud, South Dakota; and Salish Kootenai College in Pablo, Montana. The AmeriCorps members will work with Head Start and child care programs on early childhood education, alternative child care, preventive health issues, after-school recreational activities, and language and cultural enhancement programs.

For additional information about FamilyServe, call ACYF Federal Agency Program Director Helen M. Scheirbeck at (202) 205-8562. For more information about FamilyServe sites, call the local grantees as follows: Jo Ellen Shannon of East Coast Migrant Head Start at (703) 243-7522; Blas Reyes of the Texas Migrant Council at (210) 722-5174; and Phil Baird of the United Tribes Technical College/AIHEC at (701) 255-3258, ext. 345.
Head Start/New York State Collaboration Project Receives Funds for AmeriCorps Project

The New York State Council on Children and Families' Head Start/New York State Collaboration Project recently received an AmeriCorps grant to develop Collaborative Family Literacy/Employment Readiness Projects in five high-need communities. Twenty-five AmeriCorps team members, five for each five communities, will be selected to participate in this initiative.

The goals of the project are to: 1) provide developmentally appropriate early childhood services to improve the school readiness of young children; 2) increase the educational achievement of adults who lack basic academic skills; 3) enhance job readiness skills of participating adults; and 4) develop the citizenship and skills of AmeriCorps members. These services are currently being delivered by different agencies and developed in isolation from one another. This project will integrate existing services into a comprehensive program which will result in greater gains for participating children and adults, as well as offer an exciting and meaningful community service experience for AmeriCorps members.

The project will also strengthen ties among community organizations. For New York State, collaboration among community organizations was identified by the State Commission on National and Community Service as a priority area. This priority will be addressed by establishing local Advisory Councils to collaboratively develop AmeriCorps Family Literacy/Employment Readiness Projects unique to the needs, resources, and priorities of the communities. Advisory Council members, program staff, and AmeriCorps members will receive training on the principles of family literacy and effective family literacy models. A statewide advisory council will be established to ensure that coordination efforts occur on both the State and local level.

AmeriCorps members will assist program staff in developing children's emergent literacy skills; working with parents on life skills, employability skills, and basic educational needs; and preparing and participating in parenting skills sessions and intergenerational activities.

For additional information, contact Carolyn Egas, Project Director, Head Start/New York State Collaboration Project, New York State Council on Children and Families, at (518) 473-3652.

Project America's National Day of Community Service

Project America, a grass roots organization whose mission is to inspire and teach people to take positive steps to improve their communities, is coordinating an annual national community improvement day. This year's Project America Day is scheduled for Saturday, October 15.

Improvements will be made in neighborhoods throughout the country in projects ranging from spontaneous street cleanups to preplanned renovations of local schools. It is expected that over 25,000 community improvement and building projects will be involved and the participation of more than two million volunteers will be utilized.

The event is designed to change attitudes from apathetic to hopeful and to focus the country's attention on its cities' problems. It is hoped that Project America Day will instill in people an awareness of some of our nation's social ills and bring citizens together for solutions to common problems. "...this effort calls for individuals from all walks of life and ages to unite for one day a year and devote themselves to the community," says Dallas Mayor Steve Bartlett, Co-Chairman of the Project America National Advisory Board.

Project America is being launched with the assistance of a coalition of more than 150 of the nation's largest organizations, including labor unions, cultural organizations, professional associations, fraternal clubs, community service groups, religious organizations, and municipal leagues. National leaders, such as former Governor of Massachusetts Michael Dukakis, former Congresswoman from New York Geraldine Ferraro, and Senators Harris Wofford, Paul Simon, and Frank Lautenberg, are also assisting with the event.

Individuals who would like to get involved in their areas can receive a free handbook by contacting Project America, 8228 McCormick Boulevard, 2nd Floor, Skokie, Illinois 60067, (800) 880-3352. The handbook includes over 100 project ideas and detailed instructions for organizing a quality community service project for Saturday, October 15, 1994.
Which Child Deserves to Learn?
Helen M. Scheirbeck, Ed.D., Head Start Bureau

Head Start's volunteer media campaign, which was launched in late spring, is now appearing nationwide on television, radio, and in business and professional magazines. The campaign's title is "Which Child Deserves To Learn?" This question, provocative in nature, is posed to capture the attention of viewers, listeners, and readers and alert them to the difference each individual can make in the life of a child. The Ad Council and their volunteer advertising agency, Lord Dentsu, has created this public service campaign for Head Start.

The campaign is targeted toward businesses, professional men and women, and individuals in the general public who can give an hour a week or more of their time, talent, or resources to the Head Start program. To make the matching process easier for prospective volunteers, the campaign offers an 800 number which they can call to find the Head Start program nearest to them. The number is 1-800-27-START (1-800-277-8278).

All Head Start programs are encouraged to participate in the campaign by identifying a volunteer coordinator to plan the agency's need for volunteers, to respond to potential volunteers who call as a result of the campaign, and to ensure successful placement and follow-up with the volunteers. If a grantee has not signed up for the campaign, they may do so by following the instructions outlined in Information Memorandums ACYF-IM-93-26 and ACYF-IM-94-15 on this volunteer campaign.

Each volunteer coordinator who responded to these Information Memorandums has received a Community Relations Kit which included the Public Service Announcement (PSA) for TV, a story board, and a fact sheet about the Head Start program. A radio kit, which included two radio spots and one live announcer spot, a fact sheet about the Head Start program, and a business reply card has also been sent to each of these volunteer coordinators. The print media will target both the general public and health service volunteers and is being mailed to trade and business journals, so programs will not receive any print media copy.

Head Start volunteer coordinators should begin thinking about areas where they need additional volunteers, such as in centers with classroom activities and with children activities inside and outside of the centers; assisting administrative and component staff; and working with Head Start committees, policy councils, and families. (See form on page 6.)

As the new Head Start year begins, volunteer coordinators should call their local television and radio stations and encourage them to air the Head Start PSA, "Which Child Deserves to Learn?" Volunteer coordinators should tell the station what their Head Start program is doing and outline areas in their programs where volunteers are needed. They should also emphasize how important it is when individuals give their time and talents to help make a difference in the lives of Head Start children and their families.

The Head Start Bureau has made a commitment to expand the volunteer base of Head Start by adding a wide range of volunteers to the programs through this multi-media campaign. For this effort to be successful, each grantee's volunteer coordinator must design a volunteer plan for their program, develop and design job descriptions for the volunteers, screen and interview potential volunteers, orient and train the volunteers about agency program and policy, organize supervision for the volunteers, and establish appropriate ways of recognizing the work of the volunteers.

As Head Start moves toward the 21st Century, this multi-media volunteer campaign will become a resource which will help programs to expand and diversify their base of volunteers to meet the changing needs of Head Start children and families. The campaign will also give each program the opportunity to raise public awareness about Head Start as a successful, early intervention program in each community, as well as challenge a wide range of individuals to volunteer their time and talents to the program.

Head Start grantees are encouraged to join in this campaign as a way to attract new volunteers and expand community resources.
YES, MY HEAD START PROGRAM NEEDS MANY VOLUNTEERS!

The Head Start Multi-Media Campaign has been advertising for volunteers in five general categories: Family Support, Health Professionals, Education Specialists, Arts Education, and General Office Administration and Fundraising. However, my agency also needs volunteers in the following additional professional areas:

Agency Name: ____________________________  □ Grantee  □ Delegate

Address: ____________________________________________________________

City/Town: __________________________________________________________
State: ____________________________  ZIP: ____________________________

Telephone Number: ( ) ____________________________  Fax Number: ( ) ____________________________

□ Ms.  □ Mrs.  □ Mr.
Volunteer Coordinator: ______________________________________________

Coordinator’s
Direct Telephone Number: ( ) ____________________________  Fax Number: ( ) ____________________________

Please send this form to:
Head Start Media Campaign
c/o Research Assessment Management, Inc.
1300 Spring Street, Suite 210
Silver Spring, MD 20910
Attn: Barbara White

RAINSVILLE, AL.—These parent volunteers help clean the small hands of Head Start children after the children planted bulbs that will bloom in the spring. From Gregory Head Start, Region IV, Community Action Agency of Northeast Alabama, Inc., Project Head Start.
Jumpstart!

Jumpstart is an early intervention program that offers a one-on-one interaction between Jumpstart counselors and four-year-olds who are experiencing difficulty adjusting to Head Start preschool programs.

It has been noted that some Head Start children develop social and emotional problems that manifest themselves in a variety of "acting out" behaviors, which can push the child toward failure in school—the one place that could provide a safe haven for nurturing the child's growth and development.

But Jumpstart works to alter this destructive course and put these very young children on a path toward success in school. By pairing each preschooler with is or her own counselor, who is a specially trained college student, even the youngest child with the most difficulty has a chance to succeed with the one-on-one attention that the Jumpstart counselor provides. Counselors work to teach the kids the basic academic skills they will need to succeed in preschool, from writing their names, to reading books. But they also teach the young children how to make friends, with both their peers and with adults.

Jumpstart counselors serve as mentors, teachers, friends, and, most importantly, positive role models for the Jumpstart children they work with, as often the counselors are former Head Start children or parents themselves. All counselors are volunteer undergraduate students who have committed to two-year terms so that they can follow the children through their last year of Head Start and their first year of public school.

Jumpstart takes place in Head Start classrooms, either after school or during the parts of the day when the classroom is not being used. The counselor and child meet twice weekly in this setting, for two hours each session. Each classroom houses eight kids, eight counselors, and one coordinator who oversees the curriculum and makes sure everything runs smoothly. Each child is referred to Jumpstart by their Head Start teacher and staff.

Jumpstart counselors continue to work with the children after they complete Head Start and move into kindergarten. Counselors will travel to the children's schools and continue to work with them for four hours weekly, lending vital support to help them with the transition from Head Start into the regular public school system.

Star

Jumpstart is being tested in Boston, Massachusetts, and New Haven, Connecticut. Currently the program is privately funded, but it is looking for both individual donors and corporations to sponsor the eight-person Jumpstart teams that comprise a classroom group.

Jumpstart is an undergraduate-run program operated in collaboration with the public school system. In Connecticut it is affiliated with Dwight Hall at Yale University in New Haven.

For more information on this program, contact Yale undergraduate and co-founder Rebecca Weintraub at Dwight Hall, Yale University, P. O. Box 209008, New Haven, CT 06520.

Rebecca is a former volunteer at a local Head Start center which she contacted to offer her services and where she developed the idea of Jumpstart, along with co-founder and fellow student Aaron Lieberman. Jumpstart was originally thought of as a vehicle to stimulate college students into getting involved in community service. Rebecca states that Jumpstart has attracted more volunteer students than they can currently use, so it has been widely successful.

Aaron Lieberman has since graduated from Yale University and plans to teach at a Boston Head Start center this fall.
Senior Volunteers in Head Start

The Administration on Children, Youth and Families (ACYF) and the Administration on Aging (AoA) entered into an agreement in fiscal year 1990 to jointly fund 10 Head Start programs to demonstrate ways of providing volunteer opportunities for older Americans in Head Start programs.

The two-year demonstration projects explored the use of older volunteers in a wide array of activities with Head Start children and their families. The activities included using senior volunteers as classroom aides, English teachers for limited English speaking parents, assisting parents in getting their GED's, providing one-on-one services for children with special needs, teaching literacy and parenting classes, assisting with health screenings, and sharing ethnic customs and traditions at special Head Start events.

Three projects demonstrated a “family mentor” model where senior volunteers became family mentors. A volunteer was matched with a Head Start family for the purpose of communicating life skills; assisting with money management, food shopping, transportation, and family recreational events; and other activities. The senior volunteer also served as a role model for the Head Start parent.

These 10 Head Start grantees have developed a variety of materials that are available (at cost) to other Head Start programs interested in developing a senior volunteer program. Submit written requests for materials to the following grantees:

- Family Mentor Training Manual and Video, and Recruitment Materials in English and Spanish
  Contact: Anne Dawson
  Hillsborough County Board of Commissioners
  601 East Kennedy, 13th Floor
  Tampa, FL 33602

  Contact: Leah Pigatti
  Mahube Community Council, Inc.
  P.O. Box 747
  Detroit Lakes, MN 56502-0747

- A Guide to Intergenerational Programming
  Contact: Lisa Milne
  Bi-County Community Action Program
  P.O. Box 579
  Bemidji, MN 56601-0579

- “Start With Me” - An Intergenerational Volunteer Manual
  Contact: Corina Jaimes
  Community Action, Inc.
  P.O. Box 748
  San Marcos, TX 78667

- A Training Manual, a 17-Minute Video “Generation-Link-Age,” and Recruitment Materials
  Contact: Christie Ference
  Central Nebraska Community Services
  P.O. Box 509
  Loup City, NE 68853-0509

- Training Video and Recruitment Brochure
  Contact: Chris Carmen
  Hawkeye Area Community Action Program
  P.O. Box 789
  Cedar Rapids, IA 52406-0789

  Contact: Susan Thomas
  Coastal Community Action Council
  P.O. Box 1827
  Aberdeen, WA 98520

A Volunteer Training Manual and Video, plus a Volunteer Handbook
Contact: Donna Linn
Community Action Agency of Somerville, Inc.
66-70 Union Square
Somerville, MA 02143

Volunteer Screening Packet, and a Recruitment Brochure
Contact: Christine Wigren
Chautauqua Opportunities
Municipal Building
200 East 3rd Street
Jamestown, NY 14701

Manual for Using Volunteers in the Head Start Home-Based Program
Contact: Pauline Raab
Cen-Clear Child Services, Inc.
33 Irwin Drive
Phillipsburg, PA 16866
"Grandma Augusta"

HELENA, Mt.— Augusta "Alice" Gray, is resident "Grandma" of the classroom of 3-year-olds at the Head Start center of the Rocky Mountain Development Council in Helena. As a member of the Foster Grandparent program, she reads to the children, talks to them, and comforts them with her presence. She has been volunteering at the center since August 1980 and this April she was a sprightly 102 years old! She says going to Head Start gets her up and going every day.

For information, contact Diane Maxwell, Education Coordinator, Helena Head Start, P.O. Box 1717, South Last Chance Gulch, Helena, MT 59624.

Veteran Volunteer

CHICAGO, II.— On March 1, 1994, Mrs. Annie Mae Tillman celebrated her 98th birthday. She has been volunteering at the Catholic Charities Robert Taylor Head Start program since her retirement as a dental assistant from the University of Illinois 29 years ago. She is the fulltime volunteer receptionist for the program and says, "I love people and I love children." She has received numerous recognition awards for her years of volunteer service. Asked about retirement, she has replied, "Never." Rain or shine, she goes to work every day, along with her trusty walking cane.

Nathaniel Vincent, Site Administrator, says how valuable she is to the program and hopes she will continue with them as long as she wants to.

For more information, contact Mr. Vincent at the Robert Taylor Head Start, 4848 S. State Street, Chicago, IL 60609.

"RSVP" for Dolls

GREENVILLE, Oh.— Retired Senior Volunteer Program (RSVP) participants Leona Sheets and Kathryn Moyer have opened their homes and their hearts to all the doll "babies" from the Council on Rural Service Programs' (CRSP) 16 Head Start centers. Leona and Kathryn accept all the dolls sent to them from the centers. They bathe the dolls and wash and style their hair. From fabric and yarn pieces, they fashion new clothes, booties, underwear, and hats for the dolls. They send the dolls back to the centers looking like new and ready to be held again by tiny, loving arms.

For information about the CRSP, contact: Jeanne Peoppelman, Education Coordinator, CRSP, P.O. Box 501, Greenville, OH 45331.

For information on the RSVP program, call 1-800-424-8867, or TDD 1-800-833-3722.

Tips for Multi-Cultural Classroom Volunteers

CHICAGO, II.— "We have 10 different languages in a classroom of 62," reports Sandra Fidler, Head Start Director of the Albany Park Community Center in Chicago and author of a Volunteer Handbook in English, Spanish, and Korean. The handbook explains what volunteers can expect in a classroom setting.

Also available is a Parent Handbook, in those three languages, explaining what parents can do to assist their children in learning.

The handbooks are available for $5 each (includes shipping and handling) from: Albany Park Community Center, Inc., 3403 W. Lawrence Avenue, Chicago, IL 60625. (312) 583-5111.
YFS/Head Start Screening

RAPID CITY, SD—The Youth and Family Services (YFS) Head Start Program in Rapid City, SD, coordinated a community wide effort to screen potential Head Start children. The effort resulted in physical and dental examinations; developmental, hearing, and vision screenings; and immunizations to over 400 children aged 0-4.

The entire community endorsed the two-day effort and donated over $20,000 in goods and services. To announce the event, a public relations blitz occurred during the weeks before the screenings, public service announcements were aired on six radio and TV stations, a local news program did a series on the screening, and the local paper printed a lengthy story.

For more information, contact Carol Clark, Director, YFS Parent Child Center, 910 Wood Ave., PO Box 1572, Rapid City, SD 57709.

Dental and Hearing Specialists Volunteer

BERKELEY, Ca.—The Berkeley-Albany YMCA Head Start program has enlisted the support of the local academic community for its health screenings. As a result, various health and health-related organizations go to Head Start classrooms for hearing, vision, and dental screenings, at no cost to the Head Start program.

For example, students from the San Jose State University Program in Communication Disorders, along with their instructors, go to Head Start classrooms to perform hearing screenings. The services are paid for by the MediCal program for enrolled children; other children are screened at no charge. Children who do not pass the initial screening are rescreened within six weeks; those who do not pass the second screening are referred to a local speech and hearing clinic for complete exams and treatment, if necessary.

The University of California, Berkeley, School of Optometry Mobile Clinic visits Head Start classrooms to complete visual screenings and examinations for those children who do not pass the screenings. The screenings are done at no charge to the Head Start program. Eye exams and eyeglass prescriptions are reimbursed by MediCal for children enrolled in Head Start. For others, the exam and prescription are paid for by the Sight Savers program of the Berkeley Lions Club, which was established specifically to pay for vision care for low-income children.

For information on this program, contact: Hatsue Katsura, Health Coordinator, Berkeley-Albany YMCA Head Start, 2009 Tenth Street, Berkeley, CA 94710.

Male Involvement Project

CHICAGO, Il.—The St. James/St. Clara Head Start Center, Catholic Charities of the Archdiocese of Chicago, developed a Male Volunteer program in 1992. Fathers, grandfathers, Uncles, brothers, and foster parents were asked to volunteer in the classroom. The response has been positive and the center now has over 20 men who volunteer on a regular basis.

The center also developed a male literacy volunteer project where they took photographs of the men and their children for a booklet and the booklet was placed on the center’s bulletin board.

In addition, the center has had Male Celebration Days where special speakers discuss social issues that impact males of the 1990’s.

For more information on the program, contact: Burma Weekley, Site Administrator, Archdiocese of Chicago, 155 East Superior St., Chicago, IL 60611.
High School Students Create Bilingual Materials

LANSONG, Mi.—The Migrant Head Start program, operated by the Telamon Corporation in Lansing, Michigan, was having difficulty finding affordable bilingual and culturally relevant books for young children. The problem was solved when Linda Roberts, a Spanish teacher at the local Waverly High School, called the Head Start program looking for a community service project for her students. It was a perfect match!

The community service project had the students using their knowledge of Spanish language and culture to make teaching materials for the Migrant Head Start program. Students translated and made books, posters, games, mobiles, music tapes, puppets, song books, and a videotape.

The students also kept journals detailing their progress and listing the times spent on the projects. In addition, they kept track of how they met challenges, made decisions, solved problems, budgeted their time, and what they learned about Spanish language and culture and themselves.

The students then evaluated their journals and their final product. The products were judged on appearance, age-appropriateness, cultural relevancy, and accurate use of Spanish vocabulary, grammar, and translations.

Kiwanis Clubs' Young Children Priority One Programs

In 1993, Kiwanis International, an organization of 8,500 service clubs around the world, made a commitment to develop projects that address the needs of children—prenatal through age five. The name of this service program is Young Children-Priority One. Local Kiwanis Clubs were asked to identify a need in this age group within their own communities and develop activities to help meet that need. Many Kiwanis Clubs elected to work with their local Head Start programs and are providing a variety of services for Head Start children and their families. Some examples are:

NEW ALBANY, In.—The Kiwanis Club of New Albany built lofts in three classrooms at the Floyd County Head Start center.

After touring the center at an open house, Kiwanis members asked the staff what they would wish for in their rooms. The staff said they would like some lofts. So the Kiwanis Club members purchased the materials and built the lofts during the children’s spring break. When the children returned from the break, they found the new lofts, brightly painted and ready for use.

The children made giant thank you cards which were presented to the Kiwanis Club members at their next meeting.

COLVILLE, Wa.—The Colville Kiwanis Club donated 144 smoke detectors to the Colville Head Start center to be given to families without fire alarms in their houses. The Head Start program presented them to the families during their annual ceremony honoring parents and volunteers.

The Kiwanis Club members are looking forward to being of assistance to the local Head Start centers again this year.

TERRELL, Tx.—The Kiwanis Club of Terrell helped the Terrell Independent School District’s Head Start program finance a Family Day Camp. With the help of the Kiwanis Club, a County Extension agent, and other community volunteers, the Head Start staff organized and conducted a program which included parenting skills workshops and developmentally appropriate activities in which parents participated with their children. After a picnic lunch for the students, their parents, volunteers, and staff, the day ended with educational games.

The Kiwanis Club also donated $700 to the center for the purchase of books for the library.
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<th>State</th>
<th>Director Name</th>
<th>Executive Director</th>
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<td>Kim Carton</td>
<td>Nancy Mandell</td>
<td>CT CNCS</td>
<td>600 Dexter Ave.</td>
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<td>Judy Ouderkirk</td>
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<td>Illinois</td>
<td>Allyson Zedler</td>
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<td>Patriccr Kells</td>
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<td>Vollie Nelson</td>
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<td>Marilyn W. Smith</td>
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SEPTEMBER 1994


1-30 Head Lice Prevention Month. Contact: National Pediculosis Association, PO Box 149, Newton, MA 02161. (800) 446-4672, ext. 108.


8-9 Public Health Service Childhood Immunization Initiative (CII) Region 8 (CO, MT, ND, SD, UT, WY) Outreach Meeting. Denver, CO. Contact: CII Coordinator, HMR, Inc., 6009 Oxon Hill Road, Ste. 212, Oxon Hill, MD 20745. (301) 567-5683, (800) 355-0979, Fax (301) 567-5907.

8-10 4th Annual Conference of the Family Preservation Institute. San Antonio, TX. Contact: Joan Faustini, Dept. of Social Work, New Mexico State Univ., Box 30001, Dept. 3SW, Las Cruces, NM 88003-0001. (505) 464-2143.


19-20 Public Health Service Childhood Immunization Initiative (CII) Region 1 (CT, ME, MA, NH, RI, VT) Outreach Meeting. Denver, CO. Contact: CII Coordinator, HMR, Inc., 6009 Oxon Hill Road, Ste. 212, Oxon Hill, MD 20745. (301) 567-5683, (800) 355-0979, Fax (301) 567-5907.

19-23 Comprehensive Child Sexual Abuse Intervention: Advanced Training in the Multidisciplinary Approach-Course III. Huntsville, AL. Contact: Renee Jackson, University of Alabama Division of Continuing Education, Wilson Hall, Room 137, Huntsville, AL 35801. (800) 448-4031, or Shari Long at (205) 534-6688.


26-27 Public Health Service Childhood Immunization Initiative (CII) Region 5 (IL, IN, MI, MN, OH, WI) Outreach Meeting. Denver, CO. Contact: CII Coordinator, HMR, Inc., 6009 Oxon Hill Road, Ste. 212, Oxon Hill, MD 20745. (301) 567-5683, (800) 355-0979, Fax (301) 567-5907.

29-30 Public Health Service Childhood Immunization Initiative (CII) Region 3 (DE, DC, MD, PA, VA, WV) Outreach Meeting. Denver, CO. Contact: CII Coordinator, HMR, Inc., 6009 Oxon Hill Road, Ste. 212, Oxon Hill, MD 20745. (301) 567-5683, (800) 355-0979, Fax (301) 567-5907.

OCTOBER 1994

1-31 Head Start Awareness Month. Contact: National Head Start Association, 201 N. Union St., Ste. 320, Alexandria, VA 22314. (703) 739-0875, Fax (703) 739-0878.

1-31 Child Health Month. Contact: American Academy of Pediatrics, PO Box 927, Elk Grove, IL 60009. (800) 433-9016, ext. 7943.

1-31 National Sudden Infant Death Syndrome (SIDS) Awareness Month. Contact: SIDS Alliance/National SIDS Foundation, 10500 Little Patuxent Parkway, Ste. 420, Columbia, MD 21044. (800) 638-SIDS.


3 Child Health Day. Contact: Department of Health and Human Services, Division of Maternal and Child Health, Parklawn Building, Room 505, 5600 Fishers Lane, Rockville, MD 20857. (301) 443-3163.

3-4 Public Health Service Childhood Immunization Initiative (CII) Region 10 (AK, ID, OR, WA) Outreach Meeting. Denver, CO. Contact: CII Coordinator, HMR, Inc., 6009 Oxon Hill Road, Ste. 212, Oxon Hill, MD 20745. (301) 567-5683, (800) 355-0979, Fax: (301) 567-5907.
OCTOBER 1994 - continued:

3-7 Parents as Teachers (PAT) Training Institute for Preschool. St. Louis, MO. Contact: PAT National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132. (314) 432-4330, Fax (314) 432-8963.

3-8 National Rural Education Association (NREA) Annual Convention. Salt Lake City, UT. Contact: Joe Newlin, NREA, 230 Education Building, Colorado State University, Fort Collins, CO 80523-0001. (303) 491-7022.

4-9 National Coalition of Title I/Chapter 1 (NCT1/C1) Parents Conference. Detroit, MI. Contact: NCT1/C1 Parents, Edmonds School District School Building, 9th and D Streets, NE, #201, Washington, DC 20002. (202) 547-9286.


5-9 American School Health Association (ASHA) Annual National Conference. Houston, TX. Contact: Bob Synovitz, ASHA, 7263 State Route 43, PO Box 708, Kent, OH 44240-0708. (708) 208-7919.

5-9 Council for Exceptional Children (CEC) Annual Early Childhood Division International Conference on Children with Special Needs. St. Louis, MO. Contact: Conference Coordinator, CEC, Early Childhood Division, 3 Church Circle, Ste. 194, Annapolis, MD 21401. (800) 8456-CEC Voice and TDD, Fax (703) 264-9494.

5-9 Association of Volunteer Administration (AVA) Conference. Anaheim, CA. Contact: Conference Coordinator, AVA, PO Box 4584, Boulder, CO 80306. (303) 541-0238, Fax (303) 541-0277.


7-9 National Committee to Prevent Child Abuse Conference. Raleigh, NC. Contact: John Nebohk, National Committee Child Advocacy Institute, 1318 Dale St., Ste. 110, Raleigh, NC 27605. (919) 834-6623.


12-14 Head Start Region VII New Directors/New Coordinators Training. Kansas City, KS. Contact: Donna McDaniel, TASC Director, Community Development Institute, 6608 Raytown Road, #102, Raytown, MO 64133. (816) 356-5373.

12-15 Association for Play Therapy (APT) Fiesta Play Therapy Conference. San Antonio, TX. Contact: APT, Center for Play Therapy, Univ. of North Texas, PO Box 13857, Denton, TX 76203-6857. (817) 565-2656.

12-16 Association for the Study of Afro-American Life and History (ASALH) 78th Annual Meeting. Atlanta, GA. Contact: Andy Totin, ASALH, 1407 14th St., NW, Washington, DC 20005. (404) 577-1234.

13-15 Region VIII Head Start Conference. Denver, CO. Contact: Lynnette Hadden, Conference Coordinator, PO Box 508, Wellington, UT 84542. (801) 637-4960, Fax (801) 637-4967.

15 Project America Day. Contact: Project America, 8228 McCormick Blvd., 2nd Floor, Skokie, IL 60067. (800) 880-3352. (See page 4)

19-21 International Reading Association (IRA) 17th Southeast Regional Conference. Birmingham, AL. Contact: Gary Manning, IRA, 800 Barksdale Road, PO Box 8139, Newark, DE 19714-8139. (205) 934-5371.

19-21 Region IX Head Start Association-ADAPPT Conference. Orange County, CA. Contact: Paula Russell, PO Box 3865, Quincy, CA 95971. (916) 283-1242, Fax (916) 253-1024.


23-29 National Adult Immunization Week. Contact the National Foundation for Infectious Diseases, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814. (301) 656-0005.

24-29 Head Start Region III Training Conference. Charleston, WV. Contact: Brenda Flowers, or Denota Watson, President. 332 Harry Truman Drive, Laforge, MD 20770. (215) 351-7060.


30-11/3 122nd Annual Meeting of the American Public Health Association (APHA). Washington, DC. Contact: Anna Keller, APHA, 1700 K St., NW, #500, Bethesda, MD 20814. (301) 656-0003.

30-11/3 122nd Annual Meeting of the American Public Health Association (APHA). Washington, DC. Contact: Anna Keller, APHA, 1700 K St., NW, #500, Bethesda, MD 20814. (301) 656-0003.

NOVEMBER 1994


1-31 National American Indian Heritage Month. Contact: Information Office, Bureau of Indian Affairs, Department of Interior, Washington, DC 20245. (202) 208-3711.

1-31 National Diabetes Month. Contact: The National Office of American Diabetes Association at (800) 232-3472 for information, or contact your local affiliate.

1-31 National Epilepsy Awareness Month. Contact: The Epilepsy Foundation of America, 4351 Garden City Drive, Landover, MD 20785. (301) 459-3700.


8-13 National Council on Family Relations (NCFR) 56th Annual Conference. Minneapolis, MN. Contact: Cindy Winter, NCFR, 3989 Central Avenue, NE, #550, Minneapolis, MN 55421. (612) 781-9331, Fax (612) 781-9348.

9-12 National Community Education Association (NCEA) Conference. Des Moines, IA. Contact: Ursula Ellis, NCEA, 3929 Old Lee Highway, #91-A, Fairfax, VA 22030. (703) 683-6232.

10-12 Council for Learning Disabilities (CLD) International Conference. San Diego, CA. Contact: Kirsten McBride, CLD, PO Box 40303, Overland Park, KS. (913) 492-8755.


16-19 International Reading Association (IRA) 22nd Southwest Regional Conference. Little Rock, AR. Contact: IRA, 800 Barksdale Road, PO Box 8139, Newark, DE 19714-8139. (800) 628-8508.


30-12/3 National Association for the Education of Young Children (NAEYC) Annual Conference. Atlanta, GA. Contact: Barbara Bosse, NAEYC, 1509 16th Street, NW, Washington, DC 20036-1426. (800) 424-2460 or (202) 232-8777, Fax (202) 328-1846.

DECEMBER 1994

1-4 ZERO TO THREE National Training Institute. Dallas, TX. Contact: Sharon Godsey, National Center for Clinical Infant Programs, 2000 14th St., N, Ste. 380, Arlington, VA 22201. (703) 556-8300, (800) 899-4301, (703) 528-0419 TDD, Fax (703) 790-7237.


5-7 Head Start Region I Fall Conference. Newport, RI. Contact: Janis Santos or Debbie Barlow, Holyoke@chicopee Head Start, 349 High Street, Holyoke, MA 01040. (413) 535-0633.


7-10 National Association for Family Based Services Empowering Families Conference. Boston, MA. Contact: Center for Conferences and Institutes, University of Iowa, 249 Iowa Memorial Union, Iowa City, IA 52242-1317. (319) 335-3231.


9 Head Start Region V Disability Services Coordinator Training. Mt Pleasant, MI. Contact: Jean Johnson, Eight CAP, Inc., 904 Oak Drive, Greenville, MI 48838. (616) 754-9315.

9-13 American Vocational Association (AVA) Annual Convention. Dallas, TX. Contact: AVA, 1410 King St., Alexandria, VA 22314. (703) 683-3111.

11-17 Region V Head Start Association Training Conference. Minneapolis, MN. Contact: Minnie Murphy, President, 224 H. DesPlaines, Chicago, IL 60621. (312) 207-3444, Fax (312) 207-6943.

JANUARY 1995

1-31 Birth Defects Prevention Month. Contact: March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. (914) 997-4722, or your local affiliate.


FEBRUARY 1995

1-28 Black History Month. Contact: Association for the Study of Afro-American Life and History, Inc. 1407 14th St., NW, Washington, DC 20005. (202) 667-2822, or National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000, Fax (707) 838-0478.

1-28 National Children's Dental Health Month. Contact: American Dental Association, Bureau of Health Education and Audiovisual Services, 211 E. Chicago Ave., Chicago, IL 60611. (312) 440-2500.

1-28 American Heart Month. Contact: American Heart Association, 7320 Greenville Ave., Dallas, TX 75231. (214) 373-6300.


MARCH 1995


1-4 Annual Conference-Learning Disabilities Association (LDA) of America. Orlando, FL. Contact: Jane Peterson, LDA, 4156 Library Road, Pittsburgh, PA 15234. (412) 341-1515.


1-31 Red Cross Month. Contact your local chapter or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.

1-31 Red Cross Month. Contact: Nora, KUMC-CRU-0001, 3901 Rainbow Blvd., Kansas City, KS 66101. (913) 588-3961.

1-31 National Child Care Association (NCCA) National Conference. Las Vegas, NV. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad St., Conyers, GA 30010. (800) 543-7161, Fax (404) 388-7772.

MARCH 1995

1-16 Early Year Conference Jointly Sponsored by Head Start Region VII RAP and Nebraska Dept. of Education. Grand Island, NE. Contact: Nora, KUMC-CRU-0001, 3901 Rainbow Blvd., Kansas City, KS 66101. (913) 588-3961.

1-17 National Child Care Association (NCCA) 1995 Conference. Las Vegas, NV. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad St., Conyers, GA 30010. (800) 543-7161, Fax (404) 388-7772.

19-25 Children and Hospitals Week. Contact: Trish McClean, Coordinator, Association for the Care of Children's Health, 7910 Woodmont Ave., Ste. 300, Bethesda, MD 20814. (301) 654-6549, ext. 301.

25-28 Association for Supervision and Curriculum Development (ASCD) 49th Annual Conference. San Francisco, CA. Contact: Margaret Murphy, ASCD, 1250 N. Pitt St., Alexandria, VA 22314. (703) 549-9110.


**APRIL 1995**

1-30 Cancer Control Month. Contact your local office of the American Cancer Society.


6-9 American Bar Association (ABA) Section of Family Law. Section of Family Law, 750 North Lakeshore Drive, Chicago, IL 60611. (312) 988-5603, Fax (312) 988-6281.


18-22 National Head Start Association (NHSA) 22nd Annual Training Conference. Washington, DC. Contact: Marlene Watkins, NHSA, 201 N. Union St., Ste. 320, Alexandria, VA 22314. (703) 739-0875, Fax (703) 739-0878.

**MAY 1995**

1-31 National Sight-Saving Month. Contact: National Society to Prevent Blindness/Prevent Blindness America, 500 E. Remington Road, Schaumberg, IL 60173. (312) 843-2020 or (800) 221-3004.

1-31 Mental Health Month. Contact: National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314. (703) 684-7722.


1-31 Older Americans Month. Contact: Administration on Aging, Department of Health and Human Services, 330 Independence Avenue, SE, Washington, DC 20201. (202) 425-0461.


14-20 National Stuttering Awareness Week. Contact: Stuttering Foundation of America, PO Box 11749, Memphis, TN 38111. (800) 992-9392.


20-23 Annual Save the Children (STC) Family Child Care Technical Assistance Conference. Atlanta, GA. Contact: Nancy Barron, Conference Coordinator, STC, 1447 Peachtree St., NE, Ste. 700, Atlanta, GA 30309. (404) 885-1578, Fax (404) 874-7427.


23-29 RIF - Reading is Fun Week. Contact: Reading is Fundamental, 600 Maryland Avenue, SW, Washington, DC 20560. (202) 287-3220.


**JUNE 1995**


“Becoming a School Partner: A Guide for Older Volunteers”

This guide from the American Association of Retired Persons (AARP), describes opportunities open to older volunteers in early childhood education programs, and the rewards of school volunteer activities are discussed.

For a copy of this book, or for a catalog of additional volunteer publications and materials from AARP, write to:

AARP
Program Department/
Special Projects Section
601 E St., NW
Washington, DC 20049
(202) 434-2277
(800) 424-3410

NAPE
National Association of Partners in Education

NAPE is a nonprofit organization devoted solely to enhancing and expanding volunteer/partnership efforts that benefit the education of children. It has merged with the National School Volunteer Program to provide activities such as training, networking, technical assistance, regional and national conferences, demonstration projects, publications, and research.

For resources or more information on this organization, contact:

NAPE
209 Madison St., Suite 401
Alexandria, VA 22314
(703) 836-4880

Volunteer Training Video

This 13-minute video is effective and easy to understand and shows a volunteer’s typical day of activities at a Head Start center. It demonstrates specifics to help volunteers better understand how to work with young children.

Recruiting and retaining good volunteers is vital for Head Start programs. This video is a practical tool to orient parent and community volunteers and help them gain self-confidence to assist staff and children in their daily activities.

Contact Tri-County Head Start for additional information on the cost of the video and on types of payment, as follows:

Tri-County Head Start
PO Box 259
Durango, CO 81302
(303) 247-5960
(303) 247-5979 Fax

What You Can Do For Your Country

This report from the Commission on National and Community Services (CNCS) outlines what we as citizens can do to assist our communities with volunteer activities. It describes community service in four local areas, and reports on national service models.

In addition to the report, the Commission publishes a newsletter, Serve! America on national volunteering.

For more information on this organization, contact:

CNCS
529 14th St., NW, Ste. 452
Washington, DC 20045
(202) 724-0600
**October is Child Health Month!**

**“Fire in Your Home: Prevention and Survival” Booklet**

In addition to the above booklet, the National Fire Protection Association offers pamphlets, posters, stickers, videos, training packets, teaching aids, and more, for the public; many of the materials free. The materials include how to test a smoke alarm, teaching preschoolers to be fire safe, fire safety for people with disabilities, fire safety for schools, how to check portable fire extinguishers, and fire-conscious activity books for children. Free samples are available for some of the materials. Materials are also available in Spanish and some are available in other languages.

To obtain a copy of the catalog or booklet, contact:

National Fire Protection Association
1 Batterymarch Park
PO Box 9146
Quincy, MA 02269
(800) 344-3555

**“Home Hazards”**

The Association of Trial Lawyers of America is offering “Home Hazards,” a free safety poster identifying household hazards for kids to the public as part of its ongoing consumer safety education program. A sticker reminding the consumer to “Change the Batteries” for fire alarms is sent with the poster.

To obtain a copy of the poster and sticker, send a self-addressed, stamped, business-size envelope to:

“Home Hazards”
Association of Trial Lawyers of America
PO Box 3744
Washington, DC 20007-0244

**“You Are Your Child’s First Dentist” Video**

Developed through a local collaboration that included Marin Head Start in California, the local college, the dental society, private dentists, and Head Start parents and children, this video has been recommended for use by the Dean of the University of California Dental School and staff from the U.S. Public Health Service.

For information on obtaining a copy of this video, contact:

Cynthia Klock
Head Start Director
Marin County CAC
5520 Nave Drive
Novato, CA 94949
(415) 883-6058

**From the Consumer Information Catalog**

The following publications are some of the many materials offered from this catalog:


Send your request for resources to:

S. James
Consumer Information Center-4C
PO Box 100
Pueblo, CO 81002

For a free catalog of publications, send your name and address to: Consumer Information Catalog, Pueblo, CO 81009, or call (719) 948-4000.

**“HIV and AIDS in Children: Questions and Answers”**

This pamphlet, intended for professionals caring for children, youth, and families affected by HIV, provides an introduction to some basic issues about HIV infection in children. Contains sections on how to detect and manage HIV infection in children, strategies for delivering services to children with HIV and their families, and elements of comprehensive care for children with HIV, along with a list of resource materials published by the National Pediatric HIV Resource Center. 35 pp. Available at no charge. NMCHC #G021.

For a copy of this pamphlet, contact:

National Maternal and Child Health Clearinghouse
8201 Greensboro Drive Suite 600
McLean, VA 22102
(703) 821-8955
(703) 821-2098 Fax

**“Keeping Healthy: Parents, Teachers, and Children”**

Presents five steps that parents and group child care providers can follow to prevent communicable diseases. The steps include preventing the spread of germs, requiring certain immunizations, reporting illnesses, excluding certain persons, and being prepared. The pamphlet presents detailed instructions and illustrations on how to carry out each step. The same information is available in poster format for easy reference. 2 pp.

Contact the:

National Association for the Education of Young Children (NAEYC)
1509 16th St., NW
Washington, DC 20036
(202) 232-8777
(800) 424-2460
(202) 328-1846 Fax
National Parent Network on Disabilities (NPND)

The NPND is a national, nonprofit organization which shares information and resources to promote and support the power of parents to influence and affect policy issues concerning the needs of individuals with disabilities and their families, IDEA, and the ADA. It can assist an organization in becoming more effective at the local level, provide a link between parent organizations, and offers newsletters and other information.

For more information, contact:

NPND
1600 Prince Street
Suite 115
Alexandria, VA 22314
(703) 684-6763 V/TDD
(703) 836-1232 Fax

“All Kids Count, Child Care and the Americans with Disabilities Act”

Developed with funding from the U.S. Department of Justice through a project conducted by The Arc National Headquarters, formerly the Association for Retarded Citizens, the goal of this guide is to inform the child care industry about the law and to familiarize child care providers with the importance and value of including all children in regular child care settings.

For a copy of this report, or for a catalog of other publications from this organization, contact:

The Arc
PO Box 10047
Arlington, TX 76004
(800) 433-5255

GED Testing Fulfillment Service Materials

The following GED resources are available free:

GED, The Key To Your Future (available in English and Spanish);
Adults with Disabilities, How To Get Your GED Diploma;
Open the Door to Your Future ... Get Your GED Diploma (poster);
Information Bulletin on the Tests of General Educational Development;
ABC’s of the GED.

Order from:

GED Testing Fulfillment Service
PO Box 261
Annapolis Junction, MD 20701
(301) 604-9073
(301) 604-0158 Fax

“1•2•3 Series”

This series from Totline, Inc., presents easy, beginning activities designed especially for 3- to 5-year-olds. The series overflows with open-ended, cooperative activities to develop decision-making and coordination skills, confidence, and self-esteem in children. Totline resources also include newsletters for educators, a reproducible newsletter on nutritious snack foods, and numerous other materials and activities for preschool, kindergarten, special education, ESL, and Chapter I early education caregivers.

For more information, contact:

Totline Books
Warren Publishing House, Inc.
PO Box 2250
Everett, WA 98203
(206) 353-3100
(800) 773-7240

“Including Children with Special Needs in Early Childhood Programs”

This research monograph is full of essential information for early childhood educators or anyone else who works with young children or the programs that serve them. Topics include designing the environment, assessing children with special needs, implementing intervention practices, and helping children with disabilities make the transition between programs. Order #145.

For a copy of this monograph, or for a catalog of other resources, contact:

National Association for the Education of Young Children (NAEYC)
1509 16th St., NW
Washington, DC 20036
(202) 232-8777
(800) 424-2460
(202) 328-1846 Fax

“Trails, Tails and Tidepools in Pails”

Nursery Nature Walks, a non-profit environmental organization, trains community leaders, provides programs for disadvantaged children, offers publications, and is working on making their model program nationally replicable.

It publishes Trails, Tails and Tidepools in Pails, which is filled with free, sensory activities which teach children appreciation and simple ways to care for wildlife and the earth, and gives parents and teachers tools to create a nature curriculum.

For more information on the book or the program, contact:

Nursery Nature Walks
PO Box 844
Pacific Palisades, CA 90272
(310) 476-4084

GED, The Key To Your Future (available in English and Spanish);
Adults with Disabilities, How To Get Your GED Diploma;
Open the Door to Your Future ... Get Your GED Diploma (poster);
Information Bulletin on the Tests of General Educational Development;
ABC’s of the GED.

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Nursery Nature Walks
PO Box 844
Pacific Palisades, CA 90272
(310) 476-4084
March is National Nutrition Month!

“Giving Your Child a Good Start in School”

Beginning school is often a time of excitement and anxiety for both children and parents. This guide walks parents through at-home activities which will prepare their children for schoolroom experiences. The manual also offers parents guidance on how to select a quality program that will foster their child’s growth. 12 pp.

This publication, and others, is available from:

National Black Child Development Institute
1023 15th St., NW, Ste. 600
Washington, DC 20005
(202) 387-1281
(202) 234-1738 Fax

“Parent Power in the Migrant Education Program: How to Make a Difference”

Guide for parents, school officials, community workers, and others outlining the rights and responsibilities of parents with children enrolled in the Title I Migrant Education Program. Text is in both English and Spanish.

This publication, and others, is available from:

National Council of La Raza
810 First Street, NE
Suite 300
Washington, DC 20002
(202) 289-1380
(202) 289-8173 Fax

“Selecting Day Care for Your Child” Video

Developed with the help of childhood education specialists, this video will help parents formulate and answer the numerous questions that should be considered before placing a child in day care. Covers all the bases: child readiness .. types of available day care options .. importance of care provider training .. indoor/outdoor safety .. child-to-staff policies .. child health issues .. and more. Also includes a seven-minute segment for parents to understand and avoid possibilities of child abuse. A handy, printed “checklist” helps parents consider all their options before interviewing prospective day care facilities. 70 min. VHS. #4662.

For a copy of this video, or for a catalog of additional resources, contact:

Child Welfare League of America
440 First Street, NW, Ste. 310
Washington, DC 20001-2085
(908) 225-1900
(908) 417-0482 Fax

“Potluck”

Asparagus soup to zucchini casserole—never was the alphabet more appealing! A glorious feast results as children of various countries show up with the delicious potluck offerings of foods of their cultures. This unobtrusive nutrition lesson is also a study of cultural differences. 32 pp. Ages 3-6.

This book, and others, is available from:

The Book Lady, Inc.
8144 Brentwood Industrial Drive
St. Louis, MO 63144
(800) 766-READ (7323)
(314) 644-3252
(314) 644-6238 Fax


This publication from the Maternal and Child Health Bureau gives recommendations on how to help prevent lead poisoning in your child through good nutrition. It also has a companion Nutrition and Lead Bibliography for further research into the topic. The Bureau also offers other materials on child care, health, safety, and nutrition.

Single copies of the reference guide are available at no charge from:

National Maternal and Child Health Clearinghouse
8201 Greensboro Dr.
Suite 600
McLean VA 22102
(703) 821-8955
(703) 821-2098 Fax

For information on these, or more of Scholastic’s resources, contact:

Scholastic, Inc.
555 Broadway
New York, NY 10012
(212) 343-6100
(800) 325-6149

“Parent Communication Tips”

Scholastic, Inc., an early childhood development organization, offers these valuable tips for parents that include practical information about many issues of concern to families, such as health and safety, nutrition, and how children learn through play. Scholastic also offers series on Teacher Tips and Director Tips. Spanish resources are also available.

For information on these, or more of Scholastic’s resources, contact:

Scholastic, Inc.
555 Broadway
New York, NY 10012
(212) 343-6100
(800) 325-6149


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Single copies of the reference guide are available at no charge from:
National Multicultural Institute (NMCI)

The NMCI is a private, non-profit organization founded to provide understanding and respect among people of difficult racial, ethnic, and cultural backgrounds. The organization offers diversity training and consulting, develops educational resource materials, and maintains a multi-lingual mental health counseling and referral service. It also organizes three national conferences a year on issues of culture, ethnicity, race, age, gender, and sexual preference. Contact the organization for additional information or for a listing of their publications and videotapes, at:

NMCI
3000 Connecticut Ave., NW
Suite 438
Washington, DC 20008-2556
(202) 483-0700
(202) 483-5233

"Caring For Our Children"

From the American Academy of Pediatrics, this is the first-ever resource for educators which covers every important aspect of health and safety in out-of-home child care. It offers complete and thorough information for the development and evaluation of the health and safety aspects of family/group day-care homes and child care centers, based on recommendations and standards jointly developed by the American Academy of Pediatrics and the American Public Health Association. To obtain a copy of this manual, contact:

American Academy of Pediatrics
141 Northwest Point Blvd.
PO Box 927
Elk Grove Village, IL 60009
(800) 433-9016
(708) 228-1281 Fax

"Starting Points: Meeting the Needs of Our Youngest Children"
by Kathryn Taaffe Young

This report stresses the critical importance of the first three years of life to healthy child development and future functioning. It cites the increasing neglect of children under three and the risks poor families face, including low-quality child care, insufficient stimulation, physical abuse and unintentional injury, fragmented social services, inadequate health care, deteriorating families, and conflicting demands on parents.

Examples of successful programs illustrate how Federal, State, and local governments and communities can implement improvements. 1994. 132 pages. Bulk prices available. Order from:

Carnegie Corporation of New York
PO Box 753
Waldorf, MD 20604
(212) 371-3200

"Together We Can: A Guide for Crafting a Profamily System of Education and Human Services"

This book was developed jointly by the U.S. Department of Education (DE) and the U.S. Department of Health and Human Services to help communities improve coordination of education, health, and human services for at-risk children and families.

For a copy of this guide, or for more information on resources and materials from the DE, contact:

U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-7240
(202) 219-2116

"Our Families, Our Future" Video

This documentary video portrays the American family in crisis and shows how supporting and strengthening families is key to solving many of the nation's more serious social problems. It highlights successful multi-generational programs that are addressing the modern day stresses of family life and examines the current "family support" movement. 58 minutes.

The video is offered in collaboration with Public Television which is making the video available to Head Start centers at the following special price:

For more information on the video, or to order, contact:

Filmakers' Productions
Attn: Linda Gottesman
124 E. 40th Street
New York, NY 10016
(212) 808-4980

"Families First: Report of the National Commission on America's Urban Families"

This report provides a national strategy on strengthening American families, reducing social problems, and increasing the number of children growing up in two-parent homes. 1993. 96 pp. S/N 017-001-00486-3. $6.

Available, along with other publications and a publications catalog, from:

GPO Bookstore
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Book Review

"GETTING MEN INVOLVED"
STRATEGIES FOR EARLY CHILDHOOD PROGRAMS
by James A. Levine, Dennis T. Murphy, Ph.D., and Sherrill Wilson, Ph.D.

Research has consistently shown that a warm and nurturing relationship with a father or other significant male (grandfather, uncle, neighbor, close friend) has enormous benefits for children in their social and cognitive development. The impact of these relationships are positive on men, women, and society as a whole.

The book is the result of James Levine's work as director of The Fatherhood Project at the Families and Work Institute, and is filled with practical strategies for early childhood programs on how to get men involved (includes a four-stage blueprint), how to recruit men as volunteers (nine proven strategies), and how to keep men actively participating in an early childhood education program. It also offers overviews and histories of the Fatherhood Project and Head Start's Male Involvement Project. 96 pp. 1993.

For information on how to obtain a copy of this book, contact:

Scholastic, Inc.
P.O. Box 7502
Jefferson City, MO 65102
(800) 325-6149

For information on the projects, contact: Families and Work Institute, 330 Seventh Avenue, 14th Floor, New York, NY 10001. (212) 465-2044, Fax (212) 465-8637.
Associate Commissioner Helen H. Taylor Speaks Out on Environmental Health Issues

The following interview with Helen H. Taylor, the Associate Commissioner of the Head Start Bureau, was conducted by Robin Brocato, Health Program Specialist, Health and Disabilities Branch, Head Start Bureau:

RB: Why should Head Start be concerned with environmental issues?

HT: For several reasons. First, there are environmental health issues that we should all be concerned with, such as the air we breathe, the food and water we eat and drink, and where we live and work. But these issues particularly affect young children—and since our primary responsibility is to protect children and keep them safe, they are of critical importance to Head Start.

Secondly, Head Start programs are in a unique position to not only protect young children from environmental hazards, but to help them develop positive behaviors toward preserving and protecting our environment.

Finally, several Head Start grantees have identified environmental health issues to our National Health Training Contractor as an important training need. In response, a Head Start training guide on environmental health issues will be developed in 1996. Rather than wait until that time to address the topic, we decided to use this Bulletin to introduce key subjects, raise environmental awareness, and encourage staff to consider the issues presented here.

RB: What are some major environmental health issues affecting children and families in Head Start?

HT: One is children’s exposure to lead poisoning. The standards used now by the Department of Health and Human Services regarding exposure to lead are stricter than when Head Start began in 1965. As a result, more children are being identified as having been exposed to dangerous levels of lead.

A second critical issue, particularly in old buildings, is exposure to asbestos. Since Head Start often rebuilds or converts facilities for its use, these buildings must be checked for asbestos contamination.

(continued on page 3)
Safety Inspection Program

The Bear River Head Start in Logan, Utah, has developed a Safety Inspector Program for its playgrounds. The program was started because it was difficult to protect the playgrounds from misuse after school hours.

Before each classroom goes to its playground, the Safety Inspector for the day, usually a student, and a teacher, thoroughly inspects the playground for any hazards. If the Safety Inspector finds any dangerous materials, the Inspector points them out to the teacher, who disposes of the materials.

A Safety Inspector outfit was purchased for each classroom. It consists of a hard hat, safety glasses, a bright orange vest, a "stop" and a "slow" sign, and rubber gloves.

"All the children take this job very seriously. They know if they miss something one of their friends could get hurt," says Glenna Markey, Director of the Bear River Head Start.

For information on this program, contact Glenna Markey, Director, Bear River Head Start, 75 South 400 West, Logan, UT 84321.

CALL FOR IDEAS: Does your program have any special environmental health projects? In 1995, the National Health Training Contractor, James Bowman Associates, will develop a training guide on environmental health issues. Please send your ideas, or any information you would like to share, to: Robin Brocato, Head Start Bureau, P.O. Box 1182, Washington, D.C. 20013.

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Purpose: To enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.
Another issue is second-hand smoke. We recently issued a draft regulation on establishing a smoke-free environment in Head Start, and the Head Start Bureau will assist programs in implementing the regulation when it is finalized.

Finally, safety in general is an important issue. We must be alert about transportation safety, as well as safety in the classroom and on the playground. We are currently developing regulations to address bus safety for young children. We will also look at food safety and at preventing the spread of disease in the programs as we revise and update the Performance Standards.

RB: Are there other environmental issues to consider?

HT: Yes. Children spending time outside and susceptible to air pollution and/or toxic waste, children in urban areas exposed to smog and hot temperatures for excessive periods of time, and children of migrant farm workers exposed to pesticides — all are at risk.

RB: What is it about Head Start's program that creates opportunities for addressing these concerns?

HT: By using our Head Start model we can work together with parents and also involve all staff—from the cook, bus driver, teacher, and health coordinator to the family service worker, social services coordinator, parent involvement coordinator, education coordinator, and the volunteer. And children are able to learn about the environment in the classroom and their parents can then reinforce that learning at home.

RB: Will the approach to solving environmental health issues vary from program to program?

HT: Yes. Head Start programs can choose among a variety of approaches and projects depending on their priorities and how proactive or reactive they wish to be. Head Start is designed to respond to specific local needs in creative and flexible ways.

RB: How do Head Start’s established structures help to address environmental health problems?

HT: Head Start’s structures are particularly useful for promoting collaboration. For example, the Health Services Advisory Committee can spearhead the activity to recruit someone from the community with experience in the field. That individual could make a presentation for staff and parents or serve on the committee to help research and develop solutions. The Policy Council could assist the parents if they wanted additional education or training on these critical issues.

RB: Please describe some of the strategies our programs can use to get started.

HT: The entire staff may want to meet to identify and discuss local environmental health concerns and hazards. At this early stage, they may wish to involve parents and volunteers because other perspectives would be helpful, and parents could also learn from the process. They may then list and rank the problems by importance, and select one or more that staff thinks they can concentrate their efforts on throughout the year.

RB: Would it be advisable for programs to work with other community organizations on environmental health concerns?

HT: Absolutely. Head Start emphasizes collaboration with other community providers and organizations to ensure improved service delivery to more children and their families. By reaching out to the community to solve these problems, Head Start can establish and maintain key relationships with the health department or other officials who have knowledge, skills, and leverage to bring about improvements.

RB: Will environmental health issues be reflected in the review and revision of the Head Start Program Performance Standards?

HT: Many environmental issues are found throughout the Performance Standards and, where necessary, we will make changes. In this Bulletin, we have compiled updated information about several environmental health issues that are high priorities for Head Start programs.

RB: Any closing words?

HT: Environmental health issues affect everyone. They have universal impact and can transcend cultural and ethnic barriers to unite people who care about them. Cooperating to solve these problems is an excellent way to mobilize and enhance a community. One Head Start center alone can generate partnerships and positive experiences at the local level, while simultaneously making our world a safer place to live, work, and play.
"Cold-Proofing"
Top 9 Tips for the Classroom

1. **Keep the bleach and water coming!** Continually use a bleach solution of 1/4 cup bleach to one gallon of water to disinfect tables and equipment. Leave to air dry or wipe off with a paper towel. Either use paper towels to wash tables or change the rag you use often. Try to avoid using a cloth towel for drying — it can become contaminated with germs.

2. **Wash your hands.** Washing your hands is one of the best ways to keep cold and flu germs from spreading throughout the classroom. Wash before and after serving food, wiping noses, using the bathroom, and cleaning up toys.

3. **Teach children to wash their hands.** Make sure children wash their hands every time they use the bathroom, play with toys, play outside, eat, and blow their noses.

4. **Clean the toys.** While it’s almost impossible to keep all of the toys clean all of the time, it’s important to clean them with bleach or soap and water, as often as possible. An easy way is to fill a sink with bleach and water and submerge a lot of toys at once. Again, let the toys air dry to prevent transporting germs via a towel.

5. **Don’t share cups.** Put up a disposable cup dispenser in the bathroom or near the sink to teach children to use a clean paper cup when they need a quick drink. And make sure they know never to share cups with others.

6. **Stock up on tissues.** Put tissue boxes around the classroom for easy access. Help children learn to take a tissue when they sneeze, and to blow their noses often when they have a cold. Always make sure they wash their hands immediately afterwards.

7. **Try to keep sick children separate.** When a child is showing symptoms of a cold or flu, try to put him or her in a “get-well room” or a side area to rest. Contact his or her parents to arrange for when the child can be picked up.

8. **Encourage immunizations.** While immunization is usually a standard requirement for enrollment, it’s a good idea to encourage parents strongly to maintain their child’s immunization record and, when age appropriate, get a flu shot if prescribed.

9. **Give guidelines for keeping sick children at home.** There will be times when children are too sick to go to school but their parents bring them anyway. Make it easy on yourself and parents by establishing a set of criteria to follow for when to keep a sick child home.

—Based on a Scholastic Program Sponsored by Dixie®.

Making Vegetables and Fruits (Environmentally) Safe to Eat

People sometimes express concern about possible pesticide residues on fresh produce. To grow high-quality fruits and vegetables, most growers use some pesticides. Pesticides are chemicals that control insects, rodents, fungi, weeds, and disease. Food can be produced without using pesticides, but the quality and yield may suffer.

The Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), and the U.S. Department of Agriculture each play a role in assuring the safety of the food supply, and suggest that common sense practices can improve the cleanliness of fresh fruits and vegetables. Scrubbing and rinsing help remove soil and other debris that may be hard to see and should also help to remove any remaining surface pesticide residues and other impurities. Also follow these simple tips:

- Scrub produce (with a brush, if possible) and rinse in running tap water before serving.
- Throw away the outer leaves of leafy vegetables, such as lettuce and cabbage.
- Peel before cooking, if appropriate, although some nutrients and fiber are lost when produce is peeled.

Establishing an Effective Environmental Safety Program in the Center

by Howard W. Runck, R.N., M.A., Health/Safety Coordinator, Tri-County Head Start, Durango, Colorado

Since one of the largest causes of death for the preschool child is due to injury, Head Start has a responsibility to not only create a safe environment at centers, but to promote health and safety awareness for parents, staff, and children in all settings. Even though the local Fire Department may do an annual fire inspection, and the Health Department will do a sanitation inspection, experience shows that some safety factors can be overlooked by public inspecting agencies. Reasons for these oversights can include a backlog of inspections to be done at the beginning of a school year for public schools, with the Head Start inspection being a quick inspecting overview of the facility.

Several years ago, Tri-County center supervisors pointed out areas of concern regarding environmental safety factors that were not addressed by public agency inspections. An assessment process was initiated to list every possible facet for a safe environment. Starting at the front gate and ending at the back line of the property, the center supervisors went on a walking tour to list any area, object, and/or condition that should be considered from both an adult and a child perspective.

Following the assessment, a written plan was developed to include purpose, cause, effect, and prevention of injury. This plan evolved into a set of standards entitled “Safety Performance Standards” which was formatted similar to the Head Start Performance Standards. The divisions included:

1) Supervision Policy;
2) Policy Regarding Care of Ill Children;
3) Policy Regarding Administration of Medication at the Center;
4) Policy Regarding Injury at the Center;
5) Policy Regarding Accidents Involving Head Start Vehicles;
6) Injury Prevention Plan;
7) Fire Safety;
8) Safety Inspections;
9) Injury Prevention for the Adult; and
10) Other Occupational Hazards.

The “Safety Performance Standards” were added to the Health Component plan to be reviewed by the Health Advisory Committee and approved by the Policy Council.

A “Safety Inspection Report” was then developed based on the Activities section of the Injury Prevention Plan. This was broken down into the following six sections:

A) Physical Plant;
B) Fire Safety;
C) Electrical Safety;
D) Food Safety;
E) Playground Safety; and
F) Bus Safety.

Under each section individual items and areas to be evaluated for safety factors and prevention of injury are listed. Examples of items listed under Physical Plant include lighting, heating/ventilation, cleanliness, toys and play things, art materials, hand washing/tooth brushing areas, storage of materials, drinking facilities, sanitation procedures, and so forth. Each section has a listing of individual items that relate to that section.

Following each item is space for a code to indicate the degree of safety. The codes are:

1 = ALERT: Requires immediate, on-the-spot attention.
2 = Needs correction within 30 days.
3 = Adequate, but needs long-range correction, if feasible.
4 = Meets all safety standards; no correction needed.
5 = Above standard: the ideal situation.

Several lines for “Corrective Action Taken,” the date of correction, and the person responsible for that item, are included on the form.

Before a center opens for admission of children, the center supervisor and classroom staff do an inspection of all the items on the “Safety Inspection Report.” Accompanying the report form is a detailed listing of guidance standards for reference. This not only prepares a safe environment for the children, but it is also a teaching tool to increase staff awareness of safety concerns. Each spring an inspection is completed by the Safety Officer at each center to verify the prior inspection. The inspections are then compared to identify any discrepancies.

Since there is a large variety of Head Start facilities, the question of a safe environment in the center-based program is of utmost importance. The “Safety Performance Standards” that Tri-County Head Start has developed can be used effectively for this purpose.
Environmental health is about protecting ourselves from hazards and having healthy and pleasant surroundings. Just as importantly, it is also about protecting the planet, which is our home. While many environmental problems seem beyond our individual ability to address, there is one easy action we can all take: reduce the amount of garbage we make. Recycling centers and programs have sprung up all over the country in the past few years and everyone is taking another look at glass, tin cans, lawn clippings, and paper.

The Environmental Protection Agency states that there are three ways to approach the "solid waste" problem: Reduce, Reuse, and Recycle.

We reduce by choosing to use less. This means thinking twice about buying anything, and being sure it is something we really need. It also means buying products which are not excessively packaged, or are "in bulk" (i.e., not packaged at all).

Many things we throw away we can reuse. For example, toys and clothes can be given to someone who needs them; a cloth bag is better than a paper or plastic bag; newspapers can be used as packing material; a chalkboard is better than many handouts; and juice and egg cartons can become art supplies. Re-usable products may be more expensive initially, but we only pay for them once.

To recycle something is to break it down into small parts and then recreate it as something new. Glass, tin, and aluminum are good recyclables. Recycling these products saves our natural resources and cuts down on solid waste.

Being a Garbage Buster: Children and adults in Head Start can think about ways to reduce their need for products which will become garbage, and can be creative about reusing things. Setting up a project to recycle or compost can be fun and educational. For help, turn to your State, county, or reservation Recycling Coordinator for ideas. Or try these ideas:

A recycling corner: Set up a place in your building with three boxes. Put all newspapers in one, all glass in another, and all aluminum in a third. If your community does not have curbside recycling, locate a recycling center. Take the recyclables to the center; they may pay you for some of them and you can then purchase supplies for the center. Ask them if they accept other recyclables than the three listed above.

Buy recycled: Purchase recycled paper products—look for those which show at least 10 percent "post-consumer waste." Glass and aluminum recycling are so well-established that much of what we buy is recycled (but not labelled). There are some products made from recycled plastic, but plastic is not a substance that recycles well, so it is probably better not to purchase it at all unless the product can be reused.

Composting in a cup: Composting is nature’s way of recycling. Compost is a dark, crumbly, earth-scented material which results from the decomposition of organic materials. To teach children about composting, collect fruit and vegetable scraps. Cut them up into very small pieces and put a little in a cup for each child. Cover each cup with a metal screen. Keep the “stuff” as moist as a wrung-out sponge and stir every day. Help the children notice the smell of the compost as the microorganisms go to work, how the fruit peel darkens and becomes smaller, and how it begins to look like dirt instead of what they first put into the cup. After a few days, plant a seed (beans grow fast) and, as the seed sprouts, explain that the compost is giving the plant its food.

Teachers Roberta Holland and Melva Quesada, at the New Hampshire Estates Elementary Head Start in Silver Spring, Maryland, include environmental topics in their classrooms.
Field Trip Safety
by Connie Jo Smith, Early Childhood Education Specialist, Technical Assistance Support Center, Western Kentucky University, Bowling Green, Kentucky

Safety of children is a primary responsibility. Beautiful new materials in the classroom, a creative playground, and a developmentally appropriate curriculum are not enough unless children are safe. Ensuring the safety of children is a major responsibility which becomes even more challenging during field trips.

Routine checks of indoor and outdoor Head Start environments can be conducted and steps can be taken to correct identified hazards. Field trips present more concerns because Head Start has no control over the safety of the environment being visited. According to Care for Our Children (1992), children are at a greater risk of injury when their surroundings or routines change.

Field trips are not required and can create safety concerns, but they still provide valuable experiences for children. Field trips can extend children's learning, as well as serve as a method of including curriculum activities which are relevant and reflective of the population served, as required by the Head Start Program Performance Standards 1402.2-2(c)(1).

Field trips do not have to be long, nor far away. It's best to select places that relate to the children's lives and cultural background. Children's interests and curriculum goals should also be considered. It is also advisable to plan field trips only to places where it is acceptable to visit in advance, and to discuss the goals of the trip and safety issues with the proper persons at the location.

During the preliminary visit, look for potential hazards. Check the site for accessibility (ramps, etc.). Be alert to physical hazards as well as sanitation. Note the smoking policy of the building. Imagine the children visiting and try to visualize the way they will explore this new place. Determine which safety concerns to speak with the field trip representative about. The environment may be able to be modified for the visit or the visit may need to be limited to specific areas. Supervising children's involvement in activities, such as helping to wash a car at a car wash, may also minimize safety concerns and increase their enjoyment and learning opportunities.

To enhance further the safety of the environment on field trips take a first aid kit and at least one adult supervisor who holds a valid pediatric first aid certificate. The program's emergency plan and emergency forms, with contacts and telephone numbers for each child, should be taken. Parent permission forms should be signed for all children prior to the trip. Identifying the closest health facility to the field trip destination may be useful. Emergency cash will also be helpful. Car telephones, beepers, or radios which can be used to request assistance in the case of an emergency also enhance the safety of the environment.

Transportation plans should include safety precautions as well. Refer to the program's policies and procedures prior to the trip. Review the rules about travel with the children and help them secure themselves in seat belts, shoulder harnesses, or car seats. Use caution while loading and unloading the children.

While walking, one adult should be in front of the children and another behind the children. An increased number of adults to assist with supervision is strongly advised. Inviting parents provides many benefits for the children, parents, and program. Counting children frequently is critical to ensure that all children are present and under supervision. It is advisable to place the name of the Head Start program on a button or badge worn by all the children. It is not however advisable to have children wear name tags. Wearing name tags may make it easier for abduction.

If food is needed for the field trip, arrangements should be made which meet the program's policies and procedures. Transportation of food should be done with care to maintain appropriate temperature and sanitation. Special diets due to allergies, religious beliefs, etc., should be taken into consideration.

Each program should have a field trip policy, procedure, checklist, and lesson plan form to ensure that the environment for any field trip is as safe as possible. All staff members should be familiar with policy and procedure forms. Some safety issues may be resolved by properly preparing children or increasing adult supervision, so that staff members from all components can work together to provide a safe and rewarding field trip experience for everyone involved.
A Healthy Home Environment
by Peggy de Silva, National Head Start Health Training Contract, James Bowman Associates, San Francisco, California

We hope that our homes and yards will be safe places for our children. There are risks, however, to children's health in these safe places. The good news is that the chances of harm to children can be reduced by some simple steps, such as:

**For Clean Air:**
- Do not permit anyone to smoke cigarettes inside the house, or near children's outside play areas.
- Consider gases which might be given out by gas stoves or kerosene heaters. Use these heaters only in well-ventilated places, and have your appliances checked by the power company if you suspect any gas leaks.
- Some new carpets and building materials are made with substances which can “off-gas” toxic fumes. Choose carefully when replacing curtains, carpets, or furniture.
- Check with your local health department to see if radon is a concern in your area. If so, arrange to have your home tested.

**To Prevent Poisoning:**
- Be sure that you have no poisonous plants in your house or yard. Check with your poison control center for information.
- Lock up all household cleaners, paint, oil, and any chemicals used to get rid of pests (insects or rodents). Even better, look for alternatives to these products. Many safer substances have been developed or discovered which are as effective as the toxic substances.
- Be sure that your home is painted with lead-free paint and does not have peeling areas. When buying pottery, be sure that the glaze on the pottery does not include lead. Check with your water department to see whether your city/town's water includes dangerous levels of lead. You might also want to have your water checked by a lab to be sure that lead is not seeping into the water from your building's pipes.

**For Safe Food:**
- Look for organically grown fruits and vegetables. Be sure that your State or farmers' organization has standards which guarantee that “organically grown” means grown without pesticides or herbicides. Often fruits and vegetables can be found at local farmers' markets where farmers can tell you how they grow their food.

**For Healthy Skin:**
- Avoid prolonged exposure to sun. Use sunscreen of at least 15 SPF.
- If your children have very fair skin, encourage them to wear hats and long-sleeved, lightweight clothes to prevent sunburn.

**To Prevent Accidents:**
- If there are firearms in the house, they should be unloaded, locked away, and inaccessible to young children.
The U.S. Environmental Protection Agency's (EPA) Safe Drinking Water Hotline (1-800-426-4791) can provide callers with information about EPA's drinking water regulations, guidance, and public education materials. Specifically, the Hotline staff can:

- Clarify drinking water regulations and provide appropriate Federal Register and Code of Federal Regulation citations, and explain EPA's policies and guidelines.
- Provide updates on the status of drinking water regulations and policies.
- Provide information on the availability of technical publications, guidance documents, and regulations regarding drinking water and ground water.
- Provide information on the availability of public information materials such as brochures and pamphlets regarding drinking water and ground water.
- Provide Federal, State, and local contacts for specific information on local drinking water conditions, bottled water, home water treatment units, and ground water protection. (The Hotline, however, cannot discuss manufacturers or recommend brand name water treatment units.)
- Provide State contacts for EPA-certified labs that test drinking water. The State Lab Certification Officer can then provide callers with information on certified labs in the area.

**Bottled Water:**

Bottled water is regulated by the Food and Drug Administration (FDA), not the EPA. The EPA Hotline can distribute two fact sheets that discuss bottled water in general terms, but it cannot discuss the safety or regulation of bottled water nor recommend brands. The Hotline will refer a caller with a question about bottled water to:

FDA: Consumer Questions: (301) 443-4166
FDA: Complaints: (301) 443-1240
International Bottled Water Association (IBWA): (703) 683-5213

**Home Water Treatment Units:**

Home water treatment units (water filters, reverse osmosis units, distillation units, etc.) are not regulated by the EPA or other Federal agency. Some States may choose to regulate these devices, but many do not. The EPA Hotline can distribute two fact sheets on home water treatment units, but cannot recommend brands nor tell callers which type of unit removes which type of contaminant(s). For more information, the Hotline will refer callers to the following two independent, not-for-profit organizations:

National Sanitation Foundation (NSF): (313)-769-8010
Water Quality Association (WQA): (708) 505-0160

**Local Drinking Water Quality:**

The EPA Hotline does not have information on water quality levels in local jurisdictions. Callers are referred to the local Public Water Systems.

**Clean Water Act Issues:**

The EPA Hotline does not have information on the Clean Water Act. Callers are referred to other hotlines, clearinghouses, or other EPA offices depending on what type of information the caller needs.

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*Head Start children from the Los Angeles Urban League Head Start State Preschool in Los Angeles, California.*
Managing Risk

by Dr. Madhavi Parikh, Administration and Management Specialist, Region III TASC, and Ms. Kathy Seltzinger Hepburn, Health Specialist, Region III TASC, University of Maryland, College Park, Maryland

In the last decade, Head Start and the child care industry have faced many challenges dealing with liability issues and insurance. The goal of this article is to highlight the need for Head Start managers to understand, and to have current strategies in place for, risk management and loss control. Risk management means to have knowledge of potential risks, to consider ways to avoid these risks, and to have sound practices in place to prevent risk-related losses. This requires great care in defining and preventing risk. Loss control means reducing the chances of legal action or suit, as well as increasing the chances of winning or decreasing losses, if sued.

Two major risks facing Head Start are environmental risks and professional liability relating to personnel. In a day-to-day operation, Head Start programs offer exposure to many potential environmental hazards or risks. These include, but are not limited to, chemicals, plants, food, physical set-up of the facility, sharp objects, toys, vehicles, infectious diseases, and blood borne pathogens. The skills and abilities of personnel to manage these environmental risks is a major focus for risk management. It is the behavior of staff or personnel that can reduce or increase the risk of injury or loss; for example, scissors can be used for creative art work and can also injure a person. Personnel issues (such as the role of staff in providing guidance and supervision to children using scissors) determine risk liability and loss control in the program setting. Clearly, these two main areas—environmental and personnel/management—overlap, but each should receive separate focus.

Environmental Risks

It would be wonderful if someone developed a list of all the risks to be encountered in a program environment. But it is difficult for any environment to be 100% risk free since risk is part of living. What appears safe cannot be considered universally safe. For example, breathing fresh air seems risk free for most of us, but it can give people allergies. And there are many risks in our environment yet to be discovered. The risk list changes as we gain new information. This creates a need for understanding and appreciating the potential risks involved in providing services to children and families in Head Start programs.

The most effective and efficient way to reduce risk in Head Start is to provide ongoing risk management training to Head Start staff. Since new risks and prevention techniques are discovered continuously, training opportunities for all staff on risk management techniques is a must for developing risk prevention behaviors.

In addition to regulations from the Occupational Safety and Health Administration (OSHA) to be followed, there are local, State, and Federal laws with which Head Start programs must comply. Some of these laws are contradictory in nature, creating a “Catch 22” situation. For example, Head Start Program Performance Standards require that meals be served in family style, while some State laws prohibit handling of the food by young children in a group setting. Which regulation will you choose to follow, and why? It is the responsibility of Head Start managers to document such contradictions and bring them to the attention of the proper authorities. The Head Start manager must then develop the program’s policy based on legal clarification. The ultimate goal is to offer the desired services in compliance with all requirements and in the context of a safe environment.

Personnel Risk Management

Risk management is about creating and sustaining a safe environment — both physical and psychological — for children, parents, and staff. Hiring qualified and capable staff, providing ongoing training and staff development support, implementing quality supervision and monitoring of performance, and assuring personnel action when staff’s performance indicates risk, must be the highest priorities for Head Start managers. For example, staff is to provide active guidance and observation of children on the playground. If a staff member perhaps does not like the hot sun where children are playing and chooses to sit under the shade, away from the children, she is engaging in unacceptable behavior. Such behavior must be changed if the liability risk is to be reduced. This will require quality supervision and performance monitoring by managers. Head Start programs need to assure that all professional behavior and program specific regulations are followed to reduce the liability risk.

An excellent prevention technique is following all staffing regulations. In the situation where Head Start regulations require two paid staff to be in each classroom, Head Start regulations also require that volunteers cannot be charged with the responsibility for a group of children without supervision of Head Start staff. So in a situation where a paid staff person is absent, the program (continued on page 16)
Lead poisoning is a serious problem for young children—the younger the child, the greater the risk. Children can get lead from many sources, and often several sources can add up to excessive amounts of lead. Use this checklist to find possible sources of lead in and around your home, yard, and neighborhood. [Note: This is a partial list only, and should only be used as a guideline. It is not designed to determine all causes of lead poisoning, nor does it replace the need for a qualified, knowledgeable individual to make an accurate evaluation about the possibility of lead contamination. For more information on lead contamination, and how to deal with it, contact the organizations listed throughout this issue, or your local health department. If you suspect your child may have lead poisoning, have your child tested. Use the additional information on the next page to determine if you need to contact a specialist.]

____ Does your child ever play with or eat paint chips or plaster? Does your child chew, teeth on, or suck on painted objects or varnished surfaces, indoors or out?

____ Does your child ever eat dirt or soil?

____ Does your child frequently put fingers, toys, or small objects in his or her mouth?

____ Have you redecorated recently, or removed old outside paint by scraping, sand blasting, or burning? Could any exterior paint dust or paint chips be tracked into the house or blown in through windows?

____ Does your child play near a smelter, or close to a road with heavy traffic?

____ Does your child play in or around old, abandoned houses or in lots where old buildings have been torn down?

____ Do you or your spouse work in a lead-using industry?

____ Does your household have materials which contain lead or objects made of lead such as toy soldiers, jewelry, curtain weights, ammunition, beads, or fishing sinkers?

____ Does your house, or your child’s school, have lead pipes or soft water?

____ Does your family eat or cook with lead-glazed glasses or dishes?

____ Does your child suck on matches or chew on magazines, newspapers, comics, or wrapping paper?

____ Has any member of your family, or another child in the neighborhood, had lead poisoning?

____ Is your child getting a balanced diet?

Lead Hazards

- IF YOUR CHILD PLAYS WITH OR EATS PAINT CHIPS OR PLASTER, OR CHEWS, TEETHS ON, OR SUCKS ON PAINTED OBJECTS OR VARNISHED SURFACES, INDOORS OR OUT: The primary way children become lead poisoned is by eating dust, oil, or paint chips containing lead. Tiny pieces of peeling or chipped lead paint are dangerous if eaten. Children naturally place their thumbs, fingers, toys, and objects in their mouths. Lead-based paint chips taste slightly sweet and that can encourage children to eat them. Most houses built before 1960 contain heavily leaded paint; even some built as recently as 1978 may contain lead paint. Lead paint in good condition is not usually a problem except in places where painted surfaces rub against each other and create dust, such as when you open a window and the painted surfaces rub against each other. “Latex” water-based paints generally do not contain lead.

- IF YOUR CHILD EATS DIRT OR SOIL: Once lead gets into the soil, it stays. Ordinary dust and dirt may contain lead. Children can swallow lead or breathe lead contaminated dust if they play in the dust or dirt and then put their fingers or toys in their mouths, or if they eat without washing their hands first. (In a pregnant woman, lead passes through the umbilical cord and lead concentrations accumulate in the fetus.) Flaking lead paint adds to soil contamination, particularly in and around houses.

- IF YOUR CHILD FREQUENTLY PUTS FINGERS, TOYS, OR SMALL OBJECTS IN HIS/HER MOUTH: Lead poisoning occurs through ingesting or inhaling lead particles. Swallowing or inhaling even small amounts of chipped lead paint or leaded dust can be dangerous. Very little lead is absorbed through the skin. Preschool children are most frequently and severely affected by lead. A common misconception is that lead paint chips must be eaten for children to be exposed. But the amount of lead dust on children’s hands has been found to influence blood lead levels more than their eating of paint chips. Dust presents a less obvious hazard than paint chips because it is harder to see, yet the smaller the particle, the higher the percentage of lead absorbed.

- IF YOU HAVE REDECORATED OR REMOVED OLD OUTSIDE PAINT BY SCRAPING, SANDBLASTING, OR BURNING, OR EXTERIOR PAINT DUST OR PAINT CHIPS HAVE BEEN TRACED INTO THE HOUSE OR BLOWN IN THROUGH WINDOWS: Families have been poisoned by scraping or sanding lead paint because these activities generate large amounts of lead dust. Lead dust from repairs or renovations of older buildings can remain in the building long after the work is completed. Heating or burning off of the lead dust may release lead into the air. If lead dust is generated, and not contained properly, it sticks to household surfaces and is dispersed into the air. Soil close to homes can be contaminated from removing lead paint from the outside of the building.

- IF YOUR CHILD PLAYS NEAR A LEAD SMELTER, OR OTHER INDUSTRY LIKELY TO RELEASE LEAD, OR CLOSE TO A ROAD WITH HEAVY TRAFFIC: Soil by roads or highways may be contaminated from years of exhaust fumes from cars and trucks that used leaded gas. Particles of airborne lead deposited in soil and dust usually come from automotive, industrial, and similar sources. Agricultural crops grown near heavily traveled roads or near stationary sources of lead can have significant concentrations of lead. Studies show that children living within 100 feet of major roadways have higher blood lead levels than those living farther away.

- IF YOUR FAMILY EATS OR COOKS WITH LEAD-GLAZED GLASSES OR DISHES: Homemade or craft pottery, imported ceramics, and porcelain-glazed vessels have been found to release large quantities of lead, particularly if the glaze is chipped, cracked, or improperly applied. If improperly formulated and fired, lead from the glaze can leach into food items. Porcelain-glazed vessels are repeatedly washed, the glaze may deteriorate and pottery previously tested as safe can become unsafe. Lead can also leach from lead crystal ware glasses, cups, or bottles used for storing wine and other acidic liquids.

- IF YOUR HOUSE, OR YOUR CHILD’S SCHOOL, HAS LEAD PIPES OR SOFT WATER: Most well or city water does not naturally contain lead. Water usually picks up lead inside the dwelling from plumbing that is made with lead materials. Boiling the water will not reduce the amount of lead. Household water will contain more lead if it has sat for a long time in the pipes, is hot, or is naturally acidic. (Soft water is often acidic which will leach lead quicker than non-acidic water.) The only way to know if you have lead in your water is to have it tested. Call your local health department, EPA’s Safe Drinking Water Hotline at (800) 426-4791, or your water supplier to see how to get it tested.

- IF YOUR CHILD SUCKS ON MATCHES OR CHEWS ON MAGAZINES, NEWSPAPERS, COMICS, OR WRAPPING PAPER: Some children actually eat and even hunger for non-food items such as broken plaster pieces, dirt, magazines, comics, wrapping paper, and newspaper that might have toxic lead contents.

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- IF YOUR CHILD PLAYS IN OR AROUND OLD, ABANDONED HOUSES OR IN LOTS WHERE OLD BUILDINGS HAVE BEEN TORN DOWN: These areas often contain contaminations of lead in the soil from the materials in the torn down buildings.

- IF YOU OR YOUR SPOUSE WORK IN A LEAD-USING INDUSTRY: Lead dust can cling to the skin, hair, shoes, clothing, and vehicles of workers, and can be carried from the workplace into the home. If you work in construction, demolition, or painting; with batteries, or in a radiator repair shop or lead factory; or if your hobby involves lead, you may unknowingly bring home lead dust and particles on your body or clothes.

- IF YOUR HOUSEHOLD HAS MATERIALS WHICH CONTAIN LEAD OR OBJECTS MADE OF LEAD SUCH AS TOY SOLDIERS, JEWELRY, CURTAIN WEIGHTS, AMMUNITION, BEADS, OR FISHING SINKERS: Many of these items contain concentrated amounts of lead and can be dangerous for children who might place them in their mouths. Jewelry is sometimes painted with lead to simulate pearl. Also, cosmetics can contain lead, such as surma, a black eyeliner from the Orient. Recently two Mexican folk remedies called azarcon and greta, and a Chinese folk medicine, pay-loo-ah, were found to have toxic lead contents. Some art supplies can contain lead and other toxic contaminants.

- IF YOUR CHILD SUCKS ON MATCHES OR CHEWS ON MAGAZINES, NEWSPAPERS, COMICS, OR WRAPPING PAPER: Some children actually eat and even hunger for non-food items such as broken plaster pieces, dirt, magazines, comics, wrapping paper, and newspaper that might have toxic lead contents.

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- IF ANY MEMBER OF YOUR FAMILY, OR ANOTHER CHILD IN THE NEIGHBORHOOD, HAS HAD LEAD POISONING: If one child in a family, or within a neighborhood, has had lead poisoning, it is usually an indication that the child got it from a nearby source. One case of lead poisoning indicates that children from the same area should be tested.

- IF YOUR CHILD IS NOT GETTING A BALANCED DIET: Children deficient in iron, protein, calcium, and/or zinc absorb lead more easily.

The following telephone numbers can be called for information on environmental hazards and concerns:

- American PIE (Public Information on the Environment) (for all questions on the environment) ... 800/320-APIE
- Environmental Protection Agency (EPA) Toxic Substance Control Act Hotline ... 202/554-1404
- EPA's Safe Drinking Water Hotline ... 800/426-4791
- National Lead Information Center ... 800/532-3394
- National Pesticides Telecommunications Network ... 800/858-7378
- National Safety Council Radon Hotline ... 800/767-7236
- Indoor Air Quality Information Clearinghouse ... 800/438-4318
- Food and Drug Administration (for safe food) ... 301/443-3170
- U.S. Consumer Product Safety Commission Hotline (for all consumer products' safety) ... 800/638-2772
- Occupational Safety and Health Administration (for safety on the job) ... 202/219-8151
- Art & Craft Materials Institute (for safe art products) ... 617/426-6400

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**Color Me Lead**

The following crayons have recently been recalled by the Consumer Product Safety Commission (CPSC) because they contain enough lead to poison children. Either throw these products away or return them to the point of purchase for a refund.

- **12 Jumbo Crayons** - Concord Enterprises
- **Safe 48 Non-Toxic I'm A Toys "R" Us Kid! Crayons**
- **12 Crayons, Glory, and 18 Crayons That Paint - Glory Stationery Manufacturing Company Ltd.**
- **64 Crayons, School Quality, No. 8064 - A.J. Cohen Dist.**
- **64 Crayons, #CR 64-64 CT - Baum Imports**
- **12 Super Jumbo Crayons - Dynamic Div. of Agora Intern'l.**
- **Fun Time 72 Crayons, No. B541 - Overseas United**
- **64 Crayons, Kidz Biz - Bargain Wholesale**
- **64 Crayons, SKU#51-02600 - Universal International**


**Graphic Art Concept by Shaun Chavis, Oklahoma Institute for Child Advocacy.**

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**General safety tip procedures for all art materials from “What you need to know about the safety of art & craft materials” from the Art & Craft Materials Institute, Inc.:**

- **Read the label.**
- **Always use product that are appropriate for the user. Children in grade 6 and lower and adults who may not be able to read and understand safety labeling should use only non-toxic materials.**
- **Do not use products that have passed their expiration date.**
- **Do not eat, drink, or smoke while using art and craft materials.**
- **Wash up after use—clean yourself and your supplies.**
- **Never use products for skin painting or food preparation unless indicated that the product is meant to be used in that way.**
- **Do not transfer art materials to other containers: you will lose the valuable safety information that is on the product package.**

**For more information, contact the Art & Craft Materials Institute, Inc., 100 Boylston St., Ste. 1050, Boston, MA 02116. (617) 426-6400.**
Ecology Issues
by Cathleen Hosner, Health Services Manager, Tri-County Head Start, Paw Paw, Michigan

It’s important for children and adults to understand that ecology concerns even “the littliest kids.” The easiest place to start with ecology is in your own backyard, branch out, then on to a neighborhood park or playground. Ecology is like a pyramid: you start with the base, your own sphere of existence, then move upward.

Goals of an early childhood ecology unit can include:

- reinforcing children’s awareness of their environment and their responsibility toward preserving it;
- developing children’s skills of observation;
- helping children identify causes of pollution and the affect on the environment.

Some children are already aware of nationally recognized program mascots, such as “Woodsy Owl,” so this awareness can be used to build enthusiasm for program activities.

For example, you may want to make Woodsy Owl hats, or go on a Woodsy Owl discovery walk around your neighborhood. Play a game of “Woodsy Owl Says,” like Simon Says, with use ecology-oriented commands. Play recordings of environmental sounds in the classroom, then go outside to listen for them. You may want to adopt a playground and keep it clean through various seasons, as part of “Woodsy Owl’s Clean-Up Campaign.” You can carry this theme further during home visits, and also clean up individual yards.

Science exploration can occur as you discover causes of pollution, types of pollutants, and observing the impact they have around us.

Remember that ecology is about learning to enjoy our environment and our responsibility in preserving it. Instilling those preservation skills in children is our responsibility to the generations of the future.

Adopt a Highway
by Donna Suhr, Orchard Valley Head Start, Twin Falls, Idaho

Three years ago, Idaho’s South Central Head Start developed a program wide goal to focus on finding ways for Head Start parents to become involved in meeting community needs.

One response to this goal was that the Orchard Valley Head Start program in Gooding County “adopted” a two-mile portion of State Highway 46. The Head Start program accepts responsibility for keeping this stretch of the roadside clean and free of debris. Cindy Scott, Center Supervisor, says the project has been a popular one in their community and it has also provided a wonderful opportunity for parents and staff to work together on a worthwhile endeavor. Sheri and Curt Swarner, Orchard Valley Center Committee Chairpersons, stated that, “Parents are really for this project. It feels like we are giving something back to the community.”

A sign provided by the highway department acknowledges Orchard Valley’s participation. (See photograph below.)

Orchard Valley Head Start would like to challenge other Head Start centers to adopt a highway. For information on “adoptions” in your community, call your local highway department.

Delida Varate and Gail Hansen stand in front of the Orchard Valley Head Start “Adopt a highway litter control” sign in Twin Falls, Idaho.
Susanna has been the health coordinator for a Head Start program in the Southwestern United States for the past 15 years. During this time she has seen many different health problems in Head Start children. This year, when she was contacted by the National Health Training Contractor, she was asked to list health problems she saw as significant today. She told the interviewer that each year the Head Start centers in her communities were seeing more and more asthma in children. One center, which serves 30 families, is coping with six children who have asthma—two of them with severe cases. Susanna wonders what has happened to lead to these high numbers of children with asthma.

According to the American Lung Association, cases of asthma in this country rose by 42 percent in the years between 1980 and 1987. Asthma and other respiratory illnesses account for many days of lost school time each year. These illnesses are unsettling or frightening for families, and treatment can be very expensive.

It is now known that children who live in areas with high air pollution or in homes with cigarette smokers are more vulnerable to respiratory illnesses. Other environmental hazards which can also threaten children's health are lead, radon, man-made chemicals such as PCB's (polychlorinated biphenyls), and pesticides. All of these hazards can affect adults, too. Some reasons why we should be particularly concerned with their effect on Head Start children are:

First, children are at more risk from environmental contaminants than adults. Children breathe more rapidly than adults, their skin is more permeable, they engage in more hand-to-mouth activity, they absorb a greater proportion of many substances from the intestinal tract or lungs, and their immune systems are less developed. Their bodies are also in the process of growing and developing, and during times of growth body systems are more vulnerable to disruptions of the process with potentially serious long-term effects.

Second, members of low-income and ethnic minority groups have traditionally suffered more exposure to environmental contamination than people from more affluent communities. Low-income communities are often located in close proximity to industrial plants, incinerators, and landfills. This exposes the communities to pollution from manufacturing processes and hazardous waste. Minority workers are also more frequently exposed to environmental contaminants through low-paying work which requires contact with manufacturing chemicals, pesticides, and/or other agricultural chemicals. Poorer families may also have inadequate medical care and lack proper access to information regarding the potential health consequences of their exposure to environmental toxins.

For these reasons, children's health advocates, such as the American Academy of Pediatrics and the Children's Environmental Health Network, have called on government and research organizations to pay special attention to children's needs in the environmental health area.

Part of the reason for the increase in asthma in Susanna's county could be that it used to be primarily made up of family farms, but during the past 10 years things have happened to change this. Housing developments have sprouted up where farms used to be, and the area is now more suburban with large numbers of commuters driving to the city every day. Many farmers have sold their farms to large farming corporations and some of the corporations have initiated farming practices which require large amounts of crop dusting with pesticides, heavy applications of fertilizer, and the use of large numbers of migrant workers.

The Head Start program in Susanna's county has, consequently, become an important community resource. Families have gone to Head Start to learn how to protect themselves from the pollution which troubles their area, and how to prevent more pollution. As a result, Head Start and the families are collaborating with the county to increase bus service from the towns to the city, talking about alternative means of pest control with the agricultural corporations, and learning how to handle asthmatic episodes of children.

Do you wonder if you have lead in your water? Mercury in your paint? Pesticides on your produce?

The National Institute of Environmental Health Sciences in Research Triangle Park, North Carolina, has a toll-free telephone number to answer questions about risks associated with exposure to toxins in the environment. Anyone in the United States and Puerto Rico can call 1-800-643-4794 to ask questions. Or you can fax your questions to 1-919-361-9408.
Managing Risk

A manager might not be able to find a substitute and consequently find a volunteer to assist. In such an event that a manager is in non-compliance with two Head Start regulations. If any mishap occurs during this period, the insurance agency may consider such an event negligence and not cover it under liability insurance. The manager, who decided the staffing pattern, has knowingly created this situation and put the program at high risk.

Working in a demanding program environment, and offering uninterrupted Head Start services to the community requires planned managerial judgment. Managers must develop procedures to enhance decision making performance under stress. These procedures must be reviewed and approved by an attorney who has knowledge of Head Start and also of the individual program. When these procedures are in place, personnel and management decisions should meet the requirements of all applicable rules to ensure loss control.

Risk Reduction Strategies

To reduce litigation possibilities, Head Start programs must develop a feeling of trust with parents. Parents should be invited to visit programs and observe activities. Staff should talk with parents whenever they have concerns or questions. Staff should share important information with parents and solicit their support and understanding. People are less likely to sue if they trust the other party. If parents are involved in the program and have the opportunity to participate and observe, they will have the knowledge of “what is going on” in the program. So these efforts at parent involvement can assist the program in loss control and risk reduction.

One important aspect of risk management is clear, accurate, and timely documentation. Forms and documents must be reviewed for completeness and revised as necessary. Necessary details that can reflect staff’s efforts in a given situation should be maintained. Documentation requires time and the ability of staff to do it. Head Start managers must provide training on documentation requirements and must assure that staff has the skills to do so. Accurate records that can be useful in the event of any litigation should be kept.

Annual self assessments are a wonderful way to review how a program is managing risks. “What if” scenarios can be created to analyze how your program will respond in a situation. Would the response promote loss control or create a liability risk? Ongoing inspection of the total program—space, storage, records, toys, vehicles, program policies and procedures, staff behaviors—makes for proactive risk management. Head Start programs cannot afford litigation because loss control was overlooked. The safety of children, parents, and staff is too precious and cannot be left to chance or “good luck.” Head Start managers must provide ongoing training in risk management, and necessary resources to eliminate risk-causing situations.

To develop a proactive risk management system, develop a partnership with your insurance agent, attorney, finance director, and other local resources specializing in risk management for human services. The Child Welfare League of America, Risk and Insurance Management Society of New York, and Child Inc. of Texas are some organizations that can provide a wealth of resources in developing your risk management system. The journal, Risk Management, is also a good source of information.

Things to Consider When Purchasing or Renting Facilities:

- Does the community experience any flooding, mud slides, or extremely hot or cold temperatures? (If so, then you need to determine if the site is suitable under these conditions.)
- Are your staff or consultants aware of Federal and local environmental regulations for existing and new facilities, such as testing for radon or pesticides, soil testing for lead or other pollutants, environmental study and clean up, or the removal of materials (like asbestos or underground oil tanks)?
- Does the community have any problems with water quality or the availability of trash removal?
- Have you reviewed the recent references of contractors who are hired to complete special jobs, such as the clean up or removal of hazardous material? (It is advisable to rely on an environmental specialist to determine if the facility and the immediate neighborhood are free of environmental hazards; and if hazards are discovered, to advise the proper corrective action.)
JANUARY 1995


22-28 National Glaucoma Awareness Week. Contact: National Society to Prevent Blindness/Prevent Blindness America, 500 East Remington Road, Schaumburg, IL 60173-4557. (708) 843-2020.

FEBRUARY 1995

1-28 Black History Month. Contact: Association for the Study of Afro-American Life and History, Inc. 1407 14th St., NW, Washington, DC 20005 (202) 667-2822, or National Womans History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000; Fax (707) 838-0478.

1-29 National Children's Dental Health Month. Contact: American Dental Association, Dept. of Public Information and Education, 211 E. Chicago Ave., Chicago, IL 60611. (800) 621-8099.

1-29 American Heart Month. Contact: American Heart Association, 7320 Greenville Ave., Dallas, TX 75231. (214) 373-6300.


MARCH 1995


1-4 Annual Conference-Learning Disabilities Association (LDA) of America. Orlando, FL. Contact: Jane Peterson, LDA, 4156 Library Road, Pittsburgh, PA 15234. (412) 341-1515.


1-31 Red Cross Month. Contact your local chapter or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.

1-31 National Women's History Month. Contact: National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000.


17-19 National Child Care Association (NCCA) Annual Conference. Las Vegas, NV. Contact: Lynn L. White, Executive Director, NCCA, 1029 Railroad St., Conyers, GA 30097. (800) 543-7161; Fax (404) 388-7772.
MARCH 1995 - continued:

17-19 National Center for Montessori Education (NCME) National Conference. Newport Beach, CA. Contact: Kristin Cook, NCME, P.O. Box 1543, Roswell, GA 30077. (404) 434-1128.

19-25 Children and Hospitals Week. Contact: Trish McLean, Coordinator, Association for the Care of Children's Health, 7910 Woodmont Avenue, Ste. 300, Bethesda, MD 20814. (301) 654-6549, ext. 301.

25-28 Association for Supervision and Curriculum Development (ASCD) Annual Conference. San Francisco, CA. Contact: Margaret Murphy, ASCD, 1250 N. Pitt St., Alexandria, VA 22314. (703) 549-9110.


APRIL 1995

1-30 Cancer Control Month. Contact your local office of the American Cancer Society.


5-8 National Coalition for Campus Child Care, Inc. Phoenix, AZ. Contact: Maureen Duane, Arizona State University, Downtown Center, 502 East Monroe, Phoenix, AZ 85004-2337. (602) 965-9515.


6-9 American Bar Association Section of Family Law. Washington, DC. Contact: Glenda Sharp, American Bar Association, Section of Family Law, 750 North Lakeshore Drive, Chicago, IL 60611. (312) 988-5603, Fax (312) 988-6281.


20-23 Annual Save the Children (STC) Family Child Care Technical Assistance Conference. Atlanta, GA. Contact: Nancy Barron, Conference Coordinator, STC, 1447 Peachtree St., NE, Ste. 700, Atlanta, GA 30309. (404) 885-1578, Fax (404) 874-7427.


23-29 RIF - Reading is Fun Week. Contact: Reading is Fundamental, 600 Maryland Avenue, SW, Washington, DC 20560. (202) 287-3220.


29 Forum on Children's Issues (FCI) Conference. Los Angeles, CA. Contact: Conference Coordinator, FCI, 225 Arizona Ave., 2nd Floor West, Santa Monica, CA 90401. (310) 576-7700, Fax (310) 576-7701.
Raising Children Toxic Free: How to Keep Your Child Safe from Lead, Asbestos, Pesticides, and Other Environmental Hazards

by H. L. Needleman and P. J. Landrigan

Two experts on environmental diseases offer the first guide for parents and physicians on how to realistically control the threat to children's health from pollution.

They define the critical pollutants in today's environment, from asbestos and lead to radon and involuntary smoke, and they offer practical advice on how to reduce their effects at home and in the larger environment, including at schools and on playgrounds.

1994. Available from:
Farrar, Strauss and Giroux
19 Union Square, West
New York, NY 10003
(800) 788-6262
(212) 741-6900

This publication was recommended by the Children's Environmental Health Network, a national project whose purpose is to prevent child exposures to environmental hazards.

The Network includes research, policy, medical, and advocacy organizations. For more information on this organization, contact:
Children's Environmental Health Network
5900 Hollis Street, Suite E
Emeryville, CA 94608
(510) 540-3657
(510) 540-2673 Fax

Pesticides in the Diets of Infants and Children

From the National Academy of Sciences' Committee on Pesticide Residues in the Diets of Infants and Children, this report examines pesticide use in agriculture and subsequent exposure to pesticides in the diets of infants and children. It examines infant and child development and explains how children metabolize pesticides differently from adults. The report focuses on perinatal exposure, food and water consumption by children, toxicity testing, Federal pesticide regulations, and current methods of pesticide exposure risk assessment. Statistics and extensive bibliographies are provided. 1993. 386 pp. Available from:
National Academy Press
2101 Constitution Avenue, NW
Box 285
Washington, DC 20055
(800) 624-6242
(202) 334-3313

Fifty Simple Things Kids Can Do to Recycle

Similar to the best-seller, Fifty Simple Things You Can Do to Save the Earth, this book is full of fun things for children to do to learn about recycling and to recycle at home and at school. Activities can be carried out by older children on their own, or are adaptable to the classroom setting for preschoolers. Available from the Earthworks Group. For a catalog of publications, contact:
Earthworks Press
2121 Bonar St., Ste. E
Berkeley, CA 94702
(510) 841-5866
(510) 841-7121 Fax

Reducing Radon Risks

This pamphlet, developed by the EPA and distributed by the National Safety Council, contains information on radon and how to protect your family from its effects. It lists State radon contacts, discusses radon testing, and tells how to obtain a radon test kit. Contact:
National Safety Council
PO Box 33435
Washington, DC 20033-0435
(800) SOS-RADON (767-7236)

Keep It Off The Curb

A comprehensive book which explains composting and recycling. It includes an extensive bibliography of organizations, books, and pamphlets of related information. 1994.

For an order form, or for a copy of the book, contact the publisher as follows:
Harmonious Technologies
P.O.Box 1865
Ojai, CA 93024
(805) 646-8030
Resources

Caring for Our Children
National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs

These guidelines were developed in a collaborative project between the American Public Health Association and the American Academy of Pediatrics. Topics include staffing; program activities for healthy development; health protection and health promotion; nutrition and food service; facilities, supplies, equipment, and transportation; infectious diseases; children with special needs; administration; and recommendations for licensing and community action. 319 pp. Available from:
American Academy of Pediatrics
Attn: Publications
PO Box 927
141 NW Point Blvd.
Elk Grove Village, IL
(800) 433-9016, ext. 76777

“Green” Advertising Claims

The Environmental Protection Agency, the Federal Trade Commission, and the U.S. Office of Consumer Affairs have jointly developed a free publication, “Green Advertising Claims,” about the accuracy of advertising claims which state that they are environmentally friendly, or “green.” The pamphlet discusses what certain terms mean, under what circumstances a product is less harmful to the environment, and how biodegradable products can benefit the environment if they are disposed of properly. Free. Item 580A. For a copy, write to:
Consumer Information Center
Dept. 580A
Pueblo, CO 81009
—You will also receive a free copy of the Consumer Information Catalog with your order. This catalog lists more than 200 free and low-cost Federal publications on a wide variety of subjects, including lead, second-hand smoke, allergies, indoor air quality, pesticides, radon, asbestos, radiation, and water quality. —

Good Earth Art
Environmental Art for Kids
by Mary Ann F. Kohl and Cindy Gainer

This volume has over 200 activities that use recycled and natural materials, and teach environmental responsibility. Each activity is coded for type of material, age range, group or individual project, and special safety concerns.
Collages, weaving, printmaking, wood-scrap sculpture, and painting activities are used to understand both science and nature. Extensive bibliography.
Infant to schooling. 224 pp. Available from:
Scholastic, Inc.
PO Box 7502450
Jefferson City, MO 65102
(800) 631-1586
(314) 635-5881

Reduce

Inside Story: A Guide to Indoor Air Quality

Available from the Government Printing Office (GPO), this guide describes the sources and health effects of indoor air pollution in the home and workplace. It also identifies problems and control techniques for indoor air pollutants, including radon, environmental tobacco smoke, lead, and household products. It contains illustrations, a glossary, and a list of additional sources of information. 1993. 36 pp. Sold in packages of 25. S/N 055-000-00441-2. $44/pkg. Available from:
Superintendent of Documents/GPO
PO Box 371954
Pittsburgh, PA 1250-7954

More Teaching Kids to Love the Earth
156 Environmental Activities for Parents and Other Teachers
by Marina Lachecki and James Kasperson

This sequel to “Teaching Kids to Love the Earth” employs the format of combining short stories, a central activity, ideas for additional activities, and a list of additional resources to help adults teach children to care for the earth. It serves as a resource and educational tool for parents, grandparents, elementary and middle school teachers, environmental educators, and group leaders.
Available from:
Pfeifer-Hamilton Publishers
210 W. Michigan
Duluth, MN 55802-1908
(218) 727-0500
(218) 727-0505 Fax

Earthways
Simple Environmental Activities for Young Children
by Carol Pettrash

This activity book empowers young children by teaching them earth-friendly ways of living. The nature and art activities explore environmental issues in ways children can understand and respond to. 206 pp. Available from:
Gryphon House
PO Box 207
Beltsville, MD 20704
(301) 595-9500
(301) 595-0051 Fax
(800) 638-0928

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**Resources**

**Household Hazardous Waste Project (HHWP)**

The HHWP develops and promotes education and action concerning household hazardous product identification, safe use, storage, proper disposal, and the selection of safer alternatives. HHWP provides training, consultation, educational materials, and an information service for concerns regarding household hazardous products and waste. It works with a broad range of communities to establish local programs which foster cooperation among groups addressing health, waste disposal, water protection, air protection, fire safety, recycling, and poison prevention.

For more information on this organization, contact:

Household Hazardous Waste Project
1031 E. Battlefield, Suite 214
Springfield, MO 65807
(417) 889-5000

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**EPA's “ACCESS Express”**

**ACCESS Express** is a quick reference guide to major EPA information, such as publication centers, clearinghouses and hotlines, and addresses of record centers that provide information on a wide range of issues. To obtain a copy, contact:

U.S. Environmental Protection Agency
Public Information Center (PIC)
401 M St., SW PM-33404
Washington, DC 20460
(202) 260-7751
(202) 260-6257 Fax
(800) 424-9346 for publications

This publication may also be ordered from the National Technical Information Service at (800) 553-NTIS, or the Government Printing Office at (202) 783-3238, Fax (202) 512-2250.

The PIC provides non-technical information about the EPA and environmental issues. Information is available from PIC on drinking water, air quality, pesticides, radon, indoor air, and many other environmental topics.

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**Let's Talk Trash**

_by Kelly McQueen and David Fassler, M.D., with the Environmental Law Foundation_

This book addresses one of the major environmental issues facing the world today: solid waste disposal. Written with the help of children between the ages of 5 and 12, it discusses trash and the different ways in which it can be handled, with an emphasis on recycling. It introduces the topic and encourages further thought and discussion to help all children understand and explore this complex topic. Available from:

Waterfront Books
98 Brookes Avenue
Burlington, VT 05401
(802) 658-7477

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**My Book about Staying Safe Around Lead**

This booklet from Channing L. Bete is a coloring book for children to help them understand the dangers of lead. Available from:

Channing L. Bete Co., Inc.
200 State Road
South Deerfield, MA 01373-0200
(800) 628-7733
(413) 665-2671 Fax

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**Worms Eat Our Garbage**

_by Mary Appelhof_

Thousands of people have used this book to setup worm composting systems. It is a very simple book which can be used to develop activities for preschoolers. Worm composting teachers about recycling, plants, animals, and more. 1982. Flower Press also has a curriculum manual based on the book, and a video. For more information, contact:

Flower Press
10332 Shave Road
Kalamazoo, MI 49002
(616) 327-0108

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**Beautiful Junk: Creative Classroom Uses for Recyclable Materials**

_by Karen Brackett and Rosie Manley_

Over 200 creative ways to recycle boxes, cans, and other throwaways into classroom equipment and materials. A good source for parent gifts. Preschool to schoolage. Softbound, 78 pp. Contact:

Redleaf Press
450 North Syndicate, Ste.5
St. Paul, MN 55104-4125
(800) 423-8309
(612) 645-0990 Fax
Nontoxic, Natural, and Earthwise: How to Protect Yourself and Your Family from Harmful Products
by Debra Lynn Dadd

This publication rates 2,000 products, plus 400 do-it-yourself formulas. Available from the National Center for Environmental Health Strategies (NCEHS), a national non-profit organization that fosters the development of creative solutions to environmental health problems. The Center provides clearinghouse, educational, referral, support, and advocacy services. For more information on this organization, or to obtain this publication, contact:

NCEHS
1100 Rural Avenue
Voorhees, NJ 08043
(609) 429-5358

Child Health Guide, from the “Put Prevention Into Practice” Campaign

This handy, pocket-sized guide provides helpful information about immunizations, medical exams, child development, and preventive care. Also contains several charts to track your child's growth, medical tests, and exams, plus a section on lead. 40 pp, 1994. HHS Item 150A. $1. To obtain a copy of this guide, write to:

R. Woods
Consumer Information Center
Pueblo, CO 81009

For information about the “Put Prevention into Practice” Campaign, write to: Put Prevention Into Practice, National Health Information Center, PO Box 1133, Washington, DC 20013-1133.

Signs of Lead Poisoning from the Alliance to End Childhood Lead Poisoning

The Alliance offers a free information packet on lead poisoning. It includes signs and symptoms to watch for, when to consult a physician, and ways to avoid contamination. For more information, contact:

Alliance to End Childhood Lead Poisoning
227 Massachusetts Ave., NE
Suite 200
Washington, DC 20002
(202) 543-1147
(202) 543-4466 Fax

For information about the Alliance to End Childhood Lead Poisoning, write to: Alliance to End Childhood Lead Poisoning, 227 Massachusetts Ave., NE, Suite 200, Washington, DC 20002.

A Parent's Guide to Asthma
by Nancy Sander

“For children who have asthma, a teacher's involvement can make a monumental difference,” writes Nancy Sander, author and founder of Mothers of Asthmatics, Inc., now the Allergy and Asthma Network (AAN). AAN publishes the monthly newsletter MA Report, as well as other resources for children, families, and schools on asthma trends and topics, including how to deal with environmental influences on asthmatics.

For more information on this organization, and on its publications, contact:

AAN
3554 Chain Bridge Road
Ste. 200
Fairfax, VA 22030
(800) 878-4403

Reduce Reuse Recycle

Off to School with Food Allergies: A Guide for Parents and Teachers
by Robert S. Zeiger, M.D., and Anne Munoz-Furlong

This guide is available from the Food Allergy Network (FAN), along with other publications for parents and teachers on the topics of allergies. FAN also publishes The Food Allergy News, a newsletter which covers current allergy trends and topics.

For information on this organization, and on its publications, contact:

FAN
4744 Holly Avenue
Fairfax, VA 22030
(800) 929-4040
Resources

The Way We Grow
Good-Sense Solutions for Protecting our Families from Pesticides in Food
by Anne Witte Garland with Mothers & Others for a Livable Planet.
Forward by T. Barry Brazelton, M.D.

This book deals with how to protect families from pesticides in food, a serious topic that concerns many parents. Good, solid information is necessary to be able to understand the problem, along with a practical plan to solve it—both of which are found in this book. Also includes information about ensuring a cleaner environment and a safer food supply for future generations. 90 pp.

In addition to this publication, Mothers & Others has a household hazardous waste guide, a home products inventory guide, and a newsletter, The Green Guide for Everyday Life. To obtain these materials, contact:
Mothers & Others for a Livable Planet
40 West 20th Street
New York, NY 10011

Diagnostico y Tratamiento de los Envenenamientos con Plaguicidas

A Spanish guide for the diagnosis and treatment of pesticide poisonings. Includes an index of specific symptoms and signs helpful in identifying the pesticide responsible for the problem. 1982. 122 pp. Item No. PC094. Available from:
National Clearinghouse for Primary Care Information
8201 Greensboro Drive
Suite 600
McLean, VA 22102
(703) 821-8955, ext. 248
(703) 821-2098 Fax

From the National Cancer Institute

The Federal government, through the National Cancer Institute's Cancer Information Service, recommends the following materials for Head Start programs:

Clearing the Air: A Guide to Quitting Smoking. This pamphlet, designed to help the smoker who wants to quit, offers a variety of approaches to cessation. 24 pp. (Maximum order, 200 copies).

Guia Para Dejar de Fumar. This booklet is a full-color, self-help smoking cessation booklet prepared specifically for Spanish-speakers. 36 pp. (Maximum order, 100 copies.)

To order these publications, or for inquiries on additional publications or materials, contact:
Cancer Information Service
Office of Cancer Communication
Bldg. 31, Room 10A-16
9000 Rockville Pike
Bethesda, MD 20892
(800) 422-6237

“Household Hazardous Waste” Chart

The Water Environment Federation (WEF) offers a free Household Hazardous Waste chart for use in disposing of potentially hazardous material around the home or school. WEF is a not-for-profit technical and educational group of water quality experts. Many of these experts act as classroom resources through the WEF Adopt-A-School program. The program encourages local members to “adopt” schools by providing guest speakers, presentations, and tours of water treatment plants, plus videos and other resources on water quality.

For the name of your State or local public education Adopt-A-School program, or for a copy of the chart, contact:
WEF Public Education Department
601 Wythe Street
Alexandria, VA 22314-1994

Skill Building Blocks
Environmental Awareness Booklet

This booklet from the Institute for Child and Family Studies (ICFS) at Texas Tech University, and developed by Mary Tom Riley, Ed.D., is intended to raise the awareness of Head Start administrators, parents, and children to the problems of pollution.

The book is divided into five major sections: An Introduction; Reducing Our Impact on the Planet; If you Don’t Like the World - Change it; Getting the Children Involved; and a comprehensive listing of resources.

The booklet is very readable and thought provoking. A limited supply, however, is available. For a free copy, contact:
ICFS
Texas Tech University
Box 41162
Lubbock, TX 79409
Attn: Beccy Williams

Reduce-Reuse-Recycle

Environmental Awareness

More than 120 fun, practical environmental activities for young children are included in this Learning & Caring About series from Totline Books. It also has reproducible parent flyers. 80 pp. Item WPH 1201.

Available, along with a publications catalog, from:
Totline
Warren Publishing House, Inc.
PO Box 2250
Everett, WA 98203
(800) 773-7240
Nature's for ME is a program designed by the Steel Recycling Institute to provide environmental and recycling education activities for the educators of preschool age children. The program was developed and tested by a team of Head Start teachers, parents, and administrators and is an adaptation of the Project WILD Ohio Preschool/Head Start activity guide from the Ohio Department of Natural Resources, Division of Wildlife.

The curriculum and accompanying kit includes a reusable box printed with wildlife drawings, a "How Do You Color Recycling?" coloring poster, a magnet, and a new steel can.

For additional information about this program, contact:
Steel Recycling Institute
680 Andersen Drive
Pittsburgh, PA 15220-2700
(412) 922-2772
Painting, dancing, singing, block building, puzzle solving, story telling, picture reading, talking with peers and adults, taking field trips, pretending, creating with clay, and listening to stories—are some of the many ways in which children use their "senses" to learn about their environment and deepen their understanding of the world they live in. The five senses of hearing, seeing, touching, tasting, and smelling—all support children in their quest for knowledge and skills.

In Head Start, staff and parents diligently strive to identify and consistently implement a curriculum that is culturally meaningful and age and developmentally appropriate. We are committed to doing this because we understand, through a foundation of child development, that children have different levels of ability, are at different stages of development, and use different learning styles.

Head Start supports learning and skill development through the interests of children and understands how the thoughtful selection of program activities, equipment, and materials facilitates the development of reasoning, problem solving, and decision-making skills.

Each day, Head Start staff in both the center-based and home-based program settings do many things to promote learning through the use of the senses. Let's look at a few examples:

Arrangement of the Environment

* Providing indoor environments that are safe, well organized, attractive, and which allow all children opportunities to learn creatively and actively. (continued on page 3)
Beauregard Parish Head Start Provides the Right Environment

In DeRidder, Louisiana, Mary V. Self, a Beauregard Parish Head Start center teacher, lets the children have free play in the early morning arrival so that she can determine their emotional outlook. The children love to express themselves during this time, she feels, and she says that "a child cannot learn when he is not happy with himself or his environment."

Creating art.

Mary also feels that teachers have a great responsibility to provide a pleasant environment for the children—as well as a pleasant appearance and behavior.

Submitted by Beauregard Parish Head Start, 304 Martin Luther King Drive, DeRidder, LA 70634. Center Director: Estella Scott.

Setting up housekeeping.

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Head Start Bulletin is published six times a year by the Head Start Bureau, Administration on Children, Youth and Families, Department of Health and Human Services.

Editorial inquiries should be addressed to: Head Start Bulletin, P.O. Box 1182, Washington, DC 20013.

Purpose: To enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.
Let's Begin to Count the Ways...

* Making outdoor settings available which encourage child movement and exploration, and expand learning which begins indoors.

_Providing Materials and Equipment_

* Introducing an assortment of materials and equipment suitable to the appropriate ages and stages of development of the children.

* Providing interest areas and complexity of materials which can be changed as a child's time in the program increases.

* Giving children the opportunity to learn through their selection and manipulation of available and appropriate materials.

_Selection of Activities_

* Selecting activities that are attractive and appealing to children's interests and curiosity.

* Using self-selecting and self-sustaining activities which encourage problem solving, experimentation, and exploration through the use of the senses.

_Use of Time_

* Letting children understand that they are allowed to finish their work, which demonstrates respect for their choices and efforts, and which promotes a sense of satisfaction.

* Following a daily schedule which provides uninterrupted blocks of time for children to choose activities and guide their own learning—individually and in small groups.

Head Start provides sensory learning experiences for children to grow and develop. Through daily opportunities for children to explore, manipulate, investigate, and express themselves, staff and parents are able to see and nurture the growth in children. (You may want to add your own examples under the topic headings above, capturing the various ways in which your Head Start program promotes children's learning through the use of the senses.)

While Head Start continues to offer a broad spectrum of sensory experiences for children, Head Start also needs to give attention to enriching Head Start programming. How can this be done? The following are some ways in which Head Start can continue to build the curriculum and also foster sensory learning:

* Providing a high quality, comprehensive child development program based on developmentally appropriate practices in both home and center settings.

* Providing parents with concrete experiences that help them understand how children grow and learn.

* Providing opportunities for staff and parents to increase their understanding of how their attitudes and approaches can help children maintain their successes and their motivation to go on learning.

This Bulletin should be considered as a resource for staff development and parent involvement. It contains articles written by local Head Start staff and other early childhood experts—each with concrete ideas on sensory learning.

Please write and let me know the ways in which your program is supporting children's sensory learning. Address your correspondence to: E. Dollie Wolverton, Head Start Bureau, PO Box 1182, Washington, DC 20013.
Some Strategies for Guiding Developmentally Appropriate Sensory Learning Experiences (ages 3 to 5)

Are the materials selected those that:
- Children will naturally gravitate to for play?
- Provide opportunities for the development of perceptual abilities through total involvement of the senses (perception of color, size, shape, texture, hardness, sound, etc.)?
- Encourage self-directed problem solving and experimentation?
- Children act upon, cause to move, or that encourage children's observations of changes?

Do the experiences that evolve from children's play with the materials:
- Provide opportunities for the teacher to extend the child's learning by asking questions or making suggestions that stimulate children's thinking?
- Allow for additional materials to be introduced gradually to extend children's explorations and discoveries?
- Allow for differences in ability, development, and learning style?
- Allow for children to interact freely with other children and adults?
- Encourage children to use their senses to observe, compare, classify, predict, communicate?
- Allow for the integration of curriculum areas?

Adapted from Theoretical Framework for Preschool Science Experiences, by Robert F. Smith

The Importance of Sensory Experiences

The following diagram provides a sampling of sensory experiences which are appropriate for use with young children. Adults can expand on these activities as their children's interests and involvement with the materials guide them into new areas of discovery.

**TASTING**
- Food Textures: Describe foods as you eat them; “peanut butter, crunchy” celery, etc.
- Taste Surprise: Close eyes, taste food, and guess what is being sampled (carrot, cracker).
- Food Preferences: Make a graph, book, or collage of favorite foods.
- Tongue Sections: Focus on areas of taste sensations—front or tip: salty and sweet; back: bitter; side: sour; and center: very little taste sensation.

**SEEING**
- Classification: Sort objects by color.
- Color Bottles: View world through plastic bottles containing red, yellow, and blue water.
- I Spy: Children guess. "I spy something red!"
- Magnifiers: Look through jars filled with water.

**TOUCHING**
- Feely Box: Guess object by touch only.
- Sensory Table: Water, sand, sawdust, nature items, torn newspaper.
- Texture Sorting: Hard and soft, bumpy and smooth, wet and dry.
- Textured Rubbings: Place object under paper and rub with side of crayon.

**HEARING**
- Find the Clock: Children search for hidden wind-up clock by listening for sound.
- Body Sounds: Explore sounds of different body parts (clap, stamp, snap, tongue clicking).
- Sound Jars: Match two covered jars or empty film canisters which contain the same item.
- Tape Recording: Tape children’s voices or familiar sounds; listen to identify sounds.

**SMELLING**
- Smell Match: Match scent to picture.
- Scented Play Dough: Add fragrance to play dough.
- Room Fragrance: Bring in pine needles, flowers, potpourri.
- Smells Around Us: Smell common objects in the room such as crayons, rubber boots, wooden blocks, etc.

Printed by Foundations Preschools, Inc., De Pere, Wisconsin, for National Head Start Bulletin, for use with Head Start Parents and Staff.
Right now, you would have to be living in a terribly remote region of the world not to have heard about the recent emphasis on family literacy. Satellites, cable television, computer networks, and other media are spreading the word on the importance of children and parents being involved in literacy. Head Start programs read daily to children, organize classroom writing centers, and make sure that all parents have received and use library cards. Yet most efforts have concentrated on perspectives related primarily to reading and writing. But the creative process can also construct important literacy bridges.

Early childhood educators have frequently seen the relationship between literacy and the arts, and how drawing, singing, and dancing all contribute to children's understanding and representation of their world. Observing the children in her classroom, one teacher saw that a variety of methods were used by them as they built literacy frameworks and communicated with representational symbols.

Educators are strongly encouraged to utilize a variety of mediums and activities to enhance literacy development. Paintings, drawings, and even sculptures convey thoughts, emotions, and concepts as children physically represent abstract concepts.

Literacy should not be confined to the writing center and the library but extended throughout the classroom. Writing materials must be present in all learning centers so that children can create signage for materials; "correspond" with classmates, staff, and families; or keep journal records of significant events.

Creative dramatics and movement also offer limitless opportunities for children to recreate, and to represent, activities using graphic arts materials. For instance, one teacher constructed props for a reenactment of "The Very Hungry Caterpillar" by Eric Carle. Hollow blocks were placed to form a stage and chairs were arranged for the audience. Admission tickets were made by the children and collected by ticket takers before each performance. There were several performing companies so that all interested children could participate. The play was continued by the children for almost three weeks. What a creative manner to display literacy in action!

Field trips and resource people also provide creative literacy opportunities. For example, after one center bus driver showed the children how she pre-checked her bus, the children were driven to the local car wash where they helped wash it down. Many of the children later wrote and illustrated stories about this adventure.

Parents and educators alike recognize the importance of reading to young children and providing appropriate role models. Yet we need to avoid limiting ourselves and children to traditional approaches. By extending our creative horizons, we can assist children in making a link between early literacy experiences and future development.
Dramatic play provides excellent opportunities for teachers to encourage the emerging literacy skills of Head Start children. Strategies range from simply adding pads of paper and pens to the “fast food restaurant” or the “hospital,” or to developing a carefully planned intervention such as a “library” dramatic play center with individual library cards, signs for different sections, card catalogs (with picture and words), a check-out system, rubber stamps, overdue notices, and more.

In any dramatic play situation teachers can help promote literacy by helping children in very specific ways. Some examples are making signs that the children need (such as “People Working” during house building dramatic play), helping children write their names or friends’ names (to identify X-rays or medical charts during doctor’s or dentist’s office dramatic play), or reading mail that is sent during post office dramatic play.

It is always best to arrange a field trip to visit the real place before setting up a dramatic play center (children learn most effectively by moving from the concrete to the abstract, and from the global to the specific). While there, help the children see all the ways writing and reading can be used to communicate with others, remember things, learn, etc. Then plan the dramatic play center with the children. When you write down their ideas and help organize the children and their tasks to put together the dramatic play area, you are effectively modeling and promoting literacy.

Examples of dramatic play ideas from some Head Start classrooms include:

- **Pizza Shop and Delivery:** Stock with pizza cartons, playdough (for the pizza and toppings), aprons, hats, toy phones, plastic pizza cutters, spatulas, order pads, pens, play money, pretend checks and credit cards, calculators or cash registers, and cars made with hollow blocks from which the children take orders, deliver to pizza, take money, make change, sign checks, etc.

  The whole room can be transformed and involved as the pizza gets delivered to the home, they “drive” in the block area, make the pizza at the playdough table, pour drinks at the water play table, and more. Teachers will promote literacy by modeling and helping the children to write orders, calling the orders out to the cooks (reading), and asking questions or commenting to deepen children’s engagement and add complexity to the play, such as comments and questions like, “I think you have a customer waiting,” “I would like to order a large cheese pizza and three cans of juice,” “Perhaps you can write it down on this pad,” and “Would you like to be the cook or a delivery person?”

- **Auto Repair Shop:** Stock with well-washed oil cans, tools, clean car parts, small tires, tire gauges, steering wheels, rubber hoses, jumper cables, nuts and bolts, clamps, calculators or cash registers, play money, play checks and credit cards, order forms, receipts, pens, cans, and tow trucks made from hollow blocks and cardboard boxes, gas pumps made from rubber hose pieces and large cardboard boxes, and magazines and chairs for the waiting room. The children tow cars, drive cars to be repaired, write down orders, give numbers, repair cars, read in the waiting room, “write” bills, pick up the cars, pay bills, fill out insurance forms, etc. As with Pizza Shop and Delivery, teachers can promote literacy by active involvement in the play acting by taking on specific, non-leadership roles (i.e., customer).

  When children write to communicate, pretend to read, or imitate ways that adults write and read, literacy development is effectively encouraged. This is not “pre-reading” or “pre-writing,” but actual reading and writing that is appropriate for preschool aged children.
For the past eight years I have been an affiliate artist with the Wolf Trap Institute for Early Learning Through the Arts. The focus of my work has been to integrate multisensory learning into storytelling and story dramatization. Through my work with hundreds of preschool and special needs children, I have discovered that when new language experiences (new words or word patterns) are presented along with sensory experiences, they are more easily comprehended.

For example, when I first introduce the word “sunshine,” I have the children dip their pinky fingers in a pool of honey served on a paper plate (to keep this hygienic, have the children wash their hands before story time and rotate the plate before serving each child). Honey suggests, of course, the golden color of the sun, but also the stickiness of heat and the sweet, happy sensations we all associate with sunny days.

The best way to start working with sensory props is to identify one per story. For example, if a story involves rain or a rainy day, bring in a spray bottle; if it’s about winter or cold, use ice; if flowers are in the story, put perfume on each child’s nose; if a story involves food or a meal, work the story into snack time.

The props can be introduced either before beginning the story or as they occur, wherever the storyteller feels most comfortable taking time to organize and distribute the props. Remember, children will wait for something interesting and exciting, and an aide can help with the logistics. (But remember, if the children’s hands or faces are sprayed with “rain” before the story begins, they will already be wet when the rain section comes up.)

As storytellers grow more comfortable working with props, they can gradually add more to the story circles. When I tell the story *Goodnight Moon*, by Margaret Wise Brown, a flashlight is my primary prop. I close the drapes and shine it on the ceiling to represent the moon. I tell the children that this is a story about the moon and talk about its shape, color, and appearance. Next I shine the flashlight on the pages of the book as a reading light. After all the objects in “the rabbit’s bedroom” have been named, I take the flashlight and shine it on some of the objects in our classroom (the blackboard, the chairs, the playhouse, etc.) This way the bedroom in the story becomes part of our classroom and the classroom part of the story.

Then, as the bedroom in the story grows darker, I hand out rectangles of blue acetate (available for a dollar a sheet at most art supply stores) for the children to look through. First we read the book through these “glasses” and then look at objects and areas in the classroom. The more times the book is read the more verbalizations the children can do as the pages are turned or the different objects in the classroom are pointed to. This story could be used to talk about color as well as light and dark; for example, asking what color different people and objects are when looked at through the glasses.

If storytellers feel like getting fancy, they can add a second pair of “red glasses” (red acetate). This will make the room go from blue to purple and the story can then be used to discuss both color and color mixes.

Working with sensory props is intimidating at first, but when storytellers take the plunge they will discover how successful it is. Props are a lot of fun, and they do not distract the children. In fact, they tend to focus the children. And storytellers will have fun too, and they can surprise themselves with new ideas that they can come up with.

Dramatic story play in the New Hampshire Estates Elementary Head Start in Silver Spring, Maryland.
Northern Arizona's population is culturally diverse and includes significant numbers of Anglos, Blacks, Hispanics, and Native Americans from five different tribes. NACOG Head Start covers four counties and 37,000 square miles. It serves 1,354 children in 22 centers and 14 home-based sites. The home-based program provides an excellent opportunity to use the rich culture of enrolled families as part of the learning experience.

Home-based staff encourages all home-based families to pass on their rich culture to their children. By talking with families, staff can easily incorporate culturally relevant experiences into an early childhood learning program, and sensory motor learning can be stimulated through activities that use cultural elements within the home. Using typical art and music is also an effective way to develop culturally relevant learning experiences.

The Bakers of Chino Valley are an example of this type of approach. They proudly teach the Navajo and Anglo cultures to their two older children and to 3-year-old Leah, a Head Start enrollee. For example, Mr. Baker's pride in the care of his 37-year-old horse, and Leah's grandmother's skill in Indian beadwork reflect the family's Navajo heritage. Asking Leah to feel the texture of the horse's coat or to string beads helps her to learn about her Navajo heritage, and develop sensory motor skills.

Mrs. Martinez, another home-based parent, further illustrates this concept by modeling for her children. She grinds corn on a metate and makes tortillas. Both of these activities are experiences that meet the program's nutrition information objectives, and encourages sensory motor learning in her children.

At NACOG, sensitivity to all cultures is stressed as the most effective means of working with multicultural families. Hiring of an ethnically diverse staff is promoted, as well as cultural awareness training. Families, staff, and other organizations are also resources that can help meet families' needs. But most important at NACOG is respect for each family's rich culture and incorporating it into the learning experience.

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**Learning through Storytelling**

*Steve Otto, Storyteller and Consultant to Region VII TASC, Raytown, Missouri*

You've seen it! That gleam in their eyes when their imaginations kick in! Preschoolers have limitless imaginations. But preschoolers are also inundated with the visual medium. From birth they are fed a steady diet of TV. Talk to them, and you will find that their heroes are often those they "meet" daily through their "electronic babysitter." But the potential of learning through storytelling gives teachers and parents new tools with which to increase the potential of each child.

As a full-time professional storyteller, I always start my storytelling with this question: "You all know that when your parents or teachers read you a book, they hold it so you can see the pictures. Well, I have a problem. I don't have a book. What are we going to do?" That throws them for a minute, then one will usually say, "We could use our imaginations!" And then I know I have them hooked!

Drawing pictures in our minds is an ideal example of an interactive game. Children have the ability to make any story their own by imaging what is being told to them. And the wonderful thing is that when children (or adults, for that matter) learn by imaging, the material is retained! So how can you make use of storytelling techniques? Do the following:

- Have children visualize the story in their minds instead of giving them a picture.
- Have children tell the stories back to you in their own words.
- Tell familiar stories with a different point of view, such as "The Real Story of the Three Pigs" or "Goldilocks and the Four Bears," then have the children make up stories to other fairy tales.
- MOST IMPORTANTLY, encourage children to use their imaginations!
In the home and center settings many things can be done to promote the creative process in emergent literacy, along with conceptual thinking and problem-solving skills. It is logical to consider emergent literacy and conceptual thinking together as they are related developmentally, and because children of preschool age (3, 4, and 5) are naturally developing these skills. In considering ways to promote emergent literacy and logical thinking/problem-solving skills, the physical environment and the learning environment created by the teacher are critical.

Knowing that children are active learners and use their senses to construct an understanding of their world, some examples of an enriched environment include:

- **Play**: Providing props which invite the use of labels, signs, and writing utensils in a meaningful context.
- **Music**: Showing relationships between music, written music symbols, and words in music.
- **Movement**: Suggesting movements like those described in stories and poems.
- **Drama**: Providing opportunities for dramatic play with puppets, props, furniture, and costumes.
- **Visual Arts**: Having good quality art available for children to experience.

To enrich a learning environment, children's efforts should be recognized and they should be encouraged to explore, create, and think. Adults do this in large part by the kinds of questions they ask. Open-ended questions are imperative in developing conceptual thinking and problem-solving skills. (Questions such as: What if?...How could we solve that problem?...Is there another way to do that?...What might happen if?...What does it feel like, taste like, sound like?) Adults should resist the impulse to simply answer children's questions without letting them think about and answer their own questions.

Since the home is where "real" problems occur and are solved, what better laboratory than the home to promote conceptual thinking and problem-solving skills using everyday activities and situations.

The real "strength" of the home-based program consists of what happens in the home between the parents and their children. The home visitor's role is to assist the parents in knowing the importance of providing a stimulating and caring environment, and in recognizing and using the resources that are available to parents, such as time, teaching opportunities, everyday activities, and materials in the home.

Some examples of the ways in which home visitors can fulfill their roles include:

- Home visitors can share concepts with parents on the importance of play, reading to children, listening to children, and providing learning materials. They can use examples and written materials, and share their own knowledge of child development principles and appropriate practices.
- Home visitors can help parents recognize ways to take advantage of everyday activities, whether to reinforce the creative process, emergent literacy, concept development, or problem solving.
- Home visitors can help parents plan ways to expand and enrich the environment with activities in and around the home, such as gathering and suggesting materials to be used for creative experiences, collecting props for play, using labels, or planning special experiences for the children (field trips, reading time, etc.)
- Together home visitors and parents can plan home activities which foster the creative process in emergent literacy and conceptual thinking/problem solving for the children.
- Home visitors can help parents plan the learning environment and suggest activities when children and parents are brought together for socializations. If socializations are held in a Head Start classroom, a rich learning environment can be provided using the creative materials, props, music, and activities available in the classroom.

We are all affected by our environment. Our physical surroundings affect how we feel, how comfortable we are, how we relate to others, and how successfully we accomplish what we set out to do.

For young children, the environment is particularly important. The size of the classroom and outdoor play areas, the colors of the walls, the type of furniture and flooring, the amount of light, and the number of windows all influence how children learn.

You can do many things to create a supportive and interesting environment for young children. Thoughtful arrangement of the indoor and outdoor environments will support your goals for children.

A classroom for young children benefits from having clearly defined, well-equipped interest areas that are arranged to promote independence, foster decision making, and encourage involvement. When the room is divided into interest areas, children are offered clear choices. An area set aside for books, art, or table toys provides opportunities for quiet play. Areas set aside for dramatic play, block building, woodworking, or large muscle experiences give children options for active play.

The following guidelines should be considered in arranging your interest areas:

- Separate noisy areas from quiet ones (e.g., blocks and house corner together, library and table toys on another side of the room).
- Clearly define each area using shelves and furniture.
- Display materials at a height accessible to children so they can see what choices are available.

In the Creative Curriculum, the environment typically includes space for the following activities:

- Blocks
- Sand and Water
- House Corner
- Library
- Table Toys
- Outdoors
- Music and Movement
- Art
- Cooking

To further enrich the program, add space for cooking and computers.

The following floor plan illustrates what a “creative classroom” might look like:
Developmentally Appropriate Practice in Movement Programs for Young Children Ages 3-5

Steve Sanders, Assistant Professor, Auburn University, Auburn, Alabama

This article includes excerpts from a position statement of the Council on Physical Education for Children (COPEC) entitled “Developmentally Appropriate Practice in Movement Programs for Young Children 3-5.” Dr. Sanders is a member of the committee which developed the document and is the author of the book, “Designing Preschool Movement Programs.”

Within the past 10 years, the education of young children has become a major focus of public attention. The proliferation of preschools, child development centers, and other child care programs (including Head Start) for 3- to 5-year-old children has resulted in increased interest in the education of this age group.

In the mid-1980’s, the National Association for the Education of Young Children (NAEYC) published a series of position statements which described developmentally appropriate practice for children from birth through age 8. In 1994, the Council on Physical Education for Children (COPEC) developed a document containing developmentally appropriate guidelines in movement programs for young children, which was modeled after the NAEYC guidelines.

“Developmentally Appropriate Practice in Movement Programs for Young Children” was written for teachers, parents, school administrators, policymakers, and other individuals who provide educational programs for 3- to 5-year-olds. It is intended to provide specific guidelines to assist in recognizing practices in movement programs that are in the best interests of children (appropriate) and those that are counterproductive or even harmful (inappropriate).

It is COPEC’s belief that a general “activity” oriented program consisting primarily of traditional games and dancing is not an appropriate process for maximizing children’s physical development. A more appropriate approach for this age group would be to focus on basic motor skills and movement concepts and use these activities to assist in a child’s total development.

In providing movement programs for young children, there are five basic premises that need to be understood:

1. Children 3-, 4- and 5-years-old are different from elementary school-aged children;
2. Young children learn through interaction with their environment;
3. Teachers of young children are guides or facilitators;
4. Young children learn and develop in an integrated fashion; and
5. Planned movement experiences enhance play experiences.

The 25 components of the COPEC document are written so that teachers can use them to assist in designing appropriate programs. For example, one component suggests that appropriate curriculum practice would be to focus on providing children with a balance of skills and concept-related experiences to enhance cognitive, motor, affective, and physical development of individuals while staying away from activities that require all students to participate in large group games. Another component de-emphasizes fitness activities such as running laps or calisthenics, and instead suggests that for young children fitness be considered a by-product of participation in regular physical activity. Another component suggests that it is inappropriate practice for young children to be in situations where they are waiting in lines for a turn in a relay race, to be chosen for a team, or are asked to play mostly sedentary games, such as “Duck, Duck, Goose.” Appropriate practice would be to encourage all children to be involved in activities which allow them to remain active throughout participation.

Other components deal with appropriate and inappropriate practices involved with teaching strategies, assessment, games, dance, gymnastics, competition, class size, success rate, equipment, repetition, and safe environments. All components are written so as to point out both the appropriate and inappropriate practices.

A developmentally appropriate movement program provides young children with an important first step towards becoming physically educated. (A physically educated person is defined as an individual who has learned the skills necessary to perform a variety of physical activities, participates regularly in physical activity, is physically fit, knows the implications of and the benefits from involvement in physical activities, and values physical activity and its contribution to a healthy lifestyle.)

These guidelines were written specifically to assist educators in developing appropriate movement programs for young children. Those interested in obtaining a complete copy of the developmentally appropriate guidelines can contact the: National Association for Sport and Physical Education (NASPE), 1900 Association Drive, Reston, VA 22091. (703) 476-3410.
Everday Activities: Perfect Opportunities to Help Babies and Toddlers Learn Through Their Senses

Amy L. Dombro, Infant/Toddler Specialist and Consultant to the Families and Work Institute, and Denice Glover, Program Specialist, Head Start Bureau

Daily activities can provide infants and toddlers with perfect opportunities to learn through their senses. Daily routines (dressing, diapering/toileting, and preparing snacks), which might seem boring to adults, are exciting adventures for young children. To help children learn, these daily routines should be taken advantage of.

Babies and toddlers constantly explore the world through their senses. Over time, as children under three finger a blanket's soft edge, respond to the smiles of their special adults, hear the crash as they bang on a pot with a spoon, and smell and taste a slice of pear, they collect information about themselves, other people, and the things around them. This collection process is of critical importance because it provides raw data for children's first concepts of themselves and their world.

To gather the information they will need to understand themselves and their world, babies and toddlers must have many hands-on experiences. There is no better way to give them these experiences than by involving them in everyday routines. Let's look at an everyday activity of preparing and eating a snack through the eyes of children to see the lessons it offers to the babies and toddlers you work with:

- For Roberto, an infant, snack time is filled with the sounds of older children talking, the smell of bananas, and most important of all, the feel of his special provider's arms holding him securely and the smile on her face as she offers him a bottle. He is learning that the world is an interesting place and that he can trust another person to keep him safe and to feed him when he is hungry.
- For Karlene, a toddler, snack time is an opportunity to learn about her world as she explores how bananas look, feel, smell, and taste—with and without their peels! She also may learn something about other people, such as some like the taste of bananas and some don't. And she can feel competent as she successfully peels her banana all by herself!

Tasting One's Own Learning: Infants and Toddlers

Rosalind Sandler-Sigman and Cathie DeWeese Parkinson, Education/CDA Specialists, Migrant and Indian Coalition, Woodburn, Oregon

Infants and toddlers live in a world with a limited amount of rules. Their mouths contain their most developed nerve endings from which they acquire the most complete information about an object. From their viewpoint the world and its contents fall into two categories: things you can mouth, and things you can't. One could call this life's first classification activity. As a consequence, once a piece of the world is located, it is instantly placed into the mouth and checked for edibility. Since experience is limited, pieces often get eaten that shouldn't.

A teacher must set up a safe environment in which children can go about conducting this classification activity on a daily, ongoing basis. And supervision is necessary in an infant and toddler's learning environment. But what about other elements of the environment to consider when enhancing learning?

- Floor and wall coverings can be of varied textures so that when children move around they will feel new and different surfaces.
- Photos and pictures can be secured at appropriate eye level. (For example, the viewing range should start on the floor and move up with the motor development of a child, and they should be covered so that tiny hands and mouths can explore them freely.)
- Toys should be made from a variety of materials (wood, plastic, fabric, and combinations), and they need to be able to fit into small hands.
- Furniture levels should be varied so that children can experience “ups,” “downs,” “overs,” and “unders,” on their own and in a safe way.
- Ground coverings need to be able to absorb falls safely.

Teachers should not ignore the possibilities of messy materials for indoor play. Water, sand, mud, shaving cream, paint, and clay are always inviting play materials. With thoughtful planning and team teaching, messiness can be relaxing for everyone and a useful teaching tool. It is a good idea, however, to remember that somewhere along the way the child will probably be tasting what he or she will be learning!
The philosophy of the Southern Utah University Region VIII Head Start Teaching Center is that art and the use of art media by children is valuable in every phase of their development. For this reason, a great amount of time and space have been donated to art in the curriculum. One entire wall has been converted into an easel where children can paint side-by-side and share ideas, laughs, and giggles. The art center is always open and filled with a wide range of media and supplies for the children to choose from and experiment with.

Art is not confined to these two spaces and can be found in most parts of the room. For instance, the housekeeping area always has a supply of paper, crayons, pencils, and markers to allow the children to plan their creations on paper, as well as wooden blocks to construct creations. The designs from this woodworking area are displayed with other art so that the children can realize that they and the things they create are valued.

The great climate in Utah's Dixie, where the Teaching Center is located, allows for the use of the outdoors for art experiences almost year around. Often the art activities from the inside are continued out of doors. A retaining wall at one end of the playground is used for large murals done by the children, and the sidewalk often serves as a chalk surface. The chain link fence is an excellent backdrop for the children's art as they weave strips of ribbon and scraps of paper through the spaces.

Many children's books are full of fine art done by talented illustrators. This art work is enjoyed along with the story as books are used throughout the day. Children are also encouraged to dictate their own stories to adults who serve as scribes. These stories are then illustrated by the children and later read to the class. The child is introduced as both the author and the illustrator.

Art is clearly seen as more than just a means of expression at the Teaching Center. It is appreciated as a valuable and important part of every child's life.

Grantees are encouraged to work with their local libraries to enhance learning and parent involvement in children's literacy and language development under the interagency agreement between Head Start and the Center for the Book. For information on this Head Start partnership, contact: John Cole, Director, Center for the Book, Library of Congress, Washington, DC 20540.

Children's Museums: Invaluable Resources
Janet Rice Elman, Executive Director, Association of Youth Museums, Washington, DC

There are over 350 children's museums in the United States. The mission of these museums is to stimulate curiosity and motivate learning in children. This, in turn, enriches the lives and education of the children by complementing and supporting the teaching efforts in homes, schools, child care centers, and communities.

Children's museums provide informal learning opportunities to children through regular visits and programming. They often complement the learning units of Head Start centers and home-based program activities with exhibits designed around concepts such as earth, sky, and water which are presented through water tables and outdoor exhibit areas; recycling explained through viewing hands-on sorting centers; and nutrition concepts presented in child-sized grocery stores. While these are some examples, each children's museum is different. Some are more science-based. But all have a common mission which centers on valuing the child and gearing exhibits for all learning styles.

Parents are the primary teachers of their children, and just as Head Start emphasizes parent involvement in the classroom and home-based setting, children's museums encourage and support parents in being active in the growth and education of their children, and to value self-directed learning.

The Association of Youth Museums and the Head Start Bureau are developing a partnership to link museums and Head Start grantees and delegate agencies in rural, suburban, and urban locations across the country. In the meantime, you may want to contact your local children's museum by looking in the Yellow Pages under "museums."
This article was inspired by the authors and artists of the Fine Arts Curriculum used by the Western Kentucky University Campus Child Care. Those artists are: Teresa Christmas, Lisa Embry, and Keith J. Overton.

Breanne is painting with water colors and using a Q-Tip as a brush. Adam is pulling a 24" piece of yarn, which has been dipped in paint, across a large piece of newsprint. Morgan is squeezing a plastic bottle, with thick tempera paint inside, to make designs on construction paper. Zachary is finger painting on special slick paper. AJ is painting on an easel.

◆ Paint can be very enjoyable for young children. Many kinds of paint can be used. A variety of instruments can be used in addition to brushes. Lots of types of paper add to the exploration. Look around for ideas.

Lauren, Traven, and Christian are working together to glue things on a large piece of paper attached to the wall. They have already glued feathers, seeds, and twigs on their collage. Robin and Eric are making a collage on a piece of newspaper on the table. They are stapling pictures cut and torn from magazines onto their collage. Becky is working on a collage independently on the floor. She is pasting many kinds of fabric onto a sample of wallpaper. She has included silk, corduroy, felt, and cotton. Tiasha is making a collage on a piece of cardboard. She has glued on sand, glitter, and cotton balls.

◆ A collage is a picture made by attaching materials to a surface. Materials can be attached in many ways: stapling, gluing, pasting, taping, etc. Materials to be added can be any thing that is safe and pleasant for children. The surface for the collage can be plywood, construction paper, cardboard, poster board, oak tag, wallpaper samples, etc. Children can make individual collages, small group collages, or a class collage.

Janine is coloring on a poster board clipped to an easel. Logan is rubbing a crayon over a piece of typing paper which is on top of sand paper. Elisha is using a cheese grater to shred old crayons onto wax paper. After the crayons are shredded another piece of wax paper will be placed on top and a teacher will iron the two together to create a picture. Travis is coloring on manila paper. After he is finished coloring he will place his picture on a piece of newspaper and paint over it with thin tempera paint.

◆ Crayons can be used in many ways to encourage children’s imaginations. A variety of crayons and many kinds of paper will extend the children’s experience.

Providing materials and encouragement of creativity will result in art activities that stress the art process instead of the product. Finding ways to help children express themselves throughout the entire process is well worth the planning time it may take. Looking for the artist inside each child helps, and we can all show acceptance of creativity by being creative ourselves.

Providing exposure to art is the best way to enhance children’s art education. Before introducing art to children it is important to become familiar with art materials, artists, and quality art work. A visit to museums and checking out books on art from the library are good places to start.

The “arts” are an intricate and important part of any preschool program. Children can express themselves through the use of various and interesting mediums and should be allowed freedom to create whatever they want without censorship from teachers or parents. Non-verbal children especially benefit from a wide variety of materials with which to express themselves.

Programs sometimes avoid using the messier art materials but with proper preparation and supervision children can use these materials and have a great deal of fun in expressing themselves without creating havoc in the classroom or headaches for the teacher. Some suggestions are:

◆ Smocks, old shirts, sheets, or even trash bags will protect children’s clothing and the floor (if necessary).

◆ Children like to use shaving cream to which food coloring has been added. (A plastic sheet will protect the table.)

(continued on next page)
I am usually swarmed by children seeking individual attention while observing them on the playground to assess specific behaviors. I regret that there is too little time for me to see each and every one of them.

But, one day two four-year-old Head Start girls stood at my desk drawing with colored markers. The tallest girl was making a drawing of what she thought her upcoming appointment with the judicial system would be like. She had drawn an imaginary judge with paternal features, and a desk with a telephone, and a gavel to command the attention of all the participants.

The second little girl was in my office because daily she convinced me that she would rather be involved in art therapy than in play.

As the two girls were absorbed in drawing, a very concerned teacher appeared at the door with a hysterical, sobbing boy in hand. She explained that he was inconsolable during class and that he couldn't stop crying. The child was sobbing so badly he could hardly catch his breath. I put my arms around him and held him for a minute, then said, "Can you tell me about those tears?" It seems that his very best friend didn't want to be his friend anymore and didn't even like him. Trying to involve the girls I asked, "Sounds like you're really upset! Have either one of you girls ever had a problem like this?" The second little girl said indignantly, "Yes, sometimes my very best friend gets mad at me but I don't CRY about it!" With that, she turned and continued to color.

The taller girl, however, said, "Don't cry. I'll be your very best friend." The boy, still sobbing, slowly approached the desk. The second little girl adjusted herself to allow him to squeeze between them. I offered him paper and colored markers and he immediately began to mark on both girls' papers. I intervened saying, "Let's see if it's all right with everyone to make symbols on each others pictures. What do you think it would be like to tell a story on paper?" The children looked at me in wonderment. "Well, let's pick a place, then we can decide our favorite things to include and tell a story about it." The children chose the zoo. Each one drew their own favorite zoo animal on the paper. We taped the pictures together. I said, "What should we title our mural?" The tallest girl quickly said, "Best friends at the zoo!" With that they proceeded to draw themselves, and added trees, a sun, and colored flowers.

The boy's intense reaction to the other child in his classroom appeared to be due to an accumulation of intense feelings of rejection and abandonment. I later discovered that two supportive parental figures were no longer available for him. The rejection of his classmate brought strong loss and abandonment feelings to the surface.

When I returned the children to class, I noticed that the boy had a smile on his face. The interaction and sharing of feelings through the medium of art created a safe environment which included positive interaction, support, and inclusion among the three children. I continued to work with the boy on an individual basis, and he would often say, "I saw my very best friends today!"

Children can be allowed to be "messy" with this until they tire of it. Then simply fold the plastic up and throw it away when the children are finished with their creations.

Dramatic play or skits are an important part of the "arts." For example, children could make traditional Native American costumes and perform a dance in front of their tepee. The costumes could be old pillowcases dyed brown and decorated by the children. The tepee could be an old sheet.

Music is a great medium of the "arts." Children can dress in dramatic clothing from around the world and perform music on multicultural instruments.

Children have great imaginations and should be encouraged to use them. Children should not be limited in art, and all art mediums should be available in their classrooms. One job of a teacher is to encourage this creativity and individualism.
Art and young children have a natural attraction to each other. Art is a form of expression for young children, and their development is enhanced by the various art experiences that they encounter. Art involves the use of many different materials in many different ways. As young children grow and learn, so does their development of art skills. The following stages represent the development of art skills and how children use the art areas:

**Early Scribble Stage:** Disordered Scribbling

Children explore and manipulate art tools as they make random marks. These repeated motions and experiences are what leads to the development and accuracy of muscle control. Art is associated with exploratory play.

**Combined Scribbles:** Controlled Scribbling

Children suddenly find a connection among their motions and the marks, colors, and patterns on the paper. As they gain control of their movements, they begin to see the design in their scribbling. Their creative expression is manipulative and focused toward discovery and skill development.

**Pre-Representational Art**

Children are able to make more symbols and shapes (human figures, suns, and various shapes) and tend to name their drawing or painting during the process or after it is completed. Many are immersed in the process and may view the final product as unimportant.

**Representational Art**

Children create definite forms, shapes, and symbols to represent feelings and ideas. They represent what is known, not what is seen, and gradually begin to create more detailed and realistic art. Their creative expression becomes more complex and representational.

As children move through these stages of using art materials, their art experiences might consist of drawing, pasting, painting, making collages, sculpting with clay and play dough, puppetry, and other age-appropriate activities. To help children advance through these stages, staff must assess their own creativity level, their beliefs of how children learn, and their interactive style with children during the learning process. Each of these areas is directly related to children's ability to express themselves and appreciate art as a learning process.

Creativity involves viewing the world, collecting information, and solving problems in new and different ways. No one does this better than a young child. Young children tend to be highly open and imaginative, and have a natural ability to come up with creative approaches, answers, and uses of materials. When staff plan for children to act alike, play alike, and learn alike, children find it less rewarding to openly express how they feel, to be curious, and to value and appreciate differences. When staff fail to appreciate a child's individuality, they also fail to help build and strengthen a child's development of self-concept and self-esteem.

When children are engaged in art work, staff should observe, record, and interpret the children's actions to identify where each child is developmentally, their strengths, areas needing strengthening, and which activities could be used to enhance learning and skill development. Staff can best support children by talking with them about the process, asking open-ended questions that challenge children to think more creatively, and genuinely acknowledging and encouraging the children to express themselves through art.

Parents also have a role in this learning process. Like staff, they too must understand that the main goal in all art experience is not what the end product looks like, but the process of making it. The process for the child is what is most important—not the finished product.

Art experiences provide many opportunities for self-expression by allowing children to construct something that is uniquely their own. Art activities offer children many opportunities to expand learning and increase their skills in all areas of development. So, art activities should be planned that allow children full expression and that celebrate the learning process rather than the product. Remember, the creative children of today are the creative adults of tomorrow.
Cooking -- A Laboratory for Learning


What could be a more natural demonstration of sensory learning for children than cooking? Cooking primes all the senses. Children use sight to measure a full cup of milk when making pudding. They listen to the sound of bursting kernels to determine when popcorn is ready to eat. Kneading bread dough with their hands lets them feel how flour and water become elastic when combined. The aroma of plantain being fried alerts their noses and stomachs to the fact that food is almost ready to eat. And, ah, the taste of a fruit salad they've prepared tastes ever so much better than a store-bought snack.

Head Start staff have many opportunities to incorporate cooking into the daily program. For example, children tend to relish snacks that they themselves have prepared or grown in a garden. As they use their senses to describe what they have cooked, they learn firsthand about nutrition and healthy foods.

As children use their senses, they develop in all areas. Following picture recipe cards teaches cognitive skills such as measurement, volume, equivalency, cause and effect, and directionality. Melting cheese is science in action. Peeling carrots and hulling strawberries develop hand-eye coordination. Making humus teaches children about nutrition and cultural preference. When children bake zucchini muffins for their morning snacks, they are seeing a task through to completion and can take pride in their accomplishment.

Many programs also routinely do special cooking projects with children, such as making bread or specific holiday treats. Recipes that do not require electrical equipment (such as making peanut butter) can be done with groups of three or four children in any area of the classroom at any time of the year. Group projects, such as making solar tea (using sunshine to brew the tea) or growing alfalfa sprouts, lend themselves well to circle time activities. Through reflection and open-ended questioning, staff can readily make cooking a sensory learning experience.

Cooking is also an excellent activity for children to do with their parents, both at Head Start and at home. Not only does it enhance the parent-child bond, but it adds to the child's understanding of the types of food that are prepared at home, thereby increasing awareness of ethnicity and tradition.

Cooking is such a valuable learning activity that staff should consider making it a regular part of the daily routine. A cooking area that children can use independently is an easy way to provide sensory learning experiences. If space is at a premium, a cooking area can be set up in the science area. Here, children can taste different foods, prepare snacks on their own, or make a recipe-for-one. In a tasting center, children can use their senses to compare and contrast spaghetti and spaghetti squash, for example. They can combine grains, fruits, and nuts to make trail mix for a snack and eat it when they feel hungry. Children can even select recipe cards to make dishes of their own choosing, such as a salad or yogurt dip.

Cooking is sensory learning in action. It is also fun for children and staff alike.

Involving Parents in Socialization Activities in Home Based Programs

Katherine Clifford, TASC Specialist, Region IX TASC, Development Associates, Inc., Walnut Creek, California

As a parent focused program carried out under the guidance of a home visitor, the Head Start Home Based option focuses on reinforcing the parents' skills as the primary educators of their children through home visits, group socializations, and participation in all aspects of the Head Start program. It also focuses on the child's immediate environment and the influence it has on his or her total growth and development. Important aspects of a child's growth and development are the ability to interact with peers and to function in social settings. Thus, when parents observe their children interacting with other children at group socializations, they can see and better understand the role they themselves play in their children's lives while enhancing their own social skills at the same time.

The following are some suggestions for securing and maintaining parent interest and involvement in group socialization activities:

- Parents and staff should plan group socializations jointly.
- Socializations should be scheduled at a time that supports the greatest participation by parents.
- Parents should be encouraged to interact with their children, and other children and adults, in the group socialization.
- Invite former home based parents to share their experiences with the new parents.
- Plan group socializations in a variety of community settings.
As part of the East Missouri Action Council, the Winegarten Head Start Center provides an amazing variety of activities and items in their Science/Discovery Learning Center.

The Science/Discovery Learning Center is located in one of two classrooms, and a small table with an individual science experiment is located in the other classroom for children to explore at their leisure. The learning center bookcase houses a variety of items which are excellent for a sensory stimulation program: a cow skull complete with teeth, a small animal skull, a large turtle shell, non-pollinating plants, seed pods, driftwood, shells, a birdhouse, plastic insects, two globes, thermometers, a magnifying glass and magnifying cup, a scale, and habitat cards. These items are supplemented on a rotating basis with other seasonal/educational articles appropriate to the current program, such as:

- In February, the same butcher provides a beef heart and attached lungs for the “Heart Healthy” month. With plastic gloves and magnifying glasses, the actual structure of the heart is examined, followed by an exercise program that keeps children’s hearts healthy.

- Spring brings hands-on examination of buckets of frogs eggs. The eggs are watched to see how they develop into tadpoles and frogs. The movement patterns of nightcrawlers are documented in “worm paintings.” Afterwards, these worms reside in a “Worm Hotel,” a glass enclosure used for in-depth study of their habitat. Dandelions turn into valuable teaching tools. Children pick and wash two batches of this weed. One is batter dipped and fried, and the second is used for paintbrushes.

- In the fall, children collect nuts and persimmons from their nature walks. The nuts are cracked open to count the worms living inside, and persimmon seeds are peeled open. (Local lore says that the shape of the seed predicts the severity of the coming winter.)

- October introduces “spiders.” Real specimens contained in clear cups topped with a magnifying lens are available for safe viewing. On the floor, a web is masked out with double-stick tape. Children are then able to get “caught” in the “web.”

- During the winter months, the program is supplemented with activities about “Dinosaur Soup.” A huge bone for the soup is provided by a local butcher.

The Winegarten Head Start Center and staff take full advantage of the multitude of creative resource ideas that exist in their immediate environment.
Exploring Spring
Judith T. Kesselman, Senior Conservation Educator/Staff Developer, Tiorati Workshop for Environmental Learning, Sufferen, New York

If the change that occurs from the time snow disappears until the onset of summer made a noise, we would all be deafened. As buds open, grass sprouts, dandelions appear, and temperatures warm, there are a million things happening under, on, and above the earth that children find fascinating. They need us only to encourage them and to provide the time and the place to explore.

Spring is the ideal time to make outdoor play an exciting adventure. Give the children tablespoons to dig with and lead them to a grassy patch or a woodland area and let them go to it. Then give them shoe boxes, egg cartons, clear glass, and plastic containers to house their collections in. Ask them what they found in the dirt? (Rocks, roots, leaves, worms, bugs, litter?) Or rope off a square yard or meter and ask them how many things they can find. Let them paste what they find on paper. Take them for a walk in a woods or grassy area. Give them collection bags or buckets. Ask them to collect what interests them.

Back in the classroom (or in the home) put out large sheets of paper and sort the collections according to groupings of the children's choosing. Let them arrange and rearrange.

Don't be in a hurry—the sorting can go on for days!

Bring the outside in by bringing in twigs or branches with buds. Put them in water and watch the leaves and flowers open. As the leaves come out, collect different kinds of leaves and let the children match leaf shapes. Have the children go outside and find the different leaf shapes on the trees.

Set up a temporary earthworm farm. (Clear plastic salad bar containers, some earth, a few worms, and sprinkle with water every few days.) Allow the children who want to, to handle the worms (wet hands only please, and they must wash their hands when they are finished.) Allow the children to observe how the earthworms move. Ask the children to use their own bodies and move as the worms do. After a few days, return the worms to the outdoors.

Sprout seeds (lima beans, lentils, packets of garden seeds) on wet paper towels. Observe the root, stem, and leaf development. Plant the sprouted seeds in pots of soil or outside and watch them grow. On walks look for other sprouting seeds. (Sprouting acorns are quite large and very fascinating to children.)

For information on the Tiorati Workshop for Environmental Learning, contact: Judith P. Kesselman, Tiorati Workshop, Bear Mountain, NY 10911. (914) 351-5354.
The Rabbit's Favorite Food

Science should be taught as a fun process that begins with questions, continues with guesses, and concludes with experiments. The following is an example of this process:

Bring a rabbit to class and ask the children, “What do you want to know about this rabbit?” If no one answers, ask: “What is this rabbit's favorite food?” The children will make guesses and then ask, “How can we test which guess is correct?” With young children, an experiment is suggested, although children in second grade and higher can also benefit from an experiment.

The experiment proceeds as follows: Give the rabbit identical bowls containing identical amounts of food and measure how much food remains uneaten in each bowl after some period of time. The bowl with the least food remaining will contain the rabbit's favorite food.

Many children and most adults believe rabbits prefer carrots to all other food, and some children believe the rabbit would prefer candy if it could get it. But our rabbit never ate the candy and preferred celery to most other foods. In this way the power of the scientific method was demonstrated. After the experiment, there was unanimous agreement as to what was the rabbit’s favorite food. The children asked why she didn't like candy and we suggested that her taste buds guided her toward healthy foods. We added that our own taste buds were not so reliable, perhaps because we are confronted with so much artificial food.

We also emphasized what we didn’t learn from this experiment, such as other rabbits (and even this rabbit at another time) might have different preferences. And did we really learn this rabbit's favorite food at this time? We only presented the rabbit with certain foods. Perhaps the rabbit's favorite food had been omitted.

The children were reminded that the rabbit lives in a cage and is, therefore, at our mercy, so we are responsible for its safety. And, did it enjoy our experiment? We suggested that animal experiments are okay if the animal enjoys them. We liked this experiment because we all enjoyed learning what the rabbit enjoyed eating.

Science has had a bad reputation because answers had become the most important part of it, and answers are not always fun. Now we emphasize questions instead, and want children to ask questions as much as they can. And since children are good at questions, and at guesses, they are also good at science.

Science begins with questions and continues with guesses, and a good guess is one that can be tested. A good experiment can tell us if our guess is a good answer. If it is, the science is concluded until someone comes up with a new question.

—Douglas Dix is the project manager for the 2-year Head Start on Science Demonstration Grant, which was awarded in September 1994 (see below). The University of Hartford works with two local Head Start programs to provide highly intensive, hands-on instruction for teachers and assistant teachers on the principles of science. Head Start staff and parents will participate in a summer science institute in which college credits can be earned.

A Head Start on Science Project

This two-year demonstration project links colleges and universities to Head Start programs to teach science to Head Start staff. It involves highly intensive, hands-on instruction for teachers, assistants, and home visitors on the principles of science and increases their insights and skills. It gives staff college experience and creates classroom environments which invite child exploration and discovery. It promotes the understanding that science is found not only in a laboratory under a microscope, but in the everyday world in which we live.

As a result of this experience, teachers, assistants, and home visitors' concepts of science and their own scientific abilities will increase and in turn have a powerful effect on their ability to engage in discovery and establish environments in which children and families will explore, discover, and interpret scientific activities.

The Federal contact for this project is Jean Simpson. Education Specialist. Head Start Bureau (202) 205-8421.
Arts in Education Program

The mission of the Arts in Education Program is to ensure that children and young adults understand the arts and the value of the arts in their lives and society through educational opportunities and experiences.

For more information on this art program, contact:

Public Information Office
National Endowment for the Arts
1100 Pennsylvania Ave., NW
Room 808
Washington, DC 20506
(202) 682-5400

The Visual Arts and Early Childhood Learning

This anthology presents 21 chapters on early childhood art education. Some of the important topics include socialization through art experiences, developmentally appropriate practices, narrative qualities of young children's art, historical and critical understanding, interdisciplinary and museum approaches, artistically gifted early childhood students, and multiculturalism for early childhood youth. A required text for every classroom teacher preparation program and a central resource for staff development programs, libraries, and directors of instruction. 118 pgs. 1995.

Also available from the National Art Education Association is a flyer, "Why Art Education?" The flyer lists the contributions a quality art education can make as a central discipline in an individual's education. Contact:

National Art Education Association
1916 Association Drive
Reston, VA 22091-1590
(703) 860-8000
(703) 860-2960 Fax

Guide to Toys For Children Who Are Blind Or Visually Impaired

From the American Foundation for the Blind (AFB), this guide, a joint initiative of the AFB and the Toy Manufacturers of America, selects toys for their interest to children who are blind or visually impaired. Also gives guidance on how to store toys, how to establish a proper environment for play, and how parents can play with their children. For a copy of this guide, contact:

AFB
15 West 16th Street
New York, NY 10011
(800) 232-5463

Learning Letters Through All Five Senses

This language development activity book shows how to employ the five senses along with body movements to teach concepts in many different ways.

Available from:
Gryphon House
PO Box 207
Beltsville, MD 20704-0207
(301) 595-9500
(800) 638-0928
(301) 595-0051 Fax

Very Special Arts

Very Special Arts is an international organization that provides programs in creative writing, dance, drama, literature, music, and the visual arts for individuals (especially children and youth) with physical and mental disabilities. It also offers a program called "Start with the Arts," an educational program for 4-, 5-, and 6-year-olds, that provides teachers with art learning experiences they can use to enhance the classroom curriculum.

Very Special Arts (with an office in every State), also offers teacher training. Sessions provide teachers with strategies for developing learning experiences for children through the arts, using the program to improve literacy and communication skills, and adapting the program for children with disabilities.

"Start with the Arts" provides tips, information, materials, and training on how to complement the curriculum, include all children, promote creative expression, develop literacy skills, and provide activities and literature for parent involvement.

For more information on these programs, contact:

Start with the Arts
Very Special Arts
"Start with the Arts"
Education Office
The John F. Kennedy Center for the Performing Arts
Washington, DC 20566
(202) 628-2800 (voice)
(800) 933-8721
(202) 737-0645 (TDD)
(202) 737-0725 Fax
Learning Through Cooking
by Amy Houts

This booklet shows how to help children learn math and science concepts, nutrition, vocabulary, and social skills through cooking activities. Available from Preschool Publications, Inc., the organization also has a Newsletter which covers sensory learning topics for young children. For a catalog of publications (many are available in Spanish), contact:

Preschool Publications, Inc.
PO Box 1851
Garden City, NY
(516) 742-9557

The Sensible Book: A Celebration of Your Five Senses
El libro sensible: Una celebración de tus cinco sentidos

This book contains simple, sensible activities that can be used in the home, in the school, or in the larger community, to help children develop all of their senses to the fullest. It also shows how to focus on each sense and how the senses interrelate. Available from:

Tricycle Press
PO Box 7123
Berkeley, CA 94707
(800) 841-BOOK

My Five Senses

In this very simple presentation of the five senses, a young child demonstrates what each sense does and then explains how they can work together. Ages 3-6, 32 pp. Available from:

The Book Lady, Inc.
8144 Brentwood Industrial Drive
St. Louis, MO 63144
(314) 644-3252
(800) 766-READ (7323)
(314) 664-6238 Fax

“Sensory Play: Constructing Realities” Video

Promoting learning through sensory play enables children to become independent thinkers and trust the importance of their senses. This program examines how a child’s first-hand experiences with sensory exploration contributes to overall development. Children’s sensory play is illustrated as a natural means of supporting each child’s individual learning style, whether auditory, visual, or kinesthetic. 18 min. Order #839. Available from:

National Association for the Education of Young Children (NAEYC)
1509 16th St., NW
Washington, DC 20036-1426
(202) 232-8777
(800) 424-2460
(202) 328-1846 Fax

Play & Learn with Photos

The activities in this book are geared to teach children how to use photos in learning games, arts and crafts, science projects, and much more. There are activities for language development and storytelling, sorting and matching, and turning other everyday learning situations into meaningful, personalized experiences for young children. This publication, and others, is available from:

TOTLINE
Warren Publishing House, Inc.
PO Box 2250
Everett, WA 98203
(206) 353-3100
(800) 773-7240

Special Toys for Special Kids

This publication is available from the National Lekotek Center. Lekotek is a national, not-for-profit center with 53 locations across the nation. Each center provides support and resources for families of young children with disabilities (birth through 8). Lekotek Centers provide a variety of services, including loaning adaptive toys and equipment, instructional computer classes in adapted computer technology, reading materials, and referrals to community resources. Among the publications available are two newsletters: Innotek News and National Lekotek News, and other materials useful in adapting toys. For more information on this Center, contact:

National Lekotek Center
2100 Ridge Ave.
Evanston, IL 60204
(708) 328-0001

WonderScience

This developmentally appropriate guide to hands-on science for young children emphasizes learning as an interactive process. Available from:

Learning Expo Publishing
2017 Crist Drive
Los Altos, CA 94024

Resources for Dramatic Play

You won’t run out of ideas for your dramatic play corner with this book. It includes 26 play themes, from Flower Shop to Tea Party, with props, suggested furniture and costumes, play possibilities, hints for the teacher, and ideas for extending the themes into other areas of the classroom or home. 80 pgs. #3002. Available from:

Redleaf Press
450 N. Syndicate, Suite 5
St. Paul, MN 55104-4125
(800) 423-8309
Parachute Play: For Indoor/Outdoor Fun

Using a parachute to enhance play experiences is a tool for an endless variety of games, activities, and exercises for children. The versatility of the "chute" is apparent when specially developed activities for each of the 12 months are used.

Also available from this publishing house is the book, "Paint Without Brushes," which lists over 100 easy-to-do activities that involve painting with a wide variety of paints, props, textures, and supplies (such as ice cubes, pumpkin, salt, soap, and toast).

These publications, and others, are available from:

Building Blocks
38W567 Brindlewood
Elgin, IL 60123

From the National Geographic Society

The National Geographic Society has filmstrips, films, books, learning kits, and reference materials on science and nature, including:

Young Viewers Series videos/films:
This series teaches young viewers important concepts that will help them adjust to academic and social life, such as: Senses, How We Know; I Can Make Friends; Shapes; Playing Fair; Me and My World; and I Can Help, Too.

Science Filmstrips: These filmstrips cover topics on: math for young learners, amazing animals, colors and shapes, taking care of our earth, saving our animals, watching the weather, insects, plants and animals, and the seasons.

Available from:
National Geographic Society
Educational Services
PO Box 98019
Washington, DC 20090-8019
(800) 368-2728
(301) 921-1575
(800) 548-9797 TDD

SCHOOLASTIC's
The Magic School Bus

"THE MAGIC SCHOOL BUS BOOKS HELP COMBAT SCIENCE ILLITERACY WITH FACT, FANTASY AND HUMOR"

... Scholastic Publications on their award-winning, best-selling children's book series by Joanna Cole and Bruce Degen.

These science books have a format for teaching science which helps combat a lack of interest for science in America children. The books encourage children to learn and love science in the form of adventure, such as a trip to the time of the dinosaurs, visiting the ocean floor, flying into outer space, exploring inside the human body, and a field trip inside the earth. The themes have been developed into a half-hour television series on PBS.

Also available from Scholastic are the Hide & Seek Science series. These books cover topics for preschool children on fish, insects, reptiles, and cats. The charm of these books lies in the reader having to locate information within the beautifully executed drawings before being able to proceed with the "reading."

For more information on these materials, contact:

SCHOLASTIC
740 Broadway, 8th Floor
New York, NY 10003
(212) 780-9830

Seatbelts, everyone!

SCIENCE FOR YOUNG LEARNERS

This program, developed at Wheelock College with a grant from the National Science Foundation, called the Teaching Science in Early Childhood Classrooms Program, is designed to guide teacher trainers in community based preschool settings in providing staff development in science for their teachers. It includes a training manual, two video tapes of classroom activities, and a discussion guide. The manual concentrates on the three topics of water, motion, and color from the physical sciences, and uses the science of observing, comparing, questioning, experimenting, predicting, and recording.

For information on this program, contact:
Mary Iatrvides
Professor of Early Childhood Education
Wheelock College
200 The Riverway
Boston, MA 02215-4176
(617) 734-5200

MacMillan Early Science Big Books

These Big Books feature poster-sized photographs, rhyming, and simple text which focuses on real-world topics (such as growing pumpkins, the world of ants, animals, seeds, soap bubbles, squirrels, frogs, and bees). A teaching guide with background information, simple experiments using everyday materials, and cross-curricular activities comes with each Big Book. Earth, life, and physical sciences are introduced. Available from:

Newbridge Educational Programs
Dept. C
PO Box 965
Hicksville, NY 11802
(800) 867-0307
(516) 433-5304 Fax
Jonathan is five and goes on daily walks with his mother. They take walks together through their familiar neighborhood with its sights, smells, and feelings of belonging. The result is a strong and affectionate reflection of life in a city. Recommended for sharing between adults and children.

A copy of this book is available from your local library, bookstore, or from the publisher:

Little, Brown and Company
34 Beacon Street
Boston, MA 02108
(800) 759-0190
Head Start and Dental Health
Candace M. Jones, RDH, MPH, Director, Indian Health Service, Dental Disease Prevention Program, Albuquerque, New Mexico

Head Start has always recognized the importance of healthy children. This includes dental health.

The future oral health of Head Start children depends primarily on parents. It is important to establish good dental health habits early in life. These habits are started and reinforced by parents’ habits of brushing with a fluoridated toothpaste, eating healthy, and seeing the dentist regularly.

A positive attitude toward dental care is the foundation for a lifetime’s interest in good oral health. To foster this positive perspective, parents, teachers, and dental providers must work together.

The Head Start program has been influential in helping children and their families understand the value of oral health. Head Start staff routinely stress the importance of early dental visits to parents, and prepare children for dental visits through instruction and games that are a regular part of classroom activities.

What Head Start teachers and staff can do to promote good dental health:

- Help children brush with a fluoridated toothpaste after meals at the center. Make brushing fun and routine by singing songs or playing music while the children brush.
- Help arrange for families to get dental appointments and remind them about their child’s dental appointment. Go with them if possible.
- Make a classroom chart and give out stickers or draw “smiley” faces each time a child brushes his or her teeth.
- Talk to parents about the importance of their children brushing their teeth at home, and the importance of providing nutritious snacks and meals for their children. Give parents recipes for healthy snacks and ideas to try at home.

(continued on page 3)
A Dentist Volunteers

At the beginning of each school year, Dr. Kenneth Kollman, a pediatric dentist, visits the Family Service Visiting Nurses Association in Collinsville, Illinois, for initial exams on children. He also does follow-up work throughout the year. He is one of the few dentists in the area who will accept medical cards, and he has seen every Head Start family that has called for an appointment.

Last year, Dr. Kollman donated $750 to the center to be used for the children at Christmas. He also does presentations in schools during the month of February—National Children’s Dental Health Month—and has advocated for Head Start in the neighboring communities. “We feel lucky to have Dr. Kollman in Collinsville,” says Deborah Fohr, Center Supervisor. She feels that success at her center comes in many forms—from children, parents, staff, and community representatives—but that a big success story is Dr. Kollman.

If you have questions about the center’s dental volunteering program, contact: Deborah Fohr, Center Supervisor, Family Service Visiting Nurses Association, 5 Crestmont Court, Collinsville, IL 62234. (618) 344-7969.

Dr. Kollman shows the children how to brush.

Dr. Kollman reminds children to brush twice a day.

ROBIN BROCATO, HEAD START BUREAU, CREATED THE THEME FOR THIS ISSUE AND OVERSAW ITS DEVELOPMENT.
Head Start and Dental Health

they need support, or help provide child care for younger children in the family.

Encourage parents/caregivers to go with their children for dental visits so that they will understand the dental treatment, as well as how they can help to prevent dental disease.

Provide the children with classroom education on dental health. Encourage role playing about trips to a dental clinic. Talk about visiting a dental clinic and what to expect. Display pictures of a dental clinic and/or video tapes of things they will see during their visit.

Take pictures of the children visiting the dentist and display the pictures on a bulletin board so the children can see themselves and their classmates.

Invite a dental health provider to come and talk to the children and parents about dental health.

During home visits, talk about dental health and the importance of brushing with a fluoridated toothpaste.

Include a local dental professional on the Health Advisory Council. Ask him/her to provide toothbrushes and toothpaste, if possible, to parents or caregivers on home visits, or for the classroom.

Be a good role model by brushing and taking care of your own teeth.

What parents can do to promote good dental health:

Healthy smiles begin at home! Brush with your child. Help your child brush his/her teeth with a fluoridated toothpaste every day, especially after meals and before bedtime. Only a small amount of toothpaste should be placed on the brush as children tend to swallow toothpaste. Parents or caregivers should supervise the child's brushing to ensure that a proper job is done until the child is at least 8 years old.

Make toothbrushing fun. Let your child brush his/her own teeth and then you can brush them more thoroughly after your child is finished. You can give names to the teeth or play other games while brushing. You can use a timer to help your child brush long enough. About three minutes is a good length of time to brush.

Brush your own teeth every day. You are your child's first teacher. If your child sees you brushing, he/she will want to brush too.

Limit sugar intake. Many children drink three or four cans of soda pop each day. When children are thirsty, give them water to drink. Encourage your child to eat nutritious foods and avoid snacking on sugary foods. When foods contain sugars and starches, acid is produced which attacks the tooth surface. After repeated attacks, the enamel may break down, forming a cavity. If sugary foods are consumed, the best time to do so is immediately after a meal.

You and your child should see a dentist at least once a year. If you do not have a dentist, ask your health coordinator to help you find one.

Ask your dentist about dental sealants. A dental sealant is a plastic coating that is applied to the chewing surfaces of the back teeth to protect the teeth from bacteria/germs. If applied as soon as the back teeth come into the mouth, sealants can prevent most dental decay.

Find out if you live in a community that has fluoride in the water. Ask your dental health professional or Head Start health coordinator. If your community water supply or well water is not fluoridated, ask your dentist or physician about giving your child daily fluoride tablets. The fluoride in the tablets makes the teeth stronger and prevents dental decay.

For more information about dental health, contact your local dental professional, Public Health Service Regional Dental Officer, Indian Health Service dental health consultant, or State or local dental health department.

Improving the oral health of Head Start children is a team effort. We can all help!
## Contents of Dental Play Kit

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<th>Smock</th>
<th>Gloves</th>
<th><strong>Things you can add:</strong></th>
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<td>Dental Dams</td>
<td>Squirt bottles of water</td>
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<td>Tray</td>
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<td>Instruments:</td>
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<td>Straws</td>
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<td>Mirrors (need handles)</td>
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<td></td>
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<tr>
<td>Tongue depressors</td>
<td>Masks</td>
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### Suggestions for use:

1. Remove from the dental play kit box any extra supplies that will not be used that day.
2. Show children the contents of the box. Pass the items around so the children can feel them.
3. Discuss each item. Ask the children what the item feels like, what it is called, etc. Ask them about the color, size, and shape.
4. Using a chair or other suitable furniture, set up a dentist office with the help of the children. If they suggest other items to include, add them (forms, papers, magazines for waiting room, etc.).
5. Participate with the children in role playing dentist visits. Be sure the children wash their hands before playing, and discard items that have been used in the children's mouths or set them aside for washing and/or a bleach rinse before using them again.
6. Comment on any positive behavior you see, give lots of compliments, talk about how beautiful their teeth are, how good they have been at brushing, and how they are keeping their teeth strong with good food, lots of water, not too much candy and soda, and proper care.
7. Give the children a chance to talk about their feelings. Encourage them to talk about their visit to the dentist, if they will need to have more work done, wash the chair comfortable, etc.
8. When you have finished dental play for the day, be sure everything that will be used again is carefully washed and sanitized.

Submitted by Alaska Head Start Health Improvement Initiative Dental Project, Anchorage, Alaska
With the improvements in children's oral health, brought on by the widespread use of fluoride and other dental advancements, there is often a tendency to ignore or overlook the role of diet as an important balancing factor in oral health. Yet diet can still play a pivotal role in the dental health of each and every child.

Dental decay occurs when plaque bacteria feed on the carbohydrates in food (sugars, starches), changing them into acids which can destroy teeth. Fluoride serves as a protector against this onslaught in several ways. However, as with any balancing act, if the food aggressor is too strong, the protective effects of fluoride may be overwhelmed, with dental caries (decay) as the result.

Rather than “throwing out the baby with the bath water” by ignoring the diet entirely, the potential role of poor eating habits in causing dental caries must be considered as part of any plan for ensuring children's dental health.

The following helpful tips can go a long way in helping ensure that children's diets protect against, rather than promote, tooth decay:

- Anything that helps to clean the mouth will encourage saliva and minimize the contact of dentally-destructive foods, and should be encouraged, such as:
  - chewing sugarless gum and raw vegetables to help promote saliva flow.
  - Since the most important food factor is the total time that harmful foods are in the mouth, the following should be discouraged:
    - use of slowly dissolving sugar-containing foods, such as hard candies and lollipops;
    - constant use of “bet you can't eat just one” items, such as small bags of candies;
    - snacking on dried fruits like raisins or banana chips or other "natural" foods which can be just as dentally-destructive as candy since they stick to the teeth;
    - sipping on sweetened beverages slowly and/or frequently; and
    - snacking frequently on sugar-starch combinations like cookies or cake.

Correcting the misconception that the "amount of sugar" is the major dietary risk factor, keeping decay-promoting between-meal snacks to a minimum, and focusing more on nutritious snacking, are all healthful suggestions that can help educate families on how to promote good nutrition while minimizing the risk of developing caries.
Fearful No More
Robin Brocato, M.H.S., Health and Disabilities Branch, Head Start Bureau

There was a time in my life that the mere thought of visiting a dentist was enough to make my heart pound, my palms sweat, and keep me awake until the wee hours of the morning. While I don’t recall any particularly traumatic visits to the dentist as a child, I believe that, since my visits were quite infrequent, the older I got (and realized what dentists actually did!), the more fearful I became. As a result, I only received dental care in times of emergencies—and preferably while heavily sedated.

Eventually I began to realize the harsh consequences of my fear—losing teeth! This approach to dental care was not only painful, it was also expensive. I then had the misfortune of losing a front tooth, which I was forced to have replaced at great cost. This misfortune turned out to be a blessing in disguise, however, because I met a dentist who took it upon himself to cure me of my fear.

My previous relationships with dentists can best be described as nightmares. But my new dentist was very patient, spoke in a calm voice, and listened to my fears. The most important thing he did, however, was not react to my antics in the chair (lots of squirming, noises, hand motions, etc.)! Instead, he was very patient with me, spoke to me in a soft but firm voice, and went about his business calmly and reassuringly. After three visits, I realized that I was not going to be severely tortured and began to relax. By the time my tooth was replaced, I was no longer afraid.

Since then I have changed dentists, but I have retained the experience of this one dentist. And I now listen to that little voice inside me that tells me whether or not a particular dentist is the right one for me. I continue to be “fearful no more,” and make it a point to visit my dentist twice a year. I now truly realize the importance of regular dental checkups, and, believe it or not, actually look forward to dental visits!

Adult Relaxation Techniques for Dental Visits
Submitted by Alaska Head Start Health Improvement Initiative Dental Project, Anchorage, Alaska

- **Visualization**: Create a relaxing picture in your mind of a beautiful flower, a peaceful scene, or a pleasant memory. Examine every detail of the picture and make it as clear in your mind as possible. When you feel anxious, call this picture to mind.

- **Breathing**: Take several deep and slow breaths. Imagine that with every blowing out of breath you are blowing out the anxiety. Breathe from the very bottom of your lungs. As you breathe in, say to yourself, “I am...,” and as you breathe out, say to yourself, “…relaxed.” This is also fun to do at bedtime with your child.

- **Worry Stone**: Find a small stone or smooth object you can hold and stroke to calm yourself. Many cultures use such small objects. If you have something of personal meaning to you, it may be even more calming.

- **Finger or Toe Exercises**: Tense and relax your fingers and toes, moving them in circles or spelling out words in the air. You can be more comfortable with tooth cleaning or other dental work being done by focusing attention on another part of your body.

- **Shoulders**: From time to time, consciously drop your shoulders and relax them

Practicing relaxation techniques increases their positive effect. Even if you do not need dental work yourself, it is important for you to be relaxed when visiting the dentist with your child. You will want to ask questions about your child's teeth and be able to listen to what advice and information the dentist has about your child's teeth. Being relaxed lets you make the most of your child's dental visit. Your presence is very important to a successful dental visit for your child. Some parents have had bad experiences with dentists in the past which can cause fear and anxiety about visiting the dentist in their children, too. But dentistry is more advanced than it was just a few years ago, and rarely does a visit cause pain. Also, when making an appointment with a dentist, mention that you are anxious about it but want to make the effort so that your child won't be anxious, too.
"My dentists won't work with me!" cried the desperate health coordinator. The anger and frustration were apparent. "I have all of these kids to treat and no one will take them. What can I do?"

As a Head Start dental consultant for nearly twenty years, I have probably heard this complaint more than any other. As a dentist who has treated Head Start children, however, I may be able to provide some insight into the problem and come up with some possible solutions.

In understanding how to work with dentists and the dental community, it helps to understand how a dental office operates. First and foremost, a dental office is a business. Unless it is a public health clinic, it is a private business, owned by a single dentist or by a group of dentists in a partnership. The only money that comes into the business is that which is generated by the dentist (or dental hygienist) through the provision of dental services. The salary of the dentist or dentists comes out of the money that is left over after all expenses have been paid. So when you deal with a dental office, you must deal with it in the same way you deal with any other business.

Now, how to find dentists? If you are having problems, the answer is not simply to send out a form letter asking if anyone would like to participate. This is fine if you have an abundance of dentists and are just looking for a few more. It is not, however, the ideal way to interest dentists in your program. The best ways, in order of importance, to communicate with dentists are:

1) in person,
2) by phone, and,
3) by mail.

Simply call the dentists and ask for a few minutes of their time so that you can explain what you want.

Another, perhaps more useful, way to communicate with a dentist is through another dentist. If you have a dentist on your Health Advisory Committee that is a real advocate for your program, use this person as a liaison with other dentists. If you have practitioners that have had very good experiences with your program, let them help you find other dentists. Remember, most dentists in an area know one another.

Once you have gotten your foot in the door, be very clear about what you want. Tell the dentists how many children you would like them to see, what services you will and will not pay for, and how much you can pay. Tell them of any constraints you are operating under, such as the 45 day rule, and work out a system that is good for both parties. In-kind services and reduced fees are both necessary and desirable in a Head Start program. The bottom line, however, is that the children receive the services. Therefore, don't ask the dentists to work for free. Let them know you are a paying customer that needs the services they have to offer. Assure them that they will be paid in a timely manner and that, if they have any problems, they should come to you immediately. You might also invite them to accompany you to one of your classrooms and see the children in their own environment. This will let them know what Head Start is really about.

Be sure to bring enough children to the dental office to fill the amount of time that has been blocked out. Even if a child does not get seen, it is still a good opportunity to introduce the child to the dental office if the child has never been to one before. Then the experience will not be as frightening the next time.

If a number of children are being seen in one appointment, there should always be enough adults present to adequately supervise them. They should also be provided with appropriate activities to occupy their time. Very often the dentist may ask someone from the program to come to the treatment area to help with a child who is afraid. The remaining children cannot be left alone, nor should the staff of the dental office be asked to watch them. They are not trained to do this, and it is not their responsibility.

Once you have established a good working relationship with the dental community, nurture it. Thank the dentists for their participation and check with them occasionally to see if there is any need for improvement. Don't forget the person at the front desk. This is who makes the appointments, not the dentist. Also, don't make unnecessary demands on the dentist's time, especially during working hours. If you ask them to talk to parents or staff, make sure you have good attendance. If you ask some of them to become members of your Health Advisory Committee, assure them that you would like their help even if they cannot always attend the meetings.

"My dentists are great! They will do anything I ask of them," said the joyful Health Coordinator with a smile. Believe it or not, I have actually heard this, too. Remember, however, it didn't happen by chance or overnight. It happened because the Health Coordinator, or someone else, took the time to make it happen. 0
Preventing Dental Disease in Children with Disabilities

Every child can have healthy teeth and gums, and children with disabilities are no exception. But with all the medical, nutritional, and emotional needs of children with disabilities, it can be difficult to find time for proper daily oral care. And getting the child to the dentist office can be difficult, too. But preventing cavities and gum disease now is easier than correcting them later. Your preventive care can spare the child unnecessary pain and costly dental procedures.

Special children are at greater risk

There are a number of reasons why children with disabilities are often more prone to dental disease.

- **Oral Conditions.** Some genetic disorders or high fevers in young children can cause defects in tooth enamel that make it prone to decay. Congenitally missing teeth and teeth that do not align properly are frequently seen in children with cleft palates. Gum problems often occur in children with Down syndrome.

- **Physical Limitations.** Children who can't chew or move their tongues properly cannot benefit from the natural cleaning action of the tongue, cheek, and lip muscles. Children with disabilities, especially those with poor motor coordination (from spinal cord injuries, muscular dystrophy, or cerebral palsy, for example) may not be able to clean their own teeth or may not be able to use the usual brushing and flossing methods.

- **Special Diets.** Children who have difficulty chewing and swallowing may often eat pureed foods, which tend to stick to their teeth. Frequent eating of sugary foods or sleeping with a bottle of formula, milk, or juice can increase the chances for tooth decay. Children who need help drinking may drink less fluid than other children, so they don't have enough fluids in their mouth to help wash away food particles.

- **Medications.** Medications using syrup or sugar to sweeten the taste can cause tooth decay if they're taken for a long time. Some seizure medications may cause bleeding or enlarged gums, and excessive gum growth can hamper chewing and speech and lead to gum disease. Sedatives, barbiturates, antihistamines, and drugs used for muscle control may reduce saliva flow. With less saliva, there's less cleansing action to help protect against cavities. Aspirin, taken in large doses, and dissolved in the mouth before swallowing, can provide an acidic environment which fosters decay. Some antibiotics should be prescribed with caution because they can stain or discolor newly erupting teeth.

Make oral care easier for the child...and you!

Daily oral care should be a pleasant experience as well as a necessary one. Even if the child can't brush and floss properly, letting the child play at cleaning a little when you're finished can add to the fun. Children should clean their own teeth, if possible. You can explain why daily brushing and flossing are important and show them how to do it. By placing your hand over the child's hand, guide the child through the steps. However, you will have to do the cleaning if the child is unable to do it. Here are some things that will make it easier for you both.

**Location of cleaning:**

Use any well-lit room that's convenient. If the child is in a wheelchair, the kitchen might be ideal. If the child is in bed, that's okay, too. Have the child sit up. Then let the child sip water from a glass through a straw and rinse out in a basin. The best place is where the child is most comfortable, or where you're able to give the best care.

**Positions for cleaning:**

There are a number of positions you can use to clean the child's teeth. Remember that supporting the head, seeing properly, and ease of manipulation are important.

- **Bed or sofa.** Have the child lie on a bed or sofa with his/her head in your lap. Support the child's head and shoulders with your arm. If the child is uncooperative or uncontrollable, a second person can hold the child's hands or feet if needed.

- **Wheelchair.** Stand behind the wheelchair. Use your arm to brace the child's head against the chair or your body. Use a pillow for the child's comfort. Or sit behind the wheelchair. Lock the chair wheels first, then tilt the chair back into your lap.

Remember, in any position, it is important to support the child's head. Take care to avoid choking or gagging the child if the child's head is tilted back.

Getting Ready for a Dentist Visit

Bonnie Headley, Project Director, Alaska Head Start Health Improvement Initiative Dental Project, Anchorage, Alaska

When a child enrolls in Head Start, a dental exam and completion of any needed treatment are required. Many parents dread the thought of taking a young child to the dentist, but with proper preparation, the visit can be a pleasant experience for a young child.

Home routines of toothbrushing and flossing will also help a child. If he is used to having adult fingers in his mouth during brushing and flossing, he will not be alarmed during a dental exam. A parent should take time to count the child's teeth in the mirror now and then. A child of three years usually has 20 teeth.

Allowing a child to watch a parent getting his teeth checked or cleaned is good preparation. This will allow the child to see the equipment and experience the environment of the office without having to participate. If he sees the parent cooperating and learning from the dental visit, he will want to do the same. If the parent is a person with great fear of the dentist, a relative or friend the child knows well can be asked to take him or her along on a dental visit. Both parents may want to go to the dentist, or take a friend of their child's along, so the child won't become bored.

Playing dentist is another way children can prepare for a visit. Head Start centers will have props for dental play, but a play area can be set up in the home. The parent can help a child examine the teeth of dolls and toy animals, and can take turns looking in each other's mouths and counting teeth. If the parent establishes a pleasant tone in this play, the child will expect and likely have a pleasant experience.

It is a good idea if the parent talks to the child about the nice dentist who helps people take care of their teeth. It may be tempting to tell a child that if she doesn't brush, she'll have to go to the dentist and get a shot—but NEVER USE THE DENTIST AS A THREAT! This will make it harder for the child to trust and cooperate with the dentist. Modern dentistry is not painful, and a well-trained dentist will not cause a child pain.

A parent should plan a reward for good cooperation at the dentist's office, such as special time with the parent or a best friend, a trip to a favorite spot, a picnic or a swim, a game of ball, or even a favorite dinner. If a child becomes afraid, he should not be punished or spoken to harshly, but reassured that it is all right to be afraid of new things.

If a parent talks about the experience afterwards, it will help the child be more comfortable with the next visit. Taking a child for an occasional check-up when there are no problems will help him think of dental visits as a regular part of life. EPSDT pays for a check-up every six months for children covered under the program, for which most Head Start families qualify.
Oral Health Education Information, Materials, and Helpful Hints

It's 1995!
Do You Know Where Your Bright Smiles, Bright Futures Video is?

Parents and staff have asked about the Bright Smiles, Bright Futures oral health education videotape for parents and staff education. Rather than being packed in the individual kits, videos were sent to the grantees, one tape for every three classrooms. If you haven't received your tape, please contact your grantee. You may either share the video with other classroom teachers, or make your own copy. (Colgate has granted permission.)

Good Oral Health—It's Never Too Early!

It's true! Unhealthy teeth can cause low self-esteem, poor speech, developmental difficulties, and even pain. Thousands of days of school are missed each year due to oral health problems. That translates into work days (and income) missed by parents and caregivers. But adults can make a difference in children's oral health by following some of the suggestions listed on this page and throughout this Bulletin. Many of the suggestions are from Colgate-Palmolive through their Bright Smiles, Bright Futures oral health education materials, and some are from Head Start teachers and directors who contributed their ideas and helpful hints for good oral health practices for this Bulletin. All contributions are greatly appreciated!

---1995 Award for Excellence
Promoting Oral Health in the Classroom

Colgate-Palmolive Company is sponsoring an annual award of $4,000 for the Head Start grantee or delegate agency promoting the best oral health practices in the classroom. For more information, call the National Head Start Association at 703-739-0875.

In-Class Brushing...Making it Work

Brushing in class is important—and it's always a challenge to keep this daily routine interesting for children. The following are some teacher-recommended ideas for making toothbrushing time run smoothly:

◆ Try setting up an on-going system where children brush when they finish eating. Have only a small number of children brushing at one time (maximum of two per sink). Plan an informal activity to avoid having children wait in line to brush (like a song, a discussion about the meal they just finished, or a clean-up activity.) When children finish brushing, move them on to other activities! Don't forget to use names and/or symbols on toothbrushes, as preschoolers can often recognize their names at this age.

◆ Use disposable cups and place pea-sized amounts of fluoride toothpaste just inside the lip of the cup; each child will take his/her own cup and scoop up the toothpaste. The cups are then used to rinse at the sink, but can also be used for at-desk brushing.

◆ In-class brushing is a great exercise in self-esteem. The children learn that they can do it, and they feel great!

LET COLGATE HEAR FROM YOU!

If you have any questions or interesting stories about how you are using Bright Smiles, Bright Futures oral health education materials with your students and/or parents, drop Colgate a line at: Bright Smiles, Bright Futures, 1133 Broadway, Suite 1123, New York, NY 10010. (800) 334-7734.
THEY WOULD LIKE TO HEAR FROM YOU!
Oral Health Education Information, Materials, and Helpful Hints

Head Start classrooms began receiving Bright Smiles, Bright Futures oral education materials in January of 1993. Presently, 37,000 Head Start classrooms nationwide are using this multicultural oral health education program. Sponsored by Colgate-Palmolive Company, it approaches dental care through PREVENTION.

As Head Start teachers all over the country use Bright Smiles, Bright Futures oral health education materials, they have reported on what has worked well for them. The following TOP TIPS are some examples:

TOP TIP: The Big Book can be used as a sharing book. The children love answering the questions in the book and sharing what they ate, what they did at the dentist, what they know about playground safety and their teeth, and when they brush their teeth. And, most of all, they love sharing their smiles as they look in the Big Book mirror.

TOP TIP: Putting one of the Bright Smiles, Bright Futures light switch stickers near the classroom door is a great way to start a discussion on oral health with parents! It also serves as a reminder as it glows in the dark during the children’s naptimes.

TOP TIP: Teachers in one classroom followed the children as they brushed their teeth and explained the oral health messages from the posters. The posters also worked well for many teachers when posted in specific areas, like the I Brush poster near the Circle Time area for a short daily discussion on brushing, or in the bathroom or sink area, to serve as a brushing reminder.

TOP TIP: Many teachers pointed out that the children love getting the Super Family Award. It fits right in with the self-esteem aspect of the program—and it’s sure to make it home to the parents.

TOP TIP: One teacher used both the Big Book and the video at parent meetings. Since most of her parent group was Spanish-speaking, she invited a translator to help out. It showed the parents that she truly had their own knowledge and growth in mind. [Note: A limited number of Spanish Big Books is available. If you teach Spanish-speaking children, call 1-800-334-7734 to order a free copy of Tu Sonrisa Cuenta.]

TOP TIP: One center uses “sweet” holidays, like Halloween and Valentine’s Day, as “Teachable Moments.” They give out Parent Take-Home Brochures to reinforce the importance of oral health for the whole family during these holidays.

TOP TIP: Make a Friendship Salad! Each child brings in uncut fruit or vegetables to share. After exploring the color, texture, and other characteristics of the fruit or vegetable, let the children help clean and cut the ingredients for the salad. This type of activity is an excellent ice breaker and an excellent way to encourage children to try tooth-friendly fruit and vegetable snacks.

TOP TIP: If a child is experiencing dental problems, give the parents the Tooth Protector reproduction. This informs parents about how fluoride and sealants can help prevent cavities in children.

TOP TIP: The I Eat Healthy Foods poster is great for the housekeeping area and is a perfect kick-off for a food and nutrition discussion. Some teachers laminate the posters for a longer life.
Head Start and Colgate-Palmolive recently joined together to produce a new dental health curriculum entitled “Bright Smiles, Bright Futures.” This curriculum incorporates current approaches to dental health and early childhood education, and in particular focuses on multicultural approaches. The materials include a videotape to be used with parents; an audio tape of songs and chants; a big book of dental information presented in a culturally diverse, age-appropriate text; and a manual of classroom, home-visit and parent-meeting activities to be used at the discretion of the program staff.

**Need for Curriculum Adaptation to Local Culture**

As with all nationally-produced materials, adaptation is necessary to make materials relevant to the unique situations of ethnic minorities. This is particularly true in Head Start where a family-focus and Performance Standards both mandate cultural relevance.

On a preschool level, cultural relevance in the classroom is crucially important, since the child’s sense of self is still emerging. This important goal is achieved in Head Start classrooms by employing teachers of the children’s culture who speak the local language and who know and understand the activities of the home and community. In rural Alaska, the vast majority of enrolled Head Start children belong to one of many Alaska Native cultural groups.

Not only are the Native Alaskan cultures so small in population that national materials do not include them, but the geographical environments of rural Alaskan villages are unique and do not appear in nationally-produced materials. The teachers often adapt materials to fit the local culture. It is common, for example, to see kuspuks and parkas or dance blankets in the doll corner; four wheelers, fishing boats, or dog sleds among the transportation toys; and berry buckets or salmon-drying racks in the housekeeping area.

Through play with materials that reflect real life, children are stimulated in their curiosity and intellectual understanding of the world around them.

**Adaptation of “Bright Smiles, Bright Futures” Big Book**

It was important to re-illustrate the “Bright Smiles, Bright Futures” materials to make them fit life as it is lived in rural Alaska. An artist was found who had lived and worked in rural Alaska, and who re-illustrated the big book and a poster that were part of the curriculum.

The Big Book, which is to be held in the teacher’s lap to read and discuss with a group of children, is illustrated with an admirable array of multicultural faces, some of which resemble children in rural Alaska. The book takes place in an urban setting, however, so several changes were needed to permit rural Alaskan children to see themselves in the book, such as:

1. A group of children seated around a table enjoying a snack, have behind them a window through which an urban skyline is visible. That background was blocked out entirely to let the interior stand alone.

2. A group of children playing in a playground was re-illustrated to make the scene a snowy winter day. As winter is a fact for most of the Head Start year, Alaskan children generally play outdoors in the snow.

3. A scene in a dentist’s office was changed to reflect the itinerant nature of dental practice in rural Alaska. Usually dentists set up their portable equipment in the high school or village clinic.

4. The final change in the Big Book was to the scenes of children brushing their teeth at home. There are two illustrations; one of a boy and one of a girl. The boy is standing in a bathroom in front of a mirror that reflects an... (continued on page 17)
Once there was a tooth named Happy Tooth. He was very happy — most of the time! He belongs to a boy/girl named (child's name), who took very good care of him!

But Happy Tooth knew a secret. Sssh! Hiding inside (child's name)’s mouth was... Yucky Plaque! Happy Tooth knew that the yucky, yucky plaque was always waiting to sneak up on him when he wasn’t looking!

Happy Tooth and his friends needed to be brushed in the morning, after snacks and before bed. Baby teeth, too — so your grown-up teeth come in healthy.

But one day, (child's name) was busy playing, and forgot to brush! There was no fluoride toothpaste to protect Happy Tooth and his friends. Yucky Plaque tiptoed in, very quietly, thinking that no one would notice. Now was his chance to start making cavities!

Suddenly, (child's name) remembered! He/she had forgotten to brush with fluoride toothpaste! Quickly, he/she rushed to the sink, and brushed all the sides of his/her teeth: top, bottom, inside, outside — and even his/her tongue!

As the toothbrush moved around, wiggling carefully on each tooth, Yucky Plaque looked for new places to hide. But there was nowhere that (child's name) had done it!

By brushing with fluoride toothpaste, he/she had made sure Happy Tooth was clean and strong!

Now, Happy Tooth reminded (child's name) to visit the dentist every year for a checkup. The dentist is Happy Tooth’s best friend!

Happy Tooth also helped (child's name) remember that he/she shouldn’t snack all the time!

Everything is great again. Happy Tooth has never been happier! And he’s smart, too — just like you! He knows that we can all take care of our own teeth — and it will make us feel great!

The end.
Classroom Activity
HAPPY TOOTH PUPPETS

Puppet Role-play:

Supplies Needed:
- Copies of Happy Tooth/Yucky Plaque
- Puppet repro, one for each child
- Tongue depressors
- Paste
- Optional: Crayons, paint, colored paper, glitter glue, stickers, etc.

Procedure:
1. Copy Puppet repro for each child
2. To make Puppets:
   a. Cut along vertical line to separate puppets from these instructions.
   Fold puppet section along the dotted line so that Happy Tooth is on one side and Yucky Plaque is on the other side.
   — Optional: Children may decorate their puppets if desired.
   b. Place a tongue depressor inside and paste together.
   c. Have an adult write each child's name on his/her puppet, or help children write their own names.
3. Explain to children that just like in the song, Yucky Yucky Plaque, there are always plaque germs in our mouths. We need to brush twice a day to keep Yucky Plaque away!
4. At Circle Time, read the interactive story, The Story of Happy Tooth, (other side) encouraging children to respond using their puppets. Children will use the Happy Tooth and Yucky Plaque puppets when filling in the blanks of the story.

Parent Involvement:
- Send puppets home with each child, along with copies of the story.
- Consider showing parents the Bright Smiles, Bright Futures videotape before you send this activity home.

Additional Activities:
- Have children role-play Happy Tooth meeting Yucky Plaque using their puppets.
- Using the puppets in Circle Time, have a discussion about teeth. The children may use the puppets to respond — using Happy Tooth for yes, and Yucky Plaque for no.
Preventing Baby Bottle Tooth Decay
Bonnie Headley, Project Director, Alaska Head Start Health Improvement Initiative Dental Project, Anchorage, Alaska

Home visitors in the Alaska Head Start Health Improvement Dental Project have developed a number of strategies for helping parents protect their young children's teeth from Baby Bottle Tooth Decay. Younger siblings of Head Start children, or children enrolled in birth-to-three programs, can be spared pain and suffering by timely prevention. The areas of feeding and weaning young children are very personal, and require tact and sensitivity on the part of Head Start staff to support parents in making good choices.

First, share the information that tooth decay is catching. The bacteria that cause decay are passed from mother or other family members to the baby through tasting a spoonful of food, cleaning a pacifier in the mother's mouth, or the baby putting her fingers into a parent's mouth then into her own. If parents have good oral health, the chance of passing germs to the baby is less. Head Start's family focus should be to help parents establish good health habits for themselves as well as their children. Children will easily imitate their parents in such things as toothbrushing.

The value of fluoridated water in preventing tooth decay is also important. Fluoride causes stronger enamel to form as teeth grow and strengthens teeth already in the mouth. If fluoridated water is not available, prescription drops or tablets are available.

Next, help parents develop the habit of cleaning the baby's mouth, even before teeth appear. Using a clean gauze or cloth to rub the baby's gums after feeding cleans the mouth, stimulates the gums, and lets the baby get used to having her mouth cleaned. Holding the baby in a cuddle hold feels cozy to the child. When four teeth have appeared, switch to a soft toothbrush. If this habit is started early, children will cooperate more easily.

Bottles should always contain only formula, milk, or water. When a child begins to eat solid foods, night-time bottles of milk are usually no longer necessary. When a child is ready for juice, give it in a tippee cup.

When a child learns to walk, a "weaning window" appears. For several weeks to months, the new walker is so excited about his new height and ability to get around that he loses interest in the bottle or breast. At this time, a child can very easily switch to a tippee cup for milk as well as juice. If the switch does not happen soon after walking, the child then becomes re-attached to the bottle, and weaning becomes much harder. For walkers who are still nursing, gradually diluting the bottle with more and more water is often effective.

The value of pictures in sharing information with parents is tremendous. The American Society of Dentistry for Children has published an excellent pamphlet entitled "Baby's Bright Smile." This pamphlet has clear photos that help parents see the risks of poor feeding practices. The American Dental Association and the American Academy of Pediatric Dentistry also have useful pamphlets on this topic, as do many State offices of Maternal and Child Health.

Sharing information with parents rather than giving advice or direction is the most effective and empowering approach to preventing Baby Bottle Tooth Decay. Stressing parents' roles as good models for their children also builds parental self-esteem, and strengthens families.
As a Head Start Health Coordinator I feel one of my most important responsibilities is advocating for health services for children and families. In the past year I have had an opportunity to exercise this responsibility in a very active way, by learning how to communicate, advocate, and network.

It began after a frustrating day of realizing that fewer and fewer of our children had access to dental providers. Facing the need to extend beyond our usual program resources for assistance, I called the office of a State Senator who had in the past served on our Health Advisory Committee, to find out where to send a letter about our concerns. I then called the office of a newly elected state representative whose platform had included an interest in children's health issues. I identified myself and asked to make an appointment. In less than five minutes I had appointments with two legislators.

For the next two weeks, until the appointments, I gathered and organized data to illustrate our problem. I ran a computer report listing every dentist a program child had seen to date, how many needed treatment, and so forth. Results showed that 75 different dentists had seen our 500+ enrolled children (including drops). Of these 75, 6 had seen over 53% of the children (one dentist alone saw 136), leaving 69 dentists seeing an average of 1 to 3 children each.

The visits to the legislators were wonderful learning experiences. They were personable and attentive to our concerns. Both requested additional information which I integrated into my follow-up, thank you letters.

A month later I received a call from the State representative's office telling me that officers from the county dental society would be meeting with her in three weeks and could I be there also. With my updated statistics in hand I attended the meeting and shared our concerns. The dentists were surprised at the extent of the access problem. Overall they were very enthusiastic about working with us. This meeting led to another at which time the two legislators and I were invited to speak at an upcoming dental society meeting.

Before our presentation I prepared a talk which would be positive, informative, and thought-provoking. The response was well worth the effort. I found out that most providers had no idea about Head Start program standards and time lines. They expressed appreciation at learning more about why access was such a problem for our children and families.

As a result, six dentists volunteered their offices for screening exam clinics. Some on their days off! The offices gave me a date, clinic hours, and how they wanted the children scheduled (three per hour, every fifteen minutes, etc.). They also provided us with new patient health history forms to be filled out in advance. I made up individual schedules which included appointment slots, name, phone, center, parent, dental insurance/coupons, and whether or not the child needed transportation and/or a translator. Program staff made phone calls to fill the slots, and signed people up at enrollment. Before each clinic, I took the schedules and paperwork to the dentist's office so they could make up files and have them ready as the children arrived. After the clinics, I sent thank you letters and assisted with Medicaid billing concerns.

Since my first tentative steps with the legislature, I have developed working relationships with people at the Health Dept., State Dept. of Health, Dept. of Health and Human Services, University of Washington, Dental Society, and others. When I'm not sure how to proceed with an individual dental access concern, I call one of my contacts for suggestions. I write thank you notes or make personal phone calls to let someone know how their referral helped me. After each dental clinic, for example, I send personalized information about the day's experiences to the State representatives I've been working with. They in turn write a letter of thanks to the dentist office. I invited representatives from various state and county agencies to visit our office and meet with our health staff so they could have a better understanding of how our services to families interconnected with theirs. Several serve on our Health Advisory Committee. As a part of meeting with these agencies I let them know I want to take an active role in working toward a resolution of the children's dental access concern in Washington State. As a result I was asked to serve on a State task force addressing this issue, to speak on dental advocacy to health coordinators in a neighboring county, to participate as a panelist at the State HS/ECEAP Health Coordinator's conference, and write this article.

The hard work has paid off. Our governor's proposed budget has a provision which could have a significant impact on improving dental access for our children. Whatever the outcome, my advocacy experiences have opened new avenues for me and our program as well as providing opportunities for personal growth. I will continue to communicate, advocate, and network because I know I have made a difference. And YOU C*A*N make a difference, too!
The Use and Handling of Toothbrushes in Schools and Institutions

From the Division of Oral Health, National Center for Prevention Services, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia

If simple hygienic measures are used, the positive benefits of toothbrushing can be enhanced. These benefits, which include the establishment of lifelong preventive habits, warrant continued support for and implementation of toothbrushing programs in schools and other institutional settings. For instance, toothbrushes can become contaminated with blood and saliva, and become vehicles for transmitting infections. In schools, day-care programs, and other institutional settings, common sense and proper hygiene practices should be the primary considerations in the use and care of toothbrushes. The following hygienic measures are recommended:

- Each child should have his/her own toothbrush, clearly marked with identification. No sharing or borrowing should be allowed. A pea-sized amount of toothpaste should be dispensed on a dry toothbrush.
- Following use, toothbrushes should be allowed to air dry, and stored so that they cannot touch each other.
- Paper cups used by children for rinsing after brushing, should be disposed of properly.
- Attempts should not be made to decontaminate a toothbrush. When a toothbrush becomes contaminated through contact with another brush or use by another child, it should be immediately discarded and replaced with a new one.
- Toothbrushing should always be supervised to ensure that toothbrushes are not shared and that they are handled properly.

Revised December, 1993

Dental Emergencies

Based on information submitted by R. Lorraine Samuel, Health Technical Assistant Specialist, New England Resource Center, Newton, MA, parents should follow certain procedures for some dental emergencies with a child, such as:

- **Knocked-out Tooth**: if a child should knock out a tooth, it should not be picked up by the root end. It should be gently rinsed off and placed in a glass of milk or wrapped in a damp hand towel. If the child is taken to the dentist within 30 minutes, there is a 90 percent chance that the tooth can be saved!

- **Broken or chipped tooth**: the child will still need to visit the dentist as soon as possible, even if it doesn't hurt. The damaged area should be cleaned with warm water and a cold compress used to keep the swelling down. Any fragments of the broken tooth should be taken with the child to possibly be bonded back onto the injured tooth.

Making Things Fit

urban scene. The reflection was changed in the mirror to show a sunset over a frozen body of water, which could be either a river or ocean. (All Alaskan villages are located on water.) Since many communities in rural Alaska still do not have running water, drinking water is brought into the homes, and toothbrushing generally takes place with a bucket and dipper. The girl is shown in this way.

The questions programs need to answer as they look at curriculum for their programs are:

- What in this material do our children experience in daily life?
- What changes can be made to reflect life as we live it?

For more information on adapting this curriculum, contact Bonnie Headley at (907) 272-6925, fax (907) 272-6946.
As in the case in many other parts of the country, Oregon's Head Start children have limited access to oral health services. Concern for the oral health of vulnerable populations in our State prompted the recent formation of a state-wide task force to address the issues contributing to this problem.

A state-wide oral health needs assessment began this process in 1991, jointly funded by the Oregon Health Division (OHD), Oregon Health Sciences University, Multnomah County Health Department, and the Oregon Dental Foundation. The assessment evaluated oral health among Head Start children, school-age children, and “special population” groups such as nursing home residents, physically and/or mentally disabled adults, minority population groups, and low-income adults.

The needs assessment concluded that not only is access to restorative care limited in Oregon, but also access to basic preventive services. The report also noted that access to oral health services was especially limited in rural areas and for special needs groups outside of the Portland metro area. Limited financial resources, low reimbursement rates from Medicaid, and lack of dental insurance coverage for a large percentage of the low-income population contributed to the significant amount of untreated oral disease. To resolve some of these issues, the Oregon Health Plan now covers dental services for children under 6 and pregnant women with an income up to 133% of the Federal poverty level. This is accompanied through a new managed care service delivery system. The OHD recommended that the task force study the issues of access to services and recommend strategies to improve access to oral health services for all Oregonians.

The task force mission encompassed areas such as scope of practice, licensure, availability, and distribution of dentists and dental hygienists; education programs; financing; and barriers due to geographic location, institutionalization, cultural differences, languages, and poverty.

Some conclusions reached by the task force were that there were considerable existing barriers for low-income individuals, including Head Start children and families, to receiving oral health care services, and that there is an obvious urban and rural difference: those in rural counties were less likely to have an overabundance of general or specialist dentists. In fact, three small rural counties have no dentists and a fourth has only one dentist to serve a population of over 8,000 people.

The task force recommendations may dramatically increase access to services and significantly improve the oral health of all Oregonians, including Head Start children and families. The recommendations include having the OHD work with public and private entities to advocate for an increase in the number of fluoridated water systems throughout the State, having the legislature explore the feasibility of providing targeted incentives (such as income tax credits, assistance with start-up costs, or expansion of the State loan repayment program) to encourage oral health providers to work with underserved populations/areas in the State, and encouraging the Board of Dentistry to expand the definition of “limited access client” to include geographic location, cultural barriers, and poverty, in addition to the currently used criteria of age, infirmity, and handicap.

Oregon's report, “Improving Access to Oral Health Services in Oregon,” calls for local and State agencies to work together to improve the oral health of some of the State's most vulnerable populations.

Call for Photos

The National Training Contractors are looking for photographs of Head Start children, staff, and families. The photographs will be used on the cover of the Head Start training guides for health, education, parent involvement, social services, disabilities, transition, and management. The photos should reflect in some way one or more of the Head Start core values of inclusion, empowerment, quality, collaboration, diversity, learning, advocacy, wellness, and nurturing. Please be sure to get parental permission to use any photographs of children. Send the photos to: Robin Brocato, Head Start Bureau, P.O. Box 1182, Washington, DC 20013.
June 1995


10-13 National Parent Teacher Association (NPTA) Conference. Lake Buena Vista, FL. Contact: Tracy Bennett, NPTA, 330 North Wabash Avenue, Suite 2100, Chicago, IL 60611. (312) 670-6782; Fax (312) 670-6783.


17-20 National Volunteer Conference. Kansas City, KS. Contact: Maura Parisi, Points of Light Foundation, 1737 H Street, NW, Washington, DC 20006. (202) 223-9186; Fax (202) 223-9256.


July 1995


8/8-3 Advanced Seminars in Child Care Administration. Boston, MA. Contact: Barbara J. Bagwell, Center for Career Development, Wheelock College, 200 The Riverway, Boston, MA 02215. (617) 734-5200, x279.


24-28 10th Annual Early Intervention/Early Childhood Summer Intitute. Williamsburg, VA. Contact: Lisa McKeen, Child Development Resources, PO Box 299, Lightfoot, VA 23090. (804) 565-0303; Fax (804) 564-0144.

August 1995


24-27 1995 International Play Association/USA National Conference. Norman, OK. Contact: Tom Jambor, Conference Chair, Univ. of AL at Birmingham, School of Education, 555 Constitution St., Rm. 221, Norman, OK 73072-7820. (205) 934-5371.

25-27 23rd Annual National Down Syndrome Congress (NDSC) Convention. Washington, DC. Contact: Conference Coordinator, 1605 Chantilly Drive, Ste. 250, Atlanta, GA 30324. (800) 222-9923 (outside CA); (800) 233-6904 (in CA); (714) 750-4321.

*Special Scholarships are available for Head Start Programs.
September 1995


1-30 Head Lice Prevention Month. Contact: National Pediculosis Association, P.O. Box 149, Newton, MA 02161. (800) 446-4NPA, x108.


6-8 5th Annual Conference of the Family Preservation Institute. Dallas, TX. Contact: Conference Coordinator, Dept. of Social Work at New Mexico State Univ., Box 30001, Dept. 3SW, Las Cruces, NM 88003-0001. (505) 646-2143; Fax (505) 646-4116.


18-22 Comprehensive Child Sexual Abuse Intervention: Advanced Training in the Multidisciplinary Approach. Huntsville, AL. Contact: the National Children's Advocacy Center and the National Resource Center on Child Sexual Abuse, PO Box 844, Huntsville, AL 35804. (800) 239-9938.

19-21 Regional Not-So-New Managers Institute: Administration. Bowling Green, KY. Contact: Michael Gramling, Western Kentucky University, 344 Tate Page Hall, Bowling Green, KY 42101. (502) 745-4041 or (800) 882-7482.


1995 Marks the
30th Anniversary of Head Start!

For celebration ideas, activities, and materials, contact:

National Head Start Bureau
"30th Anniversary Celebration"
PO Box 1182
Washington, DC 20013

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Resources

From the Centers for Disease Control: Baby Bottle Tooth Decay Education Materials

The CDC has available an order form for baby bottle tooth decay education materials. The form lists 18 media campaign materials about baby bottle tooth decay that may be ordered from the CDC. The materials include posters, public service announcements, stickers, and information fliers which focus on baby bottle tooth decay in, and dental health for, the Native American community.

To obtain a copy of this form, contact:
Dental Disease Prevention Activity
Center for Prevention Services
Centers for Disease Control
1600 Clifton Road
Freeway Park, Rm. 424
Atlanta, GA 30333
(404) 329-1830

Protect your child's teeth! Put your baby to bed with love, not a bottle

This pamphlet, available in English, Spanish, Chinese, Vietnamese, Cambodian, Lao, and Thai, from the Dental Health Foundation, describes baby bottle tooth decay and explains how to protect a baby's teeth.

Available for discounted rates at volume orders. For more information about this pamphlet, contact:
The Dental Health Foundation
4286 Redwood Highway, #261
San Rafael, CA 94903
(415) 499-4648

From the American Society of Dentistry for Children (ASDC)

The ASDC has several pamphlets available (at member prices for Head Start centers) on the following topics:

Baby's Bright Smile
Baby Teeth and Beyond
Snack-N-Good Foods
Tooth Rescue
Beyond Your child's Smile
Tough Teeth
Healthy Gums
Invisible Fillings, and
The No Boring Science Take Care of Your Kid's Mouth Book

For copies of these pamphlets, or for more information on the ASDC, contact:
ASDC
875 North Michigan Avenue
Suite 4040
Chicago, IL 60611-1901
(800) 637-ASDC

Head Start Parenting Education Resource Directory

This directory includes summaries of publications and audio-visual materials on parenting topics, parent training programs, curricula, and workshops. It also includes a listing of information sources, as well as a title and topic index.

For a copy of this directory, contact:
Head Start Publications Center
PO Box 26417
Alexandria, VA 22313-0417
(703) 683-5767
(703) 683-5769 Fax

Dental Materials From the Indian Health Service

The Indian Health Service, Dental Services Branch, of the U.S. Public Health Service in Albuquerque, NM, has available an oral health education materials catalog. The catalog is divided into 26 categories, including materials on baby bottle tooth decay, cleft lip/palate, dental first aid, hepatitis/AIDS, nutrition, oral cancer, tobacco, and general dental health. Videotapes, with length and format, are also listed.

To obtain a copy of this catalog, contact:
U.S. Public Health Service
Indian Health Service
Dental Services Branch
300 San Mateo Blvd., NE
Suite 600
Albuquerque, NM 87108
Resources

From the American Dental Association (ADA)

The ADA produces an array of promotional materials. A comprehensive program planning kit is sent to State and local dental societies and dental auxiliaries to assist them in their promotional efforts. Planning kits include a poster, a step-by-step campaign planning workbook, suggested resources and contacts, camera-ready reproducible handouts, sample press releases, and public service announcements.

Press kits and public service announcements for television and radio are also distributed nationally by the ADA to enhance the promotional efforts.

The ADA also has available for children: Dental Health Activity Book, Dudley and Friends Activity Book, posters, stickers, certificates, magnets, ribbons, videos, and mini-brochures.

For dental health materials from the ADA, contact:
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678
(312) 440-2500

Taking Care of Your Child’s Mouth: For Parents of Children Ages 3-5

Explains how parents can help children brush and floss, and reviews the importance of fluoride, low-sugar snacks, and regular dental checkups. Single copies available at no charge. Other brochures include: Fluoride Facts for Parents and Taking Care of Your Baby’s Teeth: For Parents of Children Ages Birth-3. To obtain copies, contact:
Karen Robbins
Division of Dental Health
Bureau of Health
Maine Department of Human Services
State House Station 11
151 Capitol Street
Augusta, ME
(207) 287-2361
(207) 287-4631 fax

“Your Smile Counts” Big Book

This popular classroom big book, which is part of the Colgate “Bright Smiles, Bright Futures” program, may now be purchased separately.

Written in an engaging sequencing and rhyming format, it includes a mirror on the last page to help promote a great smile and self-esteem. Scenes in the book include eating and brushing at school, a visit to the dental office, and ways for children to keep their smiles healthy. Also available in Spanish.

For more information, contact:
Bright Smiles, Bright Futures
1133 Broadway
New York, NY 10160-1573
(800)334-7734

“Bright Smiles, Bright Futures”

Dental Services and Oral Health in the United States, 1989

This publication provides national data that researchers, strategists, administrators, and health care providers can use to identify target groups for oral health promotion. Statistical tables measure progress in the prevention and control of oral diseases during the 1980’s and show how income, education, and private health insurance affect how often and by whom dental services are used. Also establishes baseline data for several of the objectives outlined in the publication “Healthy People 2000.” 1992. 95 pp. S/N 017-022-01179-4. $5.50. For a copy of this publication, contact:
Superintendent of Documents
Government Printing Office
PO Box 371954
Pittsburgh, PA 15250-7954

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Resources

DENTAL EDUCATION VIDEO:

"You Are Your Child's First Dentist" video

This 10-minute video uses Head Start parents and volunteer dentists to teach about the importance of primary teeth, how cavities form and are treated, how to prevent decay, proper brushing and flossing techniques, and the importance of good nutrition. English and Spanish versions are available. The information is presented in an exciting visual and educational way to provide dental education to parents. Each video is $23.89. For a copy of the video, contact:

Marin Head Start
5520 Nave Drive
Novato, CA 94949
(415) 883-6058
(415) 883-6088

Preschool Children's Books on Dental Health

Alley Alligator's Awesome Smile, by Timothy E. McNutt, Sr., DDS. This book was written by a children's dentist who became disturbed that most children's books on dental health focused on the main character seeking dental care due to pain or some situation that presented a stress-related treatment, such as having a tooth restored or removed. His goal was to write a children's book that would send a positive dental health message.

Brush Your Teeth Please, by Joshua Morris. This easy-to-read book explains that you lose your primary (baby) teeth and get your permanent teeth. It also discusses why teeth are important and how to take care of them.

Little Rabbit's Loose Tooth, by Lucy Bate. This story is about a little rabbit that is not convinced that the tooth fairy will really come after losing a tooth.

When Your Child Goes to the Dentist, by Fred Rogers. Children's first visits with professional caretakers like dentists, physicians, and nurses are important times, but they can sometimes be difficult or scary. Knowing what to expect can make these times easier for children and for their parents, too.

The Tooth Book, by Theo LeSieg. This is a cute book for younger children. It points out why teeth are important, using many descriptive phrases and pictures. The positive dental message is that teeth are important for your smile.

Also available are animal puppets to help teach dental health, a variety of toothbrushes (including infant and toddler toothbrushes), swabs for cleaning babies' mouths, and other dental items. For a catalog, contact:

Practicon, Inc.
Practice Services
102 Staton Court, Suite D
Greenville, NC 27834
(800) 959-9505
(919) 752-2439 Fax

Protect Your Child's Teeth

These leaflets, available in Cambodian, Chinese, English, Lao, Spanish, Thai, and Vietnamese, can be obtained from the National Center for Education in Maternal and Child Health, National Maternal and Child Health Clearinghouse, Maternal and Child Health Bureau, at the following address:

National Maternal and Child Health Clearinghouse
38th and R Sts., NW
Washington, DC 20057
(703) 821-8955, ext. 254

From the American Academy of Pediatric Dentistry (AAPD)

The AAPD offers a background paper on subjects such as an infant's first visit to the dentist, brushing, fluoride toothpaste, diet and dental health, snacking, sealants, sports safety, dental care for special patients, and preventing cavities. For a copy of this paper, contact:

AAPD
211 East Chicago Ave., Ste. 700
Chicago, IL 60611
(312) 558-1770
(312) 337-2169
(312) 337-6329 Fax
Book Review

Going to the Dentist
by Fred Rogers

This book introduces young children to their first visit to the dentist—from the basic tools the dentist is likely to have, to the various procedures that will probably be used. The book is part of the First Experience series of books for children by Fred Rogers, titles of which include Going to the Hospital, The New Baby, Going to Day Care, Going to the Doctor, and Moving.

Also available from Mr. Rogers is a video, “A Dentist and a Toothfairy” that helps familiarize children with the basics of dental care.

For a catalog of these publications, contact:
Family Communications
Marketing Department
4802 Fifth Avenue
Pittsburgh, PA 15213
(412) 687-2990
(412-687-1226

Family Communications
is a non-profit, public television service organization. In addition to these materials, they also offer a free parent newsletter, “Around the Neighborhood.”

WANTED
Photos and Information

Send your identified photographs and items of interest for possible use in future issues to:
Head Start Bulletin
P. O. Box 1182
Washington, DC 20013

Issue No. 55 will Feature Articles of General Interest

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
ACF/ACYF/HSB
Washington, DC 20201

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300
New Branch Chief for the Head Start Bureau

JoAn Knight Herren, who was appointed Chief of the Training and Technical Assistance Branch in April, is already well-known to many Head Start grantees and T/TA providers. A former Head Start Education Coordinator and Director, she most recently served as Director of the Head Start Resource and Training Center at the University of Maryland, where she managed the Region III Technical Assistance Resource Center (TASC) and Resource Access Project (RAP), the Head Start Bulletin, and the National Data Management Project. She also created and implemented a series of management seminars for 120 Head Start grantees in Region III, and developed a manual on strategic long-range planning for Head Start programs.

Jo was a member of the Advisory Committee for Head Start’s National Management Institute, and served on the Advisory Panel and attended the first Head Start/Johnson & Johnson Management Seminar at UCLA. She also served for two years as the Head Start State Training Officer and faculty member teaching courses on “Managing Centers for Young Children” at Iowa State University in Ames, Iowa.

The single parent of four grown children, Jo is a graduate of the University of Iowa, Iowa City, with a Master’s degree in Educational Administration with a special emphasis in Early Childhood Education.

The interview with JoAn Herren begins on page 3.
Southern Oregon Head Start Policy Council Training

Parliamentary Procedure Skit! ⇒

Parents and staff together did this training, with the assistance of a Parli-Pro Fairy!

⇒ Parents Helping Parents Work Together as a Group!

Monica Lutman, a member of the Southern Oregon Head Start Policy Council, explains the group process to parents.

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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The Head Start Bulletin is published six times a year by the Head Start Bureau, Administration on Children, Youth and Families. Administration for Children and Families, Department of Health and Human Services.

Editorial inquiries should be addressed to: Head Start Bulletin, P. O. Box 1182, Washington, DC 20013.

Purpose: To enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.
Training and Technical Assistance Staff

(Left to right, front to back, T/TA Branch): JoAn Herren, Kathy Hallissey, Geraldine Farrell, Trellis Waxler (Education Branch), Arletha Green, Clayton Roth, and Jim O’Brien (Health & Disabilities Branch).

(continued from page 1)

New Branch Chief for the Head Start Bureau

Bulletin: Having served as a Head Start T/TA provider for almost 20 years, you bring a unique perspective to your new position as Chief of the T/TA Branch. Can you describe your vision for the Head Start T/TA system?

Jo: My vision is to create an environment wherein the National Training and Technical Assistance Team—made up of headquarters and regional office staff, contractors, and grantees—work together to support Head Start program staff in their quest for quality and to guide their progress toward attaining excellence.

The poster behind us in the accompanying photograph (see page 1) was made by Bureau staff and depicts our vision of a multi-faceted, colorful, and dynamic approach to working together to provide leadership and direction in the training function.

The T/TA Branch’s immediate concern is to create an integrated, coordinated system of service delivery in which all contractors in each region work as part of a team, with the regional office working to streamline services. The emphasis is on responsiveness to grantees.

At the National T/TA Conference this past June, all the participants—who included representatives from the TASC’s, the RAP’s, the Teaching Centers, and the National Training Contractors—committed themselves to this effort.

The demand for greater coordination extends to the States as well. The T/TA system is dedicated to working closely with the State collaboration grantees—who, ultimately, will include all of the States—and to increasing its support of State Head Start Associations so that we can work together to improve the quality of all training conferences.

Bulletin: In its report, “Creating a 21st Century Head Start,” the Advisory Committee on Head Start Quality and Expansion made a number of recommendations to assure that all Head Start programs deliver high-quality, comprehensive services that are responsive to the needs of children and families. What new directions might the T/TA system take to respond to the Advisory Committee’s recommendations and address the challenge that all Head Start programs strive for excellence?

Jo: This is an exciting and important time for Head Start. The inception of the Early Head Start initiative transforms the face of the program, and provides many new
New Branch Chief for the Head Start Bureau

challenges for training, technical assistance, and re-source development to respond to the needs of a national program serving children from birth to age five and their families. Similarly, the T/TA network must be ready to help programs prepare to meet the new performance standards.

The T/TA system must also assist programs in meeting new requirements concerning staff development and training. By September 30, 1996, each Head Start classroom must be staffed with a teacher who, at a minimum, possesses a CDA credential or other appropriate qualification. (See bottom of page.) A credentialing process for family service workers is being developed, as is a Head Start fellowship program to provide leadership development opportunities for Head Start staff and others in the early childhood field. Phase III management training will occur in the fall of 1995. All of these efforts have implications for the T/TA system.

The future holds many opportunities. Of these, two are of special significance. One is the offering of academic credit for ongoing training opportunities. We are committed to exploring the establishment of a national consortium of colleges and universities who will work with us to provide transferable credits toward a degree.

Secondly, the future is in distance learning. Coupling our training events with technology means that improving skill development will be an ongoing, easily accessible process, designed to produce on-the-job results.

Bulletin: What plans are there for the future of the T/TA network?

Jo: Beginning in the fall of 1995 a series of fifteen focus groups will meet in each regional office and in Washington, DC, to discuss the strengths and challenges of the current network and make recommendations for the future. The work of the groups should be completed by spring of 1996 with the expectation that any changes will be phased in. Head Start has always made a strong commitment to staff development and this process will seek to continue the process of improvement by addressing the new and emerging priorities of the time and coupling them with state-of-the-art techniques in offering learning opportunities.

Child Development Associate (CDA) National Credentialing Program

The Head Start Act has recently been amended to require that by September 30, 1996, at least one teacher in center-based Head Start programs must have a CDA Credential or other appropriate qualification. By that time, each Head Start classroom in a center-based program needs to have one teacher who has:

(1) a CDA credential that is appropriate to the age of the children being served in center-based programs; or
(2) a State-awarded certificate for preschool teachers that meets or exceeds the requirements for a CDA credential; or
(3) an associate, baccalaureate, or advanced degree in early childhood education; or
(4) a degree in a field related to early childhood education with experience in teaching preschool children, and a State-awarded certificate to teach in a preschool program.

For further information on the CDA credentialing program, contact:

Council for Early Childhood Professional Recognition
1341 G Street, NW, Suite 400
Washington, DC 20005
(202) 265-9090
(800) 424-4310
The first set of skill-based training guides, which are being developed under the seven Head Start Training Contracts, will be released to Head Start programs later this year. When completed over the next three years, the full set of guides will provide a comprehensive, high-quality content base which Head Start programs and staff can draw upon to design and implement training and staff development activities to meet their local needs.

Two types of training delivery strategies are offered in the guides: the workshop, which fosters development of skills through activities which build on learning through group interaction; and coaching, which fosters the development of skills through tailored instruction, demonstrations, practice, and feedback from working closely with a peer or supervisor. In addition, the guides build on and incorporate existing training and informational resources from Head Start as well as other human service delivery areas, including child care, maternal and child health, and social services.

The complete training package will include a series of:

- **Foundation Guides**, which will focus on the key values and behaviors needed by all staff to support the comprehensive Head Start approach to working with children and families, such as how to engage families or how to apply basic child development principles; and
- **Technical Guides**, which will address more complex skills and specific knowledge, such as how to meet the requirements of the Americans with Disabilities Act, conduct child screenings, and perform family assessments.

The first set of five foundation guides to be issued later this year will be:

- **Laying a Foundation in Health and Wellness** - explains how important health is to Head Start's central mission of ensuring social competence by: encouraging a comprehensive view of health and well-being; presenting a vision of health services that begins with basic health needs, builds to include the prevention of illness and injury, and expands to promote positive healthy behaviors; and clarifying how all staff contribute to the health of children, families, and fellow staff members though daily activities and role modeling.
- **Setting the Stage: Including Children with Disabilities** - orients Head Start staff to the concept of inclusion and its implications for Head Start services to children with disabilities and their families. It also reinforces the program-wide effort to include children with disabilities in the Head Start program, and strengthens staff skills to foster and sustain meaningful inclusion.
- **Engaging Parents** - focuses on creating a common vision for parent involvement by: adapting parent involvement activities to make them more accessible and inviting to parents, using observation and listening skills to identify how each staff person contributes to and supports parent involvement, and analyzing current parent involvement practices to identify program strengths and potential areas for improvement.
- **Building a Supportive Community** - concentrates on the significance of building strong relationships with which to provide the required support for families, both within Head Start and in the broader community, and expands staff's current level of understanding and skill in relationship building.
- **Nurturing Children** - assists staff with child development principles which: support families, help children develop awareness and respect for differences among diverse people, and nurture children in ways that make each child feel safe while encouraging the development of critical thinking skills within the child.

The remaining foundation guides will focus on diversity, management, and transition.
Technical Assistance Support Centers (TASC's)

**Region I**
Education Development Center
55 Chapel Street
Newton, MA 02160
*Contact:* Sheila Skiffington
(617) 969-7100 ext. 2347
(617) 969-3440 Fax
Internet[sheilas@edu.org]

**Region II**
New York University
School of Continuing Education
48 Cooper Square, Room 103
New York City, NY 10003
*Contact:* Robert Daniels
(212) 998-7205
(212) 995-4131 Fax

Development Associates
Puerto Rico/V.I. (Region IIb)
P.O. Box 3968
Guaynabo, PR 00970-3968
*Contact:* Gloria Domínguez
(809) 782-1871

**Region III**
University of Maryland
University College
University Boulevard at Adelphi Road
College Park, MD 20742-1630
*Contact:* Madhavi Parikh
(301) 985-7990
(301) 985-7980 Fax

Emprise Designs
236 Auburn Avenue, Suite 203
Atlanta, GA 30303
*Contact:* Marita Allen
(404) 523-0770
(404) 523-4401 Fax

Western Kentucky University
T/TA Services
Room 344, Tate C. Page Hall
1526 Russellville Road
Bowling Green, KY 42101
*Contact:* Colleen B. Mendel
(502) 745-4041
(502) 745-3340 Fax
Internet[smithcj@wku vwxi. wku.edu]

**Region V**
Emprise Designs
Marc Plaza, Execucenter
509 West Wisconsin Ave., Suite 637
Milwaukee, WI 53203
*Contact:* Cecilia Mobeley
(414) 276-5480
(414) 276-5498 Fax

The Ohio State University Center for Special Needs Populations
700 Ackerman Road, Suite 440
Columbus, OH 43202
*Contact:* Dennis Sykes
(614) 447-0844 ext. 133
(614) 447-9043 Fax
Internet[sykes.3@osu.edu]

**Region VI**
Basic Health Management
Lafayette Building, Suite 303
523 South Louisiana
Little Rock, AR 72201
*Contact:* Linda Reasoner
(501) 370-9155
(501) 371-0450 Fax

Texas Tech University
Institute for Child and Family Studies
Box 41162
Lubbock, TX 79409-1162
*Contact:* James Mitchell
(806) 742-3296
(806) 742-0508 Fax

**Region VII**
Community Development Institute
6608 Raytown Road, Suite 102
Raytown, MO 64133
*Contact:* Donna McDaniel
(816) 356-5373
(816) 356-2818 Fax

**Region VIII**
Community Development Institute
777 South Wadsworth Boulevard
Building 1, Suite 103
Lakewood, CO 80226
*Contact:* Deborah Hinrichs
(303) 989-5929
(303) 986-5806 Fax

**Region IX**
Development Associates
1475 North Broadway, Suite 200
Walnut Creek, CA 94596
*Contact:* Monica Scott Green
(510) 935-9711
(510) 935-0413 Fax

**Region X**
Early Childhood Training Center
Portland State University
P.O. Box 1491
Portland, OR 97207
*Contact:* Carlton J. Olmstead
(503) 725-4815
(503) 725-4840
Internet[cari@ses.pdx.edu]

**American Indian Programs Branch**
Three Feathers Associates
P.O. Box 5508
Norman, OK 73070
*Contact:* Antonia Dobrec
(405) 360-2919
(405) 360-3069 Fax

**Migrant Programs Branch**
Academy for Educational Development
1255 23rd Street, NW, 4th Floor
Washington, DC 20037
*Contact:* Leilani Pennel
(202) 884-8729
(202) 884-8732 Fax
Internet[lpennel@aed.org]

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What we learn to do,
we learn by doing.
—Thomas Jefferson
Head Start Resource Access Projects (RAP's)

Region I
Education Development Center
55 Chapel Street
Newton, MA 02158
Contact: Philip Printz
(617) 969-7100
(617) 969-3440 Fax

Region II
School of Education
New York University
One Washington Place
New York, NY 10003-6613
Contact: Dinah Heller
(212) 998-5528
(212) 995-4562 Fax

Region III
Child Development Resources
P.O. Box 299
Lightfoot, VA 23090
Contact: Corrine Garland
(804) 565-1513
(804) 564-0144 Fax

Subcontractor:
Child Development Center
Georgetown University
2233 Wisconsin Avenue
Suite 215
Washington, DC 20007
Contact: Roxanne Kaufman
(202) 338-1698

Region IV
Chapel Hill Training-Outreach Project
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
Contact: Brenda Bowen
(919) 490-5577
(919) 490-4905 Fax

Subcontractor:
Friends of Children of Mississippi
141 Mayes Street
Jackson, MS 39213
Contact: Valerie Campbell
(601) 362-9154

Region V
University of Illinois
Colonel Wolfe School
403 East Healey
Champaign, IL 61820
Contact: Tess Bennett
(217) 333-3876
(217) 333-4293 Fax

Subcontractor:
Cooperative Educational Service Agency
626 East Slifer Street
Portage, WI 53901
Contact: Julia Herwig
(608) 742-8811

Region VI
University of Arkansas for Medical Sciences
UAP Region VI RAP
1120 Marshall Street
Suite 306
Little Rock, AR 72202
Contact: Kathy Liles, Director, or Judith Holt, Coordinator
(501) 320-4072
(501) 320-4088 Fax

Region VII
University of Kansas Medical Center
3901 Rainbow Boulevard
CRU-G-001
Kansas City, KS 66160
Contact: Barbara Lawrence
(913) 588-5961
(913) 588-5942 Fax

Region VIII
University of Colorado at Denver
1444 Wazee Street
Denver, CO 80205
Contact: Susan Smith
(303) 893-0330
(303) 556-3377 Fax

Region IX
Sonoma State University
1801 East Cotati
Rohnert Park, CA 94928
Contact: Linda Brekken
(707) 664-4230
(707) 664-2417 Fax

Region X
Portland State University
P.O. Box 1491
Portland, OR 97207
Contact: Sally Skelding
(503) 725-4815
(503) 725-4840 Fax

American Indian Programs Branch
Three Feathers Associates
P.O. Box 5508
Norman, OK 73070
Contact: Euel Pitman
(405) 360-2919
(405) 360-3069 Fax

Migrant Programs Branch
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
Contact: Sheryl Parkhurst
(202) 862-1900
(202) 884-8701 Fax

Kind words can be short and easy to speak, but their echoes are truly endless.

—Mother Theresa
Head Start National Training Contracts

Disabilities:
Education Development Center  
55 Chapel Street  
Newton, MA 02160

Contact:
Joanne Brady  
Co-Project Director  
or  
Peggy Enright  
Co-Project Director
(617) 969-7100  
(617) 969-3440 Fax

Management:
Aspen Systems, Inc.  
1600 Research Boulevard  
Rockville, MD 20850

Contact:
Diane Aronson  
Project Manager  
or  
Beverly Swanson  
Project Executive
(301) 251-5054  
(301) 309-2084 Fax

Social Services:
National Alliance of Business  
1201 New York Avenue, NW  
Suite 700  
Washington, DC 20005

Contact:
Jennifer Pecot  
Project Director
(202) 289-2849  
(202) 289-2875 Fax

Education:
Aspen Systems, Inc.  
1600 Research Boulevard  
Rockville, MD 20850

Contact:
Claudia Simmons  
Project Manager
(301) 251-5466  
(301) 309-2084 Fax

Parent Involvement:
RMC Research Corporation  
1000 Market Street  
Portsmouth, NH 03801

Contact:
Diane D’Angelo  
Project Director
(603) 422-8888  
(603) 436-9166 Fax

Transition:
Aspen Systems, Inc.  
1600 Research Boulevard  
Rockville, MD 20850

Contact:
Arlene Goldstein  
Project Manager
(301) 251-5134  
(301) 309-2084 Fax

Health:
James Bowman Associates  
2229 Lombard Street  
San Francisco, CA 94123

Contact:
Malia Ramler  
Co-Project Director  
or  
Peggy da Silva  
Co-Project Director
(415) 563-0909  
(415) 929-9465 Fax

“If a man is called to be a streetsweeper, he should sweep streets even as Michelangelo painted, or Beethoven composed music, or Shakespeare wrote poetry. He should sweep streets so well that all the hosts of heaven and earth will pause to say, here lived a great street-sweeper who did his job well.”  
—Martin Luther King, Jr.
# Head Start Teaching Centers

## Region I
New England Head Start Teaching Center
C.H.I.L.D. Inc.
1642 W. Shore Road
Warwick, RI 02889
*Contact:* Lynn Murphy
Training Coordinator
(401) 737-0403
(401) 739-6417 Fax

## Region II
Washington County Head Start Teaching Center
18 River Street
Hudson Falls, NY 12839
*Contact:* Linda Pollock
Teaching Center Coordinator
(800) 864-4700
(518) 747-2816
(518) 747-8445 Fax

## Region III
Philadelphia Head Start Learning Center
Prekindergarten HS School
District of Philadelphia
13th and Spring Garden Streets
Philadelphia, PA 19123
*Contact:* Stephanie Childs
Project Coordinator
(215) 351-7060
(215) 351-7398 Fax

## Region IV
Chapel Hill Training-Outreach Project
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
*Contact:* Janet M. Turchi
Teaching Center Director
(919) 490-5577
(919) 490-4905 Fax
Western Kentucky University
Child Care Teaching Center
1 Big Red Way, Room 344
Tate Page Hall
Bowling Green, KY 42101
*Contact:* Michael Gramling
Project Coordinator
(502) 745-4042
(502) 745-3340 Fax

## Region V
Wabash Area Development, Inc.
HB FACTS
328 Industrial Avenue
P.O. Box 634
Carmi, IL 62821
*Contact:* Maxine DeLap
Project Coordinator
(800) 431-0676
(618) 382-3772
(618) 382-3699 Fax

## Region VI
SHAPES Academy
1611 Avenue M
Lubbock, TX 79401
*Contact:* Sherri Lokken
Teaching Center Coordinator
(806) 749-0093
(806) 749-0320 Fax

## Region VII
Head Start Development Center
Mid-Iowa Community Action, Inc.
3700 South Center Street
Marshalltown, IA 50158
*Contact:* Kathie Readout
Project Director
(515) 754-1520
(515) 754-1523 Fax

## Region VIII
Southern Utah University
S.U.U. Box 9587
Cedar City, UT 84720
*Contact:* Roxanna C. Johnson
Teaching Center Manager
(801) 586-7948
(801) 865-8082 Fax

## Region IX
Southwest Human Development
202 East Earll, Suite 140
Phoenix, AZ 85012
*Contact:* Evie Lieberman
Teacher Center Manager
(602) 266-5976
(602) 274-8952 Fax

## Region X
South Central Head Start
P.O. Box 531
Twin Falls, ID 83303
*Contact:* Mary Marshall
Deputy Director/Project Coordinator
(208) 733-9351
(208) 733-9355 Fax

## American Indian Programs Branch
Blackfeet Tribe
P.O. Box 537
Browning, MT 59417
*Contact:* Leona Skunk Cap
Teaching Center Coordinator
(406) 338-7370
(406) 338-7030 Fax

## Migrant Programs Branch
Stanislaus County Office of Education
801 County Center III Court
Modesto, CA 95355
*Contact:* Deborah Clipper
Teaching Center Coordinator
(209) 525-6901
(209) 525-6858 Fax

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**QUALITY:** A fierce and loving attention to detail.

—Michael Eisner,
CEO, Disney
The three Head Start directors featured on the facing page are winners of a prestigious national award for Head Start management excellence. The directors—all graduates of the Head Start-Johnson & Johnson Management Fellows Program at the Anderson Graduate School of Management at the University of California, Los Angeles—were each recognized for their implementation of Management Improvement Projects (MIP’s) which they developed while in attendance at the UCLA program.

The design of an MIP is a major requirement of the Head Start-Johnson & Johnson Management Fellows Program, which began in 1991 as a partnership between Head Start, Johnson & Johnson, and UCLA. The mission of the program is to strengthen the management skills of Head Start directors by:

- Providing them with an opportunity to receive high quality management education;
- Enhancing their ability to advance the objectives of the Head Start program;
- Helping them develop strategies that can be quickly implemented in other Head Start programs; and
- Establishing a network of Head Start Fellows who will be able to assist in the management education of other Head Start directors nationwide.

Head Start managers who have been directors for at least three years may compete to attend the Management Fellows Program. The final decisions on who will be chosen to enter the program are made by the Program Advisory Board, which tries to assure that each class of Fellows is representative of the Head Start program nationwide in terms of demographic factors. Approximately 280 Directors have attended the training.

Directors who are chosen for the program receive two weeks of intensive, innovative management training during the summer at UCLA’s Anderson Graduate School of Management. The training includes lectures, group discussions, and workshops. The curriculum focuses on applying management concepts relevant to Head Start needs and interests, and covers subjects such as human resource management, planning, organization design and development, finance, computers and information systems, operations, and marketing. During the class, several case studies of actual Head Start organizations are prepared to enhance the learning experience and to illustrate key concepts.

After designing the MIP, and successfully implementing it once they have returned to their local programs, directors can apply to receive one of the annual awards for management excellence. An independent committee from the Anderson Graduate School selects award recipients based on an evaluation of each applicant’s project (MIP) to improve his or her local Head Start program.

Criteria for the evaluation include a project’s creativity and originality, effective implementation, and potential for replication at other Head Start centers. Winners are announced at the National Head Start Association’s Annual Training Conference. Each winner receives a cash award that is made possible through Johnson & Johnson. In addition, award winners have their names engraved on a plaque which is displayed at the Head Start Bureau office in Washington, DC.

Applications for the Head Start-Johnson & Johnson Management Fellows Program will be sent to all Head Start programs before the end of December.
Award Recipients

"Johnson & Johnson is proud to honor these individuals for their innovative ideas and management skills as Head Start directors. The ultimate beneficiaries of their efforts will be the children and parents of the Head Start families these directors serve."

—Curtis G. Weeden, Vice President, Corporate Contributions at Johnson & Johnson

ALISON ROSEN, executive director of Capitol Area Head Start in Harrisburg, Pennsylvania, attended the J&J Fellows Program in 1993. During the Program, she developed a plan to prevent financial instability and outside influences from having devastating effects on her Head Start program. Her plan focused on increasing the availability of high quality services to children and families and expanding special initiatives to address causes of social trends that adversely affected the children.

Subsequently, Ms. Rosen's program increased the availability of services to Head Start families and addressed current social trends that were affecting the participating children and their families.

KATHY SHAW, director of Davis County Head Start in Kaysville, Utah, developed a new management plan for her organization while at the J&J Fellows Program in 1992. As a result of what she learned at UCLA, Ms. Shaw organized a project team to explore the cost and feasibility of buying, leasing, building, or renovating a facility for a new early childhood center.

That effort led to the building of a new early childhood center for Davis County Head Start which houses all the Head Start programs and operations in a location more accessible to low-income families.

GEORGEAN BROWN-ROTH, director of Lower Columbia Head Start in Longview, Washington, was one of 40 Fellows who attended the J&J Management Fellows Program in 1992. There she acquired the training and tools she needed to develop an action plan that has left its mark on her Head Start program.

Ms. Brown-Roth implemented a Total Quality Management program to improve internal systems and revive the original spirit of the program. By restructuring the program and developing work teams to improve the program's quality, she also enhanced the family services of the program.
Keiki No Ka Oi, meaning "Our Children ... The Best," is an early intervention project, sponsored by the Hawaii Department of Education's Leeward District Office in partnership with Head Start.

First implemented on the Leeward Coast of Oahu in 1992, the project serves prenatally drug- and alcohol-exposed preschoolers and their families. The overall goal of the project is to successfully mainstream the children into regular kindergarten classes.

At admission the children are usually found to have deficiencies in the three aspects considered necessary for learning: attention, memory, and processing skills. Utilizing the Head Start curriculum as a base, the staff developed strategies to enhance these skills, by using specific games such as "The Memory Game" and "Pick-up sticks," as well as memory enhancement techniques and computers, to afford the children the opportunity to be trained to pay attention, to remember, and to practice processing skills. After a year of training, the children's scores in memory soared upward 20 points, and attentional skills upward 10 points. These scores held over the summer and continued throughout the next school year.

One unexpected result, however, was that the acquired language skills were 20 points below the norm of non-drug-exposed children. Consequently, staff initiated a language enhancement program utilizing a microphone “talking story” at lunch, offering individual language facilitation, and showing parents how to talk with their children and read to them more often. The results of these efforts will be known when the children are retested.

It is clear, however, that these children can be trained to pay attention and to remember, and that practice of these skills and processing through the use of appropriate games is very successful.

The staff at Keiki No Ka Oi would be delighted to hear from other such programs nationwide to learn of their experiences with children in early intervention programs. The telephone number at the school is (800) 696-2846.

The address is: Keiki No Ka Oi Maile School, 87-360 Kulaulaupuni, Waianae, HI 96792.

The teachers in this project were: L. Pua Kea, Head Start Teacher; Jody Fillizar, Department of Education Teacher; Carlene Olguia, Head Start Teacher; and Doreen Jona, Department of Education Teacher.

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Public Health Week

April 1-7, 1996

The first full week of each April is set aside to recognize public health, whose prevention and protection services often appear invisible but are essential to individual and community well-being.

For information on Public Health Week, public health issues and concerns, or public health offices in your area, contact any one of the following individuals or associations:

- Cheryl Beversdorf, Association of State and Territorial Health Officials, 415 Second St., NE, Washington, DC 20002. (202) 546-5400;

- Sherry Hicks, American Public Health Association, 1015 15th St., NW, Washington, DC 20005. (202) 789-5600; or

- Annette Ferebee, National Association of County and City Health Officials, 440 First St., NW, Washington, DC 20001. (202) 783-5550.
SEPTEMBER 1995

1-30  Library Card Sign-Up Month. Contact: Your local library, or the American Library Association, Public Information Office, 50 E. Huron Street, Chicago, IL 60711. (312) 944-6780.

1-30  Head Lice Prevention Month. Contact: National Pediculosis Association, PO Box 149, Newton, MA 02161. (800) 446-4NPA, x 108.


6-8  5th Annual Conference of the Family Preservation Institute. Dallas, TX. Contact: Conference Coordinator, Dept. of Social Work at New Mexico State Univ., Box 30001, Dept. 3SW, Las Cruces, NM 88003-0001. (505) 646-2143, Fax (505) 646-4116.

7-9  Global Conference on Managing Diversity. Athens, GA. Contact: Suzanne Shannon, Global Conference on Managing Diversity #25532, Georgia Center for Continuing Education, University of Georgia, Athens, GA 30623-2511.

12-13  Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.


18-22  Comprehensive Child Sexual Abuse Intervention: Advanced Training in the Multidisciplinary Approach Course III. Huntsville, AL. Contact: National Children’s Advocacy Center and the National Resource Center on Child Sexual Abuse, PO Box 844, Huntsville, AL 35804. (800) 239-9938.


19-21  Regional Not-So-New Managers Institute: Administration. Bowling Green, KY. Contact: Michael Gramling, Western Kentucky Univ., 344 Tate Page Hall, Bowling Green, KY 42101. (502) 745-4041 or (800) 882-7482.

20-22  Head Start Region IVb Home-Based Institute. Galionburg, TN. Contact: Janet Buckley, T/TAS, Western KY Univ., 344 Tate Page Hall, Bowling Green, KY 42101. (901) 352-7921, Fax (901) 352-9424.

20-22  Head Start Region IVb TASC Consultant Training. Dallas, TX. Contact: Alvino Lopez, TX Tech Univ., Box 41162, Lubbock, TX 79409. (806) 742-3298, Fax (806) 742-0508.


28-10/1  National Rehabilitation Association (NRA) Annual Training Conference and Trade Show. Dallas, TX. Contact: Mikell Wright, NRA, 633 South Washington St., Alexandria, VA 22314. (703) 549-6340.

30-10/2  Kellogg Leadership Institute/National Head Start Association (NHSA) Presidents’ Meeting. Washington, DC. Contact: Marlene Watkins, NHSA, 1651 Prince St., Alexandria, VA 22314. (703) 739-0875, Fax (703) 739-0878.
1-31 Head Start Awareness Month. Contact: National Head Start Association, 1651 Prince St., Alexandria, VA 22314. (703) 739-0875, Fax (703) 739-0878.

1-31 Child Health Month. Contact: American Academy of Pediatrics, PO Box 927, Elk Grove, IL 60009. (708) 981-6758.

1-31 National Sudden Infant Death Syndrome (SIDS) Awareness Month. Contact: SIDS Alliance/National SIDS Foundation, 10500 Little Patuxent Parkway, Ste. 420, Columbia, MD 21044. (800) 638-SIDS.

4-8 National Rural Education Association (NREA) Annual Convention. Salt Lake City, UT. Contact: Joe Newlin, NREA, 230 Education Building, Colorado State University, Fort Collins, CO 80523-0001. (303) 491-7022.


5-6 American Humane Association (AHA) and OR Children's Services Division Conference on Domestic Violence and Child Abuse. Portland, OR. Contact: AHA Conference Coordinator, 63 Inverness Dr., E, Englewood, CO 80112-5117. (303) 792-9900, (800) 227-4645, Fax (303) 792-5333.

8-14 Fire Prevention Week. Contact: Julie Reynolds, National Fire Protection Association, Public Affairs Office, One Batterymarch Park, Quincy, MA 02269. (617) 984-7274.

10-12 Head Start Region IV Supervisors' Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

10-13 Head Start Region VII New Coordinator/New Director Training. Kansas City, KS. Contact: Kate Lam, Community Development Institute, 6608 Raytown Road, #102, Raytown, MO 64133. (816) 356-5373.


13-14 Assoc. for Play Therapy (APT) Fiesta Play Therapy Conference. San Francisco, CA. Contact: APT, 1350 M St., Fresno, CA 93721. (209) 486-0851, Fax (209) 486-0734.

16-20 Parents as Teachers (PAT) Training Institute, 0-3, Special Sessions for Even Start, Head Start, and other Title I Programs. St. Louis, MO. Contact: PAT National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132. (314) 432-4330, Fax (314) 432-8963.

16-20 Head Start Region V Phase III Management Institute. Chicago, IL. Contact: Margaret Hill, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

16-20 Blackfeet Teaching/Learning Center Parent Policy Board/Parent Involvement Training. Browning, MT. Contact: Leona Skunk Cap, Blackfeet T/LC, PO Box 518, Browning, MT 59417. (406) 742-3296, Fax (406) 742-0508.

16-20 Head Start Region VI Program Review Administration Seminar. Dallas, TX. Contact: James Mitchell, TX Tech Univ., Inst. for Child and Family Studies, Box 41162, Lubbock, TX 79409-1162. (806) 742-3296, Fax (806) 742-0508.


25-28 Association for Volunteer Administration (AVA) Conference. Boston, MA. Contact: Conference Coordinator, AVA, PO Box 4584, Boulder, CO 80306. (303) 541-0238, Fax (303) 541-0277.

25-29 American School Health Association (ASHA) Annual National Conference. Milwaukee, WI. Contact: Bob Synovitz, ASHA, 7263 State Route 43, PO Box 708, Kent, OH 44240-0708. (708) 208-7919.


30-11/3 Head Start Region VI Phase III Management Institute. Dallas, TX. Contact: Diane Mentzer, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.
NOVEMBER 1995


1-31 National American Indian Heritage Month. Contact: Information Office, Bureau of Indian Affairs, Department of Interior, Washington, DC 20245. (202) 208-3711.

1-31 National Diabetes Month. Contact: The National Office of American Diabetes Association at (800) 232-3472 for information, or contact your local affiliate.


8-10 Head Start Region I New Directors Meeting. Worcester, MA. Contact: Sheila Skiffington, Education Development Center, 55 Chapel Street, Newton, MA 02160. (617) 969-7100, Fax (617) 969-3440.


13-17 National Head Start T/TA Network Meeting. Washington, DC. Contact: Barbara White, Research Assessment Mgmt., Inc., 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

14-16 Head Start Region IV Supervisors' Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.


16-18 Council of Administrators of Special Education (CASE) Public Policy Conference. Scottsdale, AZ. Contact: Joe Thomason, CASE, 615 16th St., NW, Albuquerque, NM 87104. (505) 243-7622.


27-12/1 Parents as Teachers (PAT) Training Institute, 2-5, Even Start, Head Start, and other Title I Programs. St. Louis, MO. Contact: PAT National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132. (314) 432-4330, Fax (314) 432-8963.

27-12/1 Head Start Region VI Phase III Management Institute. Atlanta, GA. Contact: Barbara White, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

29-12/1 National Association for the Education of Young Children (NAEYC) Annual Conference. Atlanta, GA. Contact: Barbara Bosse, NAEYC, 1509 16th Street, NW, Washington, DC 20036-1426. (202) 232-8777, Fax (202) 328-1846.


DECEMBER 1995

1-3 ZERO TO THREE Eighth Biennial National Training Institute. Washington, DC. Contact: Sharon Godsey, National Center for Clinical Infant Programs, 1477 Chain Bridge Road, Suite 200, McLean, VA 22101. (703) 356-8300, Fax (703) 790-7237.

4-8 Head Start Region III Phase III Management Institute. Philadelphia, PA. Contact: Margaret Hill, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

4-8 Head Start Region X Management Team Training. Seattle, WA. Contact: Cari Olmstead, Portland St. Univ., PO Box 1491, Portland, OR 97207. (503) 725-4815, Fax (503) 725-4840.

4-8 Head Start AIPB Phase III Management Institute. Washington, DC. Contact: Jean Swift, Research Assessment Mgmt., 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

(continued)
DECEMBER 1995-continued:


11-12 Immunization Partners Conference. (A joint project of Every Child By Two and the American Nurses Association). For more information, contact: Linda Talbott, Every Child By Two, 705 8th St., SE, #400, Washington, DC 20003. (202) 544-0808.

11-15 Head Start Region II Phase III Management Institute. New York, NY. Contact: Barbara White, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

11-15 Head Start Region VII Phase III Management Institute. Kansas City, MO. Contact: Diane Mentzer, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

11-15 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

JANUARY 1996

8-12 Head Start Region VIII Phase III Management Institute. Denver, CO. Contact: Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

8-12 Head Start Migrant Phase III Management Institute. Washington, DC. Contact: Barbara White, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

15-19 Head Start Region VI Team Management Conference. Dallas, TX. Contact: Alvino Lopez, TX Tech Univ., Box 41162, Lubbock, TX 79409. (806) 742-3296, Fax (806) 742-0508.

16-18 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

22-26 Head Start Region I Phase III Management Institute. Boston, MA. Contact: Margaret Hill, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring, MD 20910. (301) 589-8242, Fax (301) 589-8246.

FEBRUARY 1996

1-29 National Children’s Dental Health Month. Contact: American Dental Association, Bureau of Health Education and Audiovisual Services, 211 E. Chicago Ave., Chicago, IL 60611. (312) 440-2500.

1-29 Black History Month. Contact: Association for the Study of Afro-American Life and History, Inc., 1407 14th St., NW, Washington, DC 20005. (202) 667-2822, or National Womens History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000, Fax (707) 838-0478.

1-29 American Heart Month. Contact: American Heart Association, 7320 Greenville Ave., Dallas, TX 75231. (214) 373-6300.

12-14 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

MARCH 1996


1-31 Red Cross Month. Contact your local chapter, or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington, DC 20006. (202) 737-8300.


Do computers belong in the early childhood curriculum? "Yes!" say the leading experts on children and technology who contributed to this book. They say why computers, when used properly, belong in early childhood programs, and they tell how to integrate technology to benefit children's development.

1994. 193 pages. Available from:
NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN
1509 16th St., NW
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(800) 424-2460
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"Getting Schools Ready for Children: The Other Side of the Readiness Goal"
Preparing children for elementary school makes up only half the school readiness task. This monograph outlines what works and what doesn't for schools to take graduates of preschools.
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"Games Babies Play"
by Vicki Lansky
A treasury of over 100 games and activities to delight both baby and caregiver. The selections—some traditional, some contemporary—are organized into 4 three-month sections to keep pace with a baby's changing abilities during the first year. Each section is introduced with important developmental information. Games such as "Stretchy, Stretchy," "Where's Baby?" and "Hide 'n Squeak" are presented one per page for ease of use. Softbound. 112 pages. #1232. This book, along with other quality resources for early childhood professionals in areas such as curriculum, infants and toddlers, special needs and diversity, children's books, health and safety, nutrition, training, management and leadership, development and guidance, and family child care, are available from:
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St. Paul, MN 55104-4125
(800) 423-8309
(800) 641-0115 Fax

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Resources

“The Teacher's Idea Book: Daily Planning Around the Key Experiences”

Make each part of the daily routine a useful and focused learning experience for preschoolers and kindergartners with the practical, creative suggestions in this handbook. Each chapter is organized around one of the major key experience areas—active learning, language, representation, classification, seriation, number, space, and time. Packed with specific ideas for each part of the daily routine, including suggested materials, questioning techniques, and ideas for small- and large-group activities. 87 pages. Available from:

HIGH/SCOPE PRESS
600 N. River St.
Ypsilanti, MI 48198-2898
(800) 40-PRESS
(800) 442-2FAX

From the American Academy of Pediatrics (AAP)

Healthy Kids Magazines:
♦ Healthy Kids (birth-3) is published 4 times a year, and members of the AAP can receive up to 150 free copies of each issue to distribute.
♦ Healthy Kids (4-10) is published 3 times a year, and members of the AAP can receive up to 200 free copies.

The magazines feature personalized messages to parents from pediatricians. To obtain an order form for these magazines, write to the AAP Division of Public Education, or call toll-free (800) 336-6348.

♦ The Healthy Kids Show (now available on TV). The first regular cable television series devoted to children's health, this show provides parents and caregivers of children, newborn to 5, with the latest information on all aspects of children's health. 30 minutes, Sundays at 11:30 a.m. (Eastern/Pacific time) on FAM, the Family Channel. For more information, call (800) 443-9016, ext. 7944.

The AAP has parent and child brochures available on learning disabilities in children, children's growth and milestones, temper tantrums, toilet training, allergies, dental health, first aid for infants and children (and a first aid chart), playground safety, and other informative materials. For information on these materials, contact:

AAP
141 Northwest Point Blvd.
PO Box 927
Elk Grove Village, IL 60009-0927
(800) 443-9016
(708) 228-5005
(708) 228-1281 Fax


Before It's Too Late, Vaccinate (from the National Institute of Child Health and Human Development. 1992.) Videotape: 16:40 min, closed captioned. Also available in Spanish.


To obtain these publications, contact:

NATIONAL MATERNAL AND CHILD HEALTH CLEARINGHOUSE
8201 Greensboro Drive
Suite 600
McLean VA 22102-3810
(703) 821-8955, ext. 254
(703) 821-2098 Fax

Resources from the Maternal and Child Health Bureau, Health Resources and Services Administration

“All The Colors We Are: A Story of How We Get Our Skin Color”

by Katie Kissinger

Simple, engaging language and captivating photographs capture the essence of one of the ways that we are special and different from one another—our skin color. Spanish and English on each page. 25 pp. Available from:

GRYPHON HOUSE, INC.
PO Box 207
Beltsville, MD 20704-0207
(800) 638-0928
(301) 595-9500
(301) 595-0051 Fax
Resources

Resources from the U.S. Government Printing Office

Myself/My Baby: Health Diary
This diary is what an expectant mother needs to monitor her health during pregnancy and the progress and health of her baby from conception through age two. 1992. 88 pp. S/N 017-091-00242-8. $4.25.

The Food Guide Pyramid
Use this guide for up-to-date advice on eating for better health. Developed jointly by the USDA and HHS, this pocket-size booklet helps a person control calories, fat, cholesterol, sugar, and sodium by balancing dietary choices from among the four food groups. Sold in packages of 100. 1992. 29 pp. S/N 001-000-04578-3. $65/pkg.

Americans With Disabilities Act Handbook
Attorneys, employers with 15 or more employees, and people with disabilities can find out what practices and activities are covered by the nondiscrimination requirements of the ADA. 1992. 730 pp. S/N 052-015-00074-0. $34.

Available from:

Superintendent of Documents
PO Box 371954
Pittsburgh, PA 15250-7954

Or contact your nearest Government Bookstore, which can be located through your local telephone information directory.

Or fax your order to (202) 512-2250.

Videos from TEACHING STRATEGIES, INC.

The New Room Arrangement as a Teaching Strategy video
A “how to” of room arrangements, this slide/videotape presents concrete ideas for arranging preschool classrooms. It shows how the organization of the physical environment helps children learn to trust and cooperate with others, become independent learners, stay involved in their work, and acquire valuable skills and concepts. An accompanying booklet contains the complete narration, illustrations of the room arrangements presented in the video, and ideas on how to present the material to parents and staff in workshops. 15 min. VHS. Purchase or rental.

Observing Young Children: Learning to Look, Looking to Learn video
Observation forms the basis of all developmentally appropriate programming. This video helps new and experienced early childhood educators:
- Learn about children so they can individualize their program.
- Evaluate their program so they can adjust the environment, the curriculum, or both.
- Measure children’s progress and acquisition of skills.

30 min. VHS. Purchase or rental.

Available, along with other materials for early childhood educators, from:

TEACHING STRATEGIES, INC.
P.O. Box 42243
Washington, DC 20015
(800) 637-3652
(202) 364-7273 Fax

Also ask for information on workshops hosted by Teaching Strategies, Inc.

Bilingual ABC’s: A Spanish-English Alphabet Book
by Nancy McColl and Karen Paskowitz

Designed to build strong reading readiness skills, this resource provides two simple art projects for each letter of the alphabet. Each art activity illustrates a word that begins with the same letter/sound in both Spanish and English. Follow-up activities are suggested to complement each art project. 112 pages. Available from:

GOOD APPLE FEARON
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4350 Equity Drive
PO Box 2649
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“Insights and Activities for Parents and Children”
by Fred Rogers and Barry Head

From Mister Rogers’ Playbook series on family communication, this playbook explores the nature of play, why children play, and why play is such an important part of their development. Contains more than 300 activities, games, and projects to help children and adults play together to enhance self-expression, curiosity, and creativity. Available from:

FAMILY COMMUNICATIONS
4802 Fifth Avenue
Pittsburgh, PA 15213
(412) 687-2990
(412) 687-1226 Fax


**Future Topics for the Head Start Bulletin:**

- "Early Head Start"
- "Facilities"
- "Transportation"

- Please send your articles, photos, and items of interest to:

  Carolyn Reece  
  Head Start Bureau  
  P.O. Box 1182  
  Washington, DC 20013

- For calendar entries of national or regional training events, please send the name of the event, date, contact person, address, and phone and fax number to:

  Clayton Roth  
  Head Start Bureau  
  P.O. Box 1182  
  Washington, DC 20013

**WANTED**

Photos and Information

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Head Start Bulletin  
P.O. Box 1182  
Washington, DC 20013

**Issue No. 56 will feature items of General Information**
The next generation of American Indian Tribal leaders is now enrolled in our Head Start programs," says Helen Maynor Scheirbeck, Ed.D., who was appointed Chief of the American Indian Head Start Programs Branch in May 1995. "We need to make certain that we are providing sensitive, supportive Indian Head Start programs that will prepare children to assume leadership roles."

As one who has a wealth of experience working with American Indian Tribes in the Federal government, in the private sector, and with cultural and economic development organizations, the new Branch Chief knows firsthand the importance of nurturing leadership skills among young Indian children. "Leaders are role models. Leaders teach about culture, about how to relate to the larger society, about how to take advantage of its resources. Strong leaders teach us how to succeed—no matter where we live," she explains.

One of her major goals is to make certain that the Tribal leadership recognizes Head Start’s potential for developing leadership skills among both children and their parents, and that Head Start is on the agenda in every activity involving the community. In turn, she believes that Tribal leaders should be a part of the decision-making process with Parent Policy Councils.

In addition to establishing collaborative relationships among Indian Head Start, (text continues on page 3, photographs of the AIPB staff can be found on page 2)
(Left to right, front to back): Georgey Sparks, Ann Sneed, Helen Scheirbeck, Martin Seneca, LaDora Cobb, Mary Shiffer, Warren Harris, and W.J. Strickland.

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Purpose: To enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and state organizations and agencies.
Tribal child care, and other programs, she is working to build linkages between Indian Head Start and other Federal groups serving Indian children and families—groups such as ACF’s Child Care Bureau and ACF’s Office of Child Support Enforcement, as well as agencies outside of the Department. She also plans to strengthen relationships and collaborations with other Head Start programs.

Helen states she is particularly eager to link Indian Head Start to the academic community: “I’d like to see more Indian professionals—physicians, social workers, accountants and managers, for example—volunteering in Indian Head Start programs. Not only would their expertise be valuable, but they would be wonderful role models for children, parents, and staff.”

“All my life I’ve been working for children and families.”

A research agenda for Indian Head Start is another priority for Helen. And she plans to continue encouraging universities, Federal agencies, and non-profit organizations to offer internships to help Indian students explore a variety of career options.

As Region XI, the American Indian Programs Branch has been designated by ACF as a “flagship” Region, a concept that Helen and her staff are eager to define. “Every Indian Head Start program has the potential for excellence, to provide an environment that makes children feel secure about themselves,” she believes. To this end, she and her staff are committed to involving more parents in Indian Head Start programs, reducing staff turnover, making the best qualified consultants and trainers available to provide training and technical assistance, and using monitoring as an effective tool for attaining quality. “I also want to find an effective way of recognizing those Indian Head Start programs that are providing exemplary programs and services,” she emphasizes.

A member of the Lumbee Tribe of Indians of North Carolina, Helen has worked with American Indian Tribes and organizations in both the legislative and executive branches of the Federal government. She joined the Head Start Bureau in 1992 where, before assuming her current position, she managed Head Start State Collaboration grants and worked on volunteer and interagency initiatives.

Prior to joining the Head Start Bureau, Helen directed the North Carolina Indian Cultural Center, the Save The Children’s American Indian Nations Region, and the Office of Indian Education in the U.S. Office of Education. She also chaired a special task force on Indian education of the U.S. Congress American Indian Policy Review Commission, and served as program director for two major Federal initiatives for children: the National Commission on the International Year of the Child and the White House Conference on Children and Youth.

Helen was a consultant to the Office of Economic Opportunity in the early days of Head Start and later served as a consultant to Head Start around multicultural issues. And, she says, “All my life I’ve been working for children and families.”

Native American children engage in playtime.
ALASKA
Association of Village Council Presidents, Bethel
Central Council of Tlingit-Haida, Juneau
Chugachmiut Head Start, Homer
Fairbanks Native Association, Fairbanks
Kawerak, Inc., Nome
Metlakatla Indian Community, Metlakatla
Southcentral Foundation, Anchorage
Tanana Chiefs Conference, Inc., Fairbanks

CALIFORNIA
California Rural Indian Health Board, Inc., Sacramento
Covelo Tribal Council, Covelo
Hoopa Valley Business Council, Hoopa
Inter-Tribal Council of California, Sacramento
Inyo Child Care Services, Inc., Bishop
Karuk Tribe, Happy Camp
Morongo Band of Mission Indians, Banning
Redding Rancheria Tribe, Redding
Rincon Indian Reservation, Valley Center
Santa Ysabel, Santa Ysabel
Yurok Indian Tribe, Eureka

COLORADO
Southern Ute Tribe, Ignacio
Ute Mountain Ute Tribe, Towaoc

FLORIDA
Miccosukee Tribe, Miami
Seminole Tribe, Hollywood

IDAHO
Coeur D'Alene Tribe, Desmet
Nez Perce Tribe, Lapwai
Shoshone-Bannock Tribes, Fort Hall Reservation, Ft. Hall

KANSAS
Kickapoo Tribe of Kansas, Horton
Prairie Band of Potawatomi Indians, Mayetta

MAINE
Aroostook Band of Micmac, Presque Isle
Passamaquoddy Tribe, Perry

MICHIGAN
Grand Traverse Band of Ottawa and Chippewa Tribes, Suttons Bay
Inter-Tribal Council of Michigan, Inc., Sault Ste. Marie

MINNESOTA
Bois Forte Reservation Business Committee, Nett Lake
Fond Du Lac Reservation Business Committee, Cloquet
Grand Portage Reservation Business Committee, Grand Portage
Leech Lake Band of Chippewa, Cass Lake
Mille Lacs Reservation, Onamia
Red Lake Reservation, Red Lake
White Earth Band of Chippewa, White Earth

MISSISSIPPI
Mississippi Band of Choctaw Indians, Philadelphia

MONTANA
Blackfeet Tribal Business Council, Browning
Confederated Salish & Kootenai Tribes, St. Ignatius
Crow Tribal Council, Crow Agency
Fort Belknap Indian Community, Harlem
Fort Peck Tribes, Poplar
Northern Cheyenne Tribe, Lone Deer
Rocky Boys Chippewa Cree Tribe, Box Elder
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American Indian and Native Alaskan Head Start Programs

National Head Start Bulletin Issue #56

ERIC 303
Developing Mentors and New Partnerships Among Indian Head Start Programs

Jennifer Tollefson y Chavez, Director, Pueblo of Isleta Head Start; Carmen Lieurance, Director, Pueblo of Taos Head Start; and Jim Gage, Director, Southern Ute Child and Family Center

Three years ago, members of the New Mexico/Southern Colorado Indian Head Start Directors’ Association, comprising 14 Indian Head Start programs which serve 23 tribes in New Mexico and Southern Colorado, began grappling with problems of turnover among directors and coordinators and lack of quality training for supervisory staff. To solve their supervisory training and staff development needs, the directors developed a mentoring and capacity building project for directors and supervisors. The association also searched for ways to keep program quality high while giving new supervisory staff time to learn the complexities of Head Start.

The directors were guided in their planning by the following beliefs:

- Local programs know best how to meet the challenges of improving or maintaining program quality;
- Skill- and concept-based training must include guided practice with periodic assessment in order to transfer knowledge into local program practice and policy;
- Native American communities must have trainers who are culturally sensitive and aware of their communities’ uniqueness as sovereign nations; and
- The best and most reliable source for mentors is individuals with the proper expertise within Head Start.

Through a series of planning meetings, the Directors created a strategic 5-year plan. The association then sought and received special funding from Region XI (AIPB) to develop, implement, and replicate a model for State and regional associations to build upon and support mentorship and capacity building.

An element of this mentor/capacity building training project which provides significant motivation for supervisory staff is its inclusion in a statewide effort in New Mexico called Partners In Change. Wheelock College in Boston, with support from the Ford Foundation and the Carnegie Corporation, selected New Mexico as one of four States to participate in a 5-year project to develop a statewide career development lattice for early childhood professionals. This Partners In Change project will result in college credits for workers in early childhood which can be transferred from community colleges to 4-year degree granting institutions. A major emphasis will be placed on non-traditional and competency based course work for college credit, and Baccalaureate and graduate degrees in fields related to Head Start component areas could be the end result. The association believes this to be a very important way for staff to gain legitimacy in the field.

Some benefits from the mentor/capacity building project can already be seen. One is that the 14 Indian Head Start grantees no longer see themselves as programs isolated by geography and vast distances—even though almost 500 miles separate southern grantees from northern grantees—but unified by commonly held beliefs and dreams for the future.

One reason for the unity is Dream Weavers South-west, a private non-profit corporation which was formed to take the loosely-grouped association members and unite them. As the name suggests, the Dream Weavers directors see themselves as innovators within their programs, valuing each other as artisans and leaders. As weavers for their communities, some are already producing the reality of capacity building and mentorship. Others have just begun to gather the knowledge to envision what the pattern on the loom may look like for their communities.

(continued on page 8)
The goal of the Alaska Head Start Family Wellness Demonstration Project is to increase the emotional well-being of Alaska Head Start children and their families. The project began with a statewide mental health needs assessment in 1993, which led to funding by the Head Start Bureau for a demonstration project—the Family Wellness Project—to address program development needs in the mental health component.

The first year of the 3-year project (1993-1994) involved a planning and design process based on a community development approach. Two Alaska grantees were selected to implement the demonstration project in 1993. In the fall of 1994, two Alaskan grantees—Central Council of Tlingit and Haida Head Start (AIPB) and Chugiak Children Services (Region X)—were funded to implement the project at four selected sites. A contractor, Prevention Associates, provided the program development and coordination.

Year two of the project (1994-1995) implemented the first phase of the project into existing programs. Four Family Wellness Advocates (one for each site), and a Family Wellness Facilitator (for each grantee), were hired to carry out the work on the project.

Over 70 families chose to be a part of the demonstration project. Through family visits, they participated in interventions based on a "resiliency" model of human development and family life. This model stresses a child's own "self-righting" capacity, or the ability to cope, recover from, or adjust to misfortune or change. The model incorporates two main components:

1) It works to reduce organic, social, and environmental factors which place stress on children and their caregivers; and
2) It enhances the factors (coping skills, self esteem, family and community support systems) which contribute to a child's ability to overcome detrimental influences.

Interventions focused on three populations:

1) Head Start children's parents and family support systems;
2) Head Start program staff; and
3) Mental health and social service providers at community and regional levels who are resources for Head Start families and staff.

Extensive training is offered to all staff involved in the project. Thirty Head Start staff members, along with community providers and three Head Start parents, have participated in the training. Key project staff have received six units of college credit as well.

A large part of the success of the demonstration so far is due to the fact that a great deal of time went into the preparation, training, and development of new tools to work in isolated rural programs. Nothing was imposed on the community or families that was unworkable for them. The tools are proving to be successful and user friendly, and are providing valuable information and insight for assisting staff and families in helping themselves.

Although it is too early to judge the impact the project has had on the families, signs so far appear to be positive. An extensive pre- and post-evaluation by Prevention Associates will measure changes in outcome for staff, parents, and children. Community providers will also provide feedback. During year three (1995-1996) the process will be refined based upon this feedback.

—Central Council of Tlingit and Haida, 320 W. Willoughby, Juneau, AK 99801; Chugiak Children's Services, Inc., PO Box 670233, Chugiak, AK 99567; and Prevention Associates, 101 E. 9th Avenue, Anchorage, AK 99501.

Graphics from Blackfeet Tribe Head Start
Developing Mentors and New Partnerships Among Indian Head Start Programs

Another change that has occurred in the way training is viewed is that association training events are now called “advances.” There will no longer be “retreats” in this part of Indian country.

The directors are committed to providing individualized, relevant staff development activities of the highest quality, and only the most competent and culturally sensitive trainers and facilitators who make long-term commitments to the project are used. The directors believe that if a high degree of quality is wanted for Head Start children and families, it should also be wanted for Head Start staff. And that individuals in Head Start have for too long bought into the notion of scarcity, rather than abundance. Children, families, and staff in Head Start deserve the very best. When this belief in all training is advanced, quality programs will be a natural consequence.

—Pueblo of Isleta Head Start, PO Box 579, Isleta Pueblo, NM 87022; Pueblo of Taos Head Start, PO Box 55, Taos, NM 87571; Southern Ute Child and Family Center, PO Box 800, Ignacio, CO 81137.

In the early 1970's, the National Indian Head Start Directors' Association was formed to respond to the unique needs of American Indian Head Start programs. NIHSDA's mission is to represent all Head Start programs funded to serve American Indian and Alaska Native grantees. The association also deals with the unique sovereign relationship all American Indian tribes and Native Alaskan corporations have with the U.S. Government, as represented through its special branch of the Head Start Bureau. (Board members and regional representatives of the NIHSDA are listed on page 9.)

Because Indian Head Start programs are spread irregularly across the United States, many States with large American Indian and Alaskan populations have formed their own informal State or regional directors' associations. These associations facilitate training and technical assistance activities and address local, State, and regional early childhood issues. While these State and regional associations have no direct link to the NIHSDA, all directors' associations support one another and work for the welfare of American Indian and Alaskan children and families.

The following is a list of these informal State and regional associations:

**STATE ASSOCIATIONS:**
- Arizona Association. Contact: Imogene Osife, Gila River Indian Community, PO Box A, Sacaton, AZ 85247.
- New Mexico/Southern Colorado Indian Head Start Directors' Association. Contact: Jennifer Tollefson y Chavez, Isleta Head Start, PO Box 579, Isleta, NM 87002.
- Oklahoma Indian Head Start Directors' Association. Contact: Verna Thompson, Cherokee Nation, PO Box 948, Tahlequah, OK 74465.

**REGIONAL ASSOCIATIONS:**
- Northwest Indian Head Start Coalition. Contact: Caroline Yellow Robe, Fort Belknap Head Start, PO Box 579, Harlem, MT 59526.
- Southwest Consortium of Indian Head Start Programs. Contact: Phyllis Antone, Tohono O'Odham Nation, PO Box 837, Sells, AZ 85350.
- Tri-States Indian Head Start Directors' Association. Contact: Pamela Ninham, Oneida Head Start, PO Box 365, Oneida, WI 54155.
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Choctaw Branch
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(601) 650-2763 Fax

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Oneida Tribe of Indians of
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Oneida, WI 54155
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(414) 869-2194 Fax

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(Minnesota, Wisconsin)
Pam Ninham
Oneida Tribe of Indians of
Wisconsin
PO Box 365
Oneida, WI 54155
(414) 869-4369
(414) 869-2194 Fax

REGION III
(North Dakota, South
Dakota, Nebraska)
Pat Walking Eagle
Little Hoop Head Start
Box 269
Fort Totten, ND 58335
(701) 766-4827
(701) 766-4077 Fax

REGION IV
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Belle Harjo
Seminole Nation of
Oklahoma Head Start
PO Box 1498
Wewoka, OK 74884
(405) 257-6663
(405) 257-3704 Fax

REGION V (Open)
(New Mexico, Southern
Colorado)

REGION VI (Open)
(Arizona, Navajo Nation)

REGION VII (Open)
(California, Nevada)

REGION VIII
(Idaho, Montana, Utah,
Wyoming, Oregon)
Caroline Yellow Robe
Fort Belknap
RR 1, Box 65
Harlem, MT 59526
(406) 353-2205
(406) 353-2797 Fax

REGION IX (Open)
(Washington)

REGION X
(Alaska)
Sarah Kuenzli
Tanana Chiefs
Conference, Inc.
122 First Street
Fairbanks, AK 99701
(907) 452-8251, ext. 3172
(907) 459-3851 Fax
The common, and distinguished, characteristic that binds Indian people together is their culture. And native language is the major vehicle for transmitting and preserving that Native American culture.

The Blackfeet people are making a committed effort to preserve their language and to actively involve community members in a re-examination of traditional Blackfeet values. Within the community, the Blackfeet Head Start program is a major support of traditional values and native language. For example, the Head Start program teaches the Blackfeet language, involves Elders in the classroom, and cooperates with other agencies (such as the Piegan Institute, a non-profit Blackfeet Research Organization, and the local tribal college) to promote language and cultural values.

The Blackfeet Teaching and Learning Center (TLC) is a demonstration project attached to the Blackfeet Head Start program. It is one of 12 teaching and learning centers that were created in 1993 to provide hands-on training at a local model site to staff of other Head Start programs. The Blackfeet TLC serves all Indian programs in the United States. Other TLC’s serve the 10 Head Start Regions and the Migrant Head Start program.

All training is conducted on-site at the Blackfeet main center and its satellite locations. Training may be conducted in either a formal session structured like a workshop, or in informal tutorial sessions geared to meet individual needs. The number of participants varies according to the topic of the session.

The Head Start classrooms carry on their regular day-to-day activities regardless of observations by the TLC participants, and the number of trainers at any session is influenced by how many can be accommodated in the classrooms. Training sessions focus on incorporating Indian culture into all aspects of the Blackfeet Head Start curriculum, and TLC participants are coached in methods of adapting their own unique cultures into their curriculums when they return to their programs.

Although the Blackfeet TLC is geographically isolated, many tribal Head Start program staff have attended training despite the long distance from their programs and the lack of specific funds to bring participants to the Browning, Montana site. According to a survey, participants cite as their main reason for coming to the center an opportunity to see a well-established and recognized Indian program, as well as an opportunity to strengthen their network with other Indian programs. Surveys and evaluations also indicate that participants, in addition to acquiring new information, leave the training renewed in spirit and determined to support and infuse tradition into their programs.

The training schedule for the 1995-1996 school year for the Blackfeet TLC is as follows:

- **Parent Policy Board/Parent Involvement:** October 16-20
- **Blackfeet History and Language:** November 14
- **Education/Disabilities/Blackfeet Children’s Week:** November 15-17
- **Health/Nutrition:** March 18-20, 1996
- **Social Services:** April 10-12, 1996

To obtain further information on the Blackfeet TLC, or to arrange a visit to the center, contact Leona Skunk Cap or Wilma Meineke, P.O. Box 518, Browning, MT 59417. (406) 338-7714.
Blackfeet Tribe
Head Start Program

PHOTOGRAPHS BY JOAN KNIGHT HERREN
The NICWA is a private, non-profit organization based in Portland, Oregon. It is a membership organization with an all-Indian Board of Directors. Members include tribes, individuals, both Indian and non-Indian, and private organizations from around the United States concerned with Indian child and family issues.

NICWA has three primary areas of endeavor:

~ Information Exchange
~ Community Development
~ Public Policy Development

NICWA is the only Indian organization focused specifically on the issues of child abuse and neglect and tribal capacity to prevent and respond to such problems. Together, its members, board, and staff work to ensure that the most vital resource of Indian people, their children, are safe and strong. Grassroots individuals created NICWA to respond to the need for a strong central voice for those who cannot yet speak out for themselves.

NICWA offers publications, conducts workshops, holds annual conferences, maintains a resource library, operates a computer bulletin board, provides consultation and technical assistance, develops and conducts child abuse awareness campaigns, and offers many more services through the three primary areas of endeavor listed.

For information on NICWA, write to:

National Indian Child Welfare Association
3611 Southwest Hood Street
Suite 201
Portland, OR 97201
(503) 222-4044
(503) 222-4007 Fax

The Co-Operative provides incentives to 2,700+ American Indian artists representing over 300 tribes for the preservation of their contemporary and traditional crafts, culture, and education through involvement in Indian cultural programs, including dances, traditional food, fashion shows, and performances.

The Co-Operative sponsors various Indian events, such as pow-wows and cultural festivals; offers information services; and publishes the following Native American materials and resources:


~ Native American Reference Book. A special guide for evaluating and acquiring Native crafts and raw materials through trading posts, stores, galleries, cooperatives, and guides.

~ Pow-Wow on the Red Road. Comprehensive listing of American Indian events in the U.S. and Canada.

The Co-Operative answers inquiries; provides advisory, consulting, reference, and current awareness services; conducts seminars and workshops; makes referrals to other sources of information; and permits on-site use of collections.

For more information on the Co-Operative, write to:

National Native American Co-Operative
PO Box 27626
Tucson, AZ 85726
(602) 622-4900 Indian Trade Center
(602) 292-0779 Fax
Established in 1969, the mission of the NIEA is to:

- advocate for and support traditional Native cultures and values;
- enable Native learners to be contributing members of their communities;
- promote Native control of educational institutions; and
- improve educational opportunities and resources for American Indians and Alaska Natives throughout the United States.

Since 1969, the NIEA has worked to unite Indians to help change education laws and policies as they affected Indian people, and not only to improve education academics but to use education to help preserve native cultures and languages.

The NIEA has an annual convention to bring together Indian leaders and educators to discuss Indian education issues, to share ideas, and to work together to address national Indian education problems. Future conventions are planned for:

- Rapid City, South Dakota • 1996
- Tacoma, Washington • 1997
- Nashville, Tennessee • 1998

For more information on the NIEA, contact:

National Indian Education Association
121 Oronoco Street
Alexandria, VA 22314
(703) 838-2870
(703) 838-1620 Fax

The NCIE seeks to:

- maintain contact with Indian educators throughout the United States;
- promote the common goals of Indian education for the benefit of Indian students, communities, and tribes;
- support Indian education program efforts on behalf of each particular school, community, and tribe; and
- take any action deemed necessary to enhance the progress and development of Indian education programs.

It is also the parent organization for the Native American Scholarship Fund (NASF), which was chartered in 1986 to provide higher education to American Indians in fields that are critical for the political, economic, social, and business development of Indian Tribes, and is committed to positive change through quality education. Based on this philosophy, NASF has created two programs, MESBEC and NALE.

MESBEC is the program for math, engineering, science, business, education, and computers (MESBEC) for Native Americans planning to study, or actually studying, in these fields, and NALE is the Native American Leadership in Education (NALE) program for Native Americans who plan to complete their degrees and obtain credentials as teachers, counselors, or administrators.

For more information on NCIE, and these programs, write to:

NCIE
8200 Mountain Road, NE
Suite 203
Albuquerque, NM 87110
(505) 262-2351
(505) 262-0534 Fax

Graphics by NCIE
1-31 Head Start Awareness Month. Contact: National Head Start Association, 1220 King St., Suite 200, Alexandria, VA 22314. (703) 739-0875, Fax (703) 739-0878.

1-31 Child Health Month. Contact: American Academy of Pediatrics, PO Box 927, Elk Grove, IL 60009. (708) 981-6758.

1-31 National Sudden Infant Death Syndrome (SIDS) Awareness Month. Contact: SIDS Alliance/National SIDS Foundation, 10500 Little Patuxent Parkway, Ste. 420, Columbia, MD 21044. (800) 638-SIDS.

4-8 National Rural Education Association (NREA) Annual Convention. Salt Lake City, UT. Contact: Joe Newlin, NREA, 230 Education Building, Colorado State University, Fort Collins, CO 80523-0001. (303) 491-7022.


5-6 American Humane Association (AHA) and OR Children’s Services Division Conference on Domestic Violence and Child Abuse. Portland, OR. Contact: AHA Conference Coordinator, 63 Inverness Dr. E, Englewood, CO 80112-5117. (303) 792-9900, (800) 227-4645, Fax (303) 792-5333.

8-14 Fire Prevention Week. Contact: Julie Reynolds, National Fire Protection Association, Public Affairs Office, One Batterymarch Park, Quincy, MA 02269. (617) 984-7274.

10-12 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

10-13 Head Start Region VII New Coordinator/New Director Training. Kansas City, KS. Contact: Kate Lamm, Community Development Institute, 6608 Raytown Road, #102, Raytown, MO 64133. (816) 338-7030.


13-14 Assoc. for Play Therapy (APT) Fiesta Play Therapy Conference. San Francisco, CA. Contact: APT, 1350 M St., Fresno, CA 93721. (209) 486-0851, Fax (209) 486-0734.

16-20 Parents as Teachers (PAT) Training Institute, 0-3, Special Sessions for Even Start, Head Start, and other Title I Programs. St. Louis, MO. Contact: PAT National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132. (314) 432-4330, Fax (314) 432-8963.

16-20 Head Start Region V Phase III Management Institute. Chicago, IL. Contact: Margaret Hill, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

16-20 Blackfeet Teaching/Learning Center Parent Policy Board/Parent Involvement Training. Browning, MT. Contact: Leona Skunk Cap, Blackfeet T/LC, PO Box 518, Browning, MT 59417. (406) 338-7714, Fax (406) 338-7030.

16-20 Head Start Region VI Program Review Administration Seminar. Dallas, TX. Contact: James Mitchell, TX Tech Univ., Inst. for Child and Family Studies, Box 41162, Lubbock, TX 79409-1162. (806) 742-3296, Fax (806) 742-0508.


18-21 Region VIII Head Start Conference. Rapid City, SD. Contact: Kathy Natwick, PO Box 268, Madison, SD 57042. (605) 256-6518, Fax (605) 256-2238.


25-28 Association for Volunteer Administration (AVA) Conference. Boston, MA. Contact: Conference Coordinator, AVA, PO Box 4584, Boulder, CO 80306. (303) 541-0238, Fax (303) 541-0277.

25-29 American School Health Association (ASHA) Annual National Conference. Milwaukee, WI. Contact: Bob Synovitz, ASHA, 7263 State Route 43, PO Box 708, Kent, OH 44240-0708. (708) 208-7919.


30-11/3 Head Start Region VI Phase III Management Institute. Dallas, TX. Contact: Diane Mentzer, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.
**NOVEMBER 1995**


1-31 National American Indian Heritage Month. Contact: Information Office, Bureau of Indian Affairs, Department of Interior, Washington, DC 20245. (202) 208-3711.

1-31 National Diabetes Month. Contact: The National Office of American Diabetes Association at (800) 232-3472 for information, or contact your local affiliate.


8-10 Head Start Region I New Directors Meeting. Worcester, MA. Contact: Sheila Skiffington, Education Development Center, 55 Chapel Street, Newton, MA 02160. (617) 969-7100, Fax (617) 969-3440.


14-16 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.


16-18 Council of Administrators of Special Education (CASE) Public Policy Conference. Scottsdale, AZ. Contact: Joe Thomason, CASE, 615 16th St., NW, Albuquerque, NM 87104. (505) 243-7622.


27-12/1 Council of Teachers (PAT) Training Institute, 2-5, Even Start, Head Start, and other Title I Programs. St. Louis, MO. Contact: PAT National Center, Inc., 9374 Olive Boulevard, St. Louis, MO 63132. (314) 432-4330, Fax (314) 432-8963.

27-12/1 Head Start Region VI Phase III Management Institute. Atlanta, GA. Contact: Barbara White, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

29-12/1 National Association for the Education of Young Children (NAEYC) Annual Conference. Washington, DC. Contact: Barbara Bosse, NAEYC, 1509 16th Street, NW, Washington, DC 20036-1426. (800) 424-2460, Fax (202) 328-1846.


**DECEMBER 1995**

1-3 ZERO TO THREE Eighth Biennial National Training Institute. Washington, DC. Contact: Sharon Godsey, National Center for Clinical Infant Programs, 1477 Chain Bridge Road, Suite 200, McLean, VA 22101. (703) 356-8300, Fax (703) 790-7237.

4-8 Head Start Region III Phase III Management Institute. Philadelphia, PA. Contact: Margaret Hill, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

4-8 Head Start Region X Management Team Training. Seattle, WA. Contact: Cari Olmstead, Portland St. Univ., PO Box 1491, Portland, OR 97207. (503) 725-4815, Fax (503) 725-4840.

4-8 Head Start Region XI Management Training Phase III Regional Institute. Washington, DC. Contact: Jean Swift, Research Assessment Management, Inc., 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

(continued)
DECEMBER 1995-continued:


11-12 Immunization Partners Conference. (A joint project of Every Child By Two and the American Nurses Association). For more information, contact: Linda Talbott, Every Child By Two, 705 8th St., SE, #400, Washington, DC 20003. (202) 544-0808.


11-14 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

JANUARY 1996


8-12 Head Start Region VIII Phase III Management Institute. Denver, CO. Contact: Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

8-12 Head Start Region XII Phase III Management Institute. Washington, DC. Contact: Barbara White, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

15-19 Head Start Region VI Team Management Conference. Dallas, TX. Contact: Alvino Lopez, TX Tech Univ., Box 41162, Lubbock, TX 79409. (806) 742-3296, Fax (806) 742-0508.

16-18 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

22-26 Head Start Region I Phase III Management Institute. Boston, MA. Contact: Margaret Hill, Research Assessment Management, 1300 Spring St., Ste. 210, Silver Spring MD 20910. (301) 589-8242, Fax (301) 589-8246.

FEBRUARY 1996

1-29 National Children’s Dental Health Month. Contact: American Dental Association, Bureau of Health Education and Audiovisual Services, 211 E. Chicago Ave., Chicago, IL 60611. (312) 440-2500.

1-29 Black History Month. Contact: Association for the Study of Afro-American Life and History, Inc. 1407 14th St., NW, Washington, DC 20005. (202) 667-2822, or National Women's History Project, 7738 Bell Road, Windsor, CA 95492. (707) 838-6000, Fax (707) 838-0478.

13-15 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.

MARCH 1996


12-14 Head Start Region IV Supervisors’ Institute. Bowling Green, KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green, KY 42101. (800) 882-7482, Fax (901) 352-9424.


Developed by the Harvard Family Research Project, this publication profiles six Head Start programs: Dade County Head Start in Florida; Albina Head Start in Oregon; Newark-Leaguers, Inc. Head Start in New Jersey; Murray Head Start in Kentucky; Santa Clara County Office of Education Head Start in California; and HACAP Head Start in Iowa.

Each program accomplished many of the goals set forth in Creating a 21st Century Head Start and the Silver Ribbon Report marking the 25th anniversary of Head Start, in that they have collaborated with school systems and other social service providers, led the way in early childhood education reform, improved health services for children, sought new sources of funding to improve program quality and to foster program expansion, and endeavored to find better ways to help parents attain self-sufficiency.

To obtain a copy of this publication, or for a listing of additional publications by the Harvard Family Research Project, contact:

Publications Department
Harvard Family Research Project
Longfellow Hall, Appian Way
Cambridge, MA 02138
(617) 495-9108
(617) 495-8594 Fax
Internet[hfrp@hugsel.harvard.edu]
This is my House
by Arthur Dorros

All over the world people make houses out of whatever materials they can find. There are caves, tents, boats, grass huts, igloos, pueblos, and apartments among the houses pictured. The children who live in them describe their houses and how they are constructed, why they live like they do, and something about their families. 32 pp. Available from:
The Book Lady, Inc.
8144 Brentwood Industrial Drive
St. Louis, MO 63144
(800) 766-7323
(314) 644-6238 Fax
(Also available is a "Native American Resource" catalog.)

Resources

Giving Thanks:
A Native American Good Morning Message
by Chief Jake Swamp, illustrated by Erwin Printup, Jr.

"To be a human being is an honor and we offer thanksgiving for all the gifts of life." Chief Swamp's message and the unforgettable illustrations make this story a celebration of the beauty and spirit of the environment. Ages 4-8. Available from:
Gryphon House, Inc.
PO Box 207
Beltsville, MD 20704-0207
(301) 595-9500
(800) 638-0928
(301) 595-0051 Fax

The Elders are Watching
by Dave Bouchard

We all have elders, ancestors, and a cultural heritage. Listen to the American Indian wisdom in this book. The lesson is one of caring for our earth and cultures. Use to initiate activities about families, respect, promises. 56 pp. Available from:
Redleaf Press
450 N. Syndicate, Suite 5
St. Paul, MN 55104-4125
(800) 423-8309
(800) 641-0115 Fax

Alike and Different:
Exploring Our Humanity With Young Children (Revised Edition)
by B. Neugebauer, Ed.

This collection of essays will help you integrate children with special needs and children with a variety of backgrounds into your program. Available from:
National Association for the Education of Young Children
1509 16th St. NW
Washington, DC 20036-1426
(202) 232-8777
(800) 424-2460

CORRECTION: In the Resources section of Bulletin No. 54, Oral Health (May-June 1995), the address for The Dental Health Foundation (pg. 21) was incorrectly listed. The correct address is: 4340 Redwood Highway, #319, San Rafael, CA 94903.
Children Around The World
by Jane A. Hodges-Caballero

Rich in resources to broaden the horizons of children, this book contains descriptions, recipes, activities, stories, maps, flags, vocabulary, and games from all over the world. Also included in this edition is updated information on Middle Eastern countries, a new section on American Indians, and many new multi-cultural recipes and activities. 192 pp. Available from:

Humanics Learning
PO Box 7400
Atlanta, GA 30357-0400
(800) 874-8844
(404) 874-2176
(404) 874-1976 Fax

National Indian Maps Available

Two maps are available: one of American Indian History which shows the locale of all Indian reservations, the history of the shrinking land base from 1492 to 1890, and other interesting information (24" x 36"). The other map is of American Indian Nations reservations, shown with size in acres and total population (24" x 36"). Available from:

Thunderbird Enterprises
8821 N. First St.
Phoenix, AZ 85020-2801
(602) 997-8823
(800) 835-7220

Cultural Awareness for Children
by Allen, McNeill, and Schmidt

Give your class firsthand contact with the customs of other cultures, including Hispanic, Southeast Asian, African and African-American, and American Indian. Each unit has a complete background and resource list for teacher information and student participation, and each has been reviewed to ensure that the material is authentic and does not promote stereotypes. 269 pp. Available from:

Zephyr Press
3316 N. Chapel Avenue
Tucson, AZ 85716
(602) 322-5090
(602) 323-9402 Fax

Books from SCHOLASTIC, Inc.

Children of the Earth and Sky

Five Stories About Native American Children
These original stories tell tales of five Native American peoples: the Hopi, Comanche, Mohican, Navajo, and Mandan. 40 pp.

The Legend of the Indian Paintbrush
A retelling of an Indian legend that explains the origin of the Indian paintbrush flower. 4 pp.

Hiawatha
by Henry Wadsworth Longfellow
illustrated by Susan Jeffers
This selection concentrates on the part of Longfellow's classic poem that describes Hiawatha's childhood and details the wonders of an American Indian boy's environment. 32 pp.

Indian Two Feet and His Horse
by Margaret Friskey
illustrated by Ezra Jack Keats
Indian Two Feet wishes he had a horse. His father advises him to think like a horse to find one. He does, with some surprising results. 48 pp.

Dancing With the Indians
by Angela Shelf Medearis
illustrated by Samuel Byrd
A young girl and her family attend an Indian powwow and dance with the Seminoles, whose ancestors rescued her grandfather from slavery and accepted him as their brother. 32 pp.

These books, and many others, including an extensive listing of big books, are available from:

SCHOLASTIC, Inc.
2931 E. MacCarty St.
Jefferson City, MO 65101
(800) 325-6149
(314) 635-5881 Fax
American Indian Tribal Consultation Meetings

The American Indian Programs Branch/Region XI will hold tribal consultation meetings with elected tribal leadership to discuss issues of interest to tribal governments and their Indian Head Start programs. Dates and locations are:

- January 22, 1996 ................. Seattle, WA
- February 23, 1996 ................. Oklahoma City, OK
- March 15, 1996 ................. Phoenix, AZ (SW Consortium Conference)
- April 29-30, 1996 ................. Minneapolis, MN/Green Bay, WI
- May (to be announced) .......... Albuquerque, NM
- June 24, 1996 ..................... Washington, DC (National Indian Head Start Conference)
- August (to be announced) ...... Denver, CO (NW Coalition Conference)

For an authentic narrative of the origin of the "dream catcher," consult Mark Engler's Special Report on Dream Catchers in the October 1995 issue of The Indian Trader, a monthly publication covering American Indian culture, arts, and crafts. The address is: PO Box 1421, Gallup, NM 87305

Please send your success stories, local experiences, items to share, and identified photographs with permission to reprint (we will return them), for use in future issues to:
Diane L. Carroad
Editor-in-Chief
Head Start Bulletin
P. O. Box 1182
Washington, DC 20013
Early Head Start:  
A New Commitment to Children and Families

Helen H. Taylor, Associate Commissioner, Head Start Bureau

When President Clinton signed the bipartisan Head Start reauthorization legislation on May 18, 1994, the Head Start Bureau was challenged to implement an ambitious new agenda. Foremost among the complex and demanding tasks the Bureau faced was the mandate to launch a new program for low-income families with infants and toddlers.

Early Head Start was developed through an extensive consultation and planning process which recognized that the years from conception to age 3 were critical in human development, and that high quality services to support families and enhance growth and development can make a difference in outcomes for young children.

The award of 68 new grants for Early Head Start programs in September 1995 (see related article, “First Grants Awarded for Early Head Start,” p. 5.), marked the successful completion of a major step in this agenda, and enhanced Head Start's role as a national leader in the field of services for families with infants and toddlers and pregnant women.

Let me summarize some of the key steps that brought us to that point:
(continued on page 3)
A Message from the New Editor-in-Chief

Diane L. Carroad

Happy New Year! With the start of a new year, we had hoped that this issue of the Bulletin on the Early Head Start program could greet you immediately after the holidays. However, the temporary Federal Government shutdown caused by the budget stalemate, along with the East Coast’s January blizzard, waylaid these best intentions.

The good news is that this issue focuses on the new Early Head Start program—a critical program serving families with infants and toddlers, as well as pregnant women. We hope you’ll share our excitement about this landmark initiative which we introduce to you in the following pages.

As you can see from the masthead, I am the new Editor-in-Chief of the Head Start Bulletin. For the last six years, I have helped ACF’s public affairs office provide information to the public about diverse programs, including Head Start, that help children and families. Previously, I worked in the U.S. Department of Education and the publishing field.

In the coming issues, we will be making a few changes to meet your needs (for example, the new RD&E column on page 4—now a regular feature). Please share your experiences, insights, questions, and returnable photos with us here at the Bureau. I welcome receiving your comments and suggestions at the following address:

Head Start Bureau
P.O. Box 1182
Washington, DC 20013

I am pleased to be part of the Head Start team and look forward to working with you!

Diane L. Carroad

Donna E. Shalala
Secretary

Mary Jo Bane
Assistant Secretary
Administration for Children and Families

Michael Kharfen
Director
Office of Public Affairs

Olivia A. Golden
Commissioner
Administration on Children, Youth and Families

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The Head Start Bulletin is published six times a year by the Head Start Bureau, Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services.

Editorial inquiries should be addressed to: Head Start Bulletin, P.O. Box 1182, Washington, DC 20013.

Purpose: To enhance communication among the Head Start Bureau, Head Start programs, and interested national, regional, and State organizations and agencies.
Early Head Start: A New Commitment to Children and Families

- In the spring of 1994, to obtain input on the new program, more than 30 focus groups and other consultations were conducted with over 700 parents, practitioners, researchers, representatives of professional organizations, and advocates.

- An Advisory Committee on Head Start Services for Families with Infants and Toddlers, was appointed by HHS Secretary Donna Shalala. It was composed of experts in child development, health, and family services, and met during the summer of 1994 to advise the Department on the development of program guidelines, on the latest research findings, on input from the focus groups, and on Head Start's experiences with the Comprehensive Child Development Program (CCDP), Parent and Child Centers (PCC's), migrant grantees, and other efforts involving families with infants and toddlers. (A copy of the Committee's report can be obtained by contacting the Head Start Publications Center, PO Box 26417, Alexandria, VA 22313-0417. Fax 703-683-5767.)

The Committee agreed that the new program—named Early Head Start (EHS)—should be family centered and community based. The Committee also identified nine principles to serve as the foundation for EHS:

- High Quality;
- Prevention and Promotion;
- Positive Relationships and Continuity;
- Parent Involvement;
- Inclusion;
- Culture;
- Flexibility, Responsiveness, Comprehensiveness, and Intensity;
- Transition; and
- Collaboration.

Based on the Committee's recommendations, the program was designed to focus on four cornerstones:

- Child Development,
- Family Development,
- Community Building, and
- Staff Development.

- A Program Announcement was published in the Federal Register on March 17, 1995. Nearly 600 proposals were received and paneled during July. Pre-award site visits were made in August, and 68 grants were awarded in September.

The new EHS program will enroll families throughout the coming year and, by September 1996 when all projects are expected to be fully operational, comprehensive services will be provided to more than 5,000 families.

To assure quality in programs for families with infants and toddlers in both newly funded as well as existing programs, a specific training and technical assistance (T/TA) strategy was developed as follows:

- ZERO TO THREE/The National Center for Clinical Infant Programs, was named the T/TA contractor for EHS. Along with their subcontractor WestEd (formerly Far West Laboratory for Educational Research & Development), the Center will work with the regional Technical Assistance Support Centers (TASC's) and Resource Access Projects (RAP's) to provide assistance to EHS grantees.

- As part of our initiative to assist all Head Start programs serving infants, toddlers, and pregnant women, the migrant programs and PCC's were given an opportunity to apply for additional funding to assure that adequate numbers of qualified staff were working with infants and toddlers, and that group size supports good developmental practices.

A rigorous evaluation plan was also developed to carry out multiple objectives, including the identification of successful program models and the variables that contribute to program outcomes. This research strategy will lay the groundwork for later longitudinal studies. (See Early Head Start Research and Evaluation, p. 4.)

The proposed new Head Start Program Performance Standards will include standards for all Head Start programs, including EHS, which serve infants, toddlers, and pregnant women.

Head Start has always been about the future. As we begin to create a 21st Century Head Start, Early Head Start stands as both a symbol of hope and a sign of our commitment to a better future for America's youngest children and their families.
The Early Head Start (EHS) research and evaluation plan has the following purposes:

- Continuous improvement;
- Study of program impact;
- Site-specific, in-depth research on specific features of EHS programs and families; and
- Future longitudinal studies.

These purposes will be carried out through the combined research efforts of a national contractor and a group of local researchers working in complementary efforts. The national research contract has been awarded to Mathematica Policy Research (MPR), with a subcontract to Columbia University. The principal investigators are Drs. John Love and Ellen Kisker from MPR, and Dr. Jeanne Brooks-Gunn from Columbia University. A Request for Proposal for the local research grants was published December 21, 1995, for awards in early 1996. The research partners of current local EHS programs may compete for the local research grants and be a site for the national evaluation.

Continuous program improvement is the first purpose of EHS research and evaluation. All current 68 EHS sites, as well as future sites, will participate in this improvement. The tool for continuous improvement will be the HSFIS, the Head Start Family Information System, an automated management information system that will be available to all sites. The national EHS research contractor will assist sites in developing the formats for this activity.

The second purpose, the study of program impact to determine for whom and under what conditions EHS has an impact on children, families, staff, and communities, will be conducted at 12 EHS sites across the country using an experimental design. For the research sample, families with children under 1 year of age will be randomly assigned to EHS and to comparison groups over an enrollment period of 27 months. The study will be conducted by MPR and will feature sub-studies of program implementation, program variation, and program quality. The study will also include new methodology which will focus on changes in communities, including a special sub-study of change in community child care. This study will span five years.

The third purpose involves local research studies. Local researchers will work with the national researcher in a consortium. Research partners of approximately 12 EHS programs will have an opportunity to do in-depth research related to the four program cornerstones of child, family, staff, and community outcomes. These studies will include both qualitative and quantitative methods and will complement the national cross-site study.

EHS research offers the opportunity to begin a study that could extend beyond the EHS years and lay the groundwork for future longitudinal studies. It is the intention of ACYF to continue to study EHS children and families from the original research sites as they progress in and through Head Start and formal schooling to determine the effects of the program in the lives of these children and their families.

For more information on EHS research and evaluation, contact Helen Raikes, Society for Research in Child Development Fellow, (202-205-2247), or Louisa Tarullo, Social Science Research Analyst, (202-205-9632), of the Research, Demonstration and Evaluation Branch, ACYF.

For information on local research, contact Esther Kresh, Program Specialist, Program Development Branch, Head Start Bureau (202-205-8115).
First Grants Awarded for Early Head Start

On September 30, 1995, ACYF announced the award of 68 new Early Head Start grants. These projects are to serve over 5,000 children and families in 34 States, the District of Columbia, and Puerto Rico.

Programs are located in urban and rural communities in all regions of the country. Seven are new grantees, 22 are current Head Start programs, 24 are former Parent and Child Center (PCC) programs, and 15 are former Comprehensive Child Development Programs (CCDP's). In addition to existing Head Start grantees, sponsoring organizations include universities, school systems, community mental health centers, medical centers, city and county governmental agencies, Indian tribes, Community Action Agencies, child care providers, and other non-profit organizations.

EHS is designed to enhance children's physical, social, emotional, and intellectual development; support parents—both mothers and fathers—in fulfilling their parental roles; and help parents move toward economic independence. Programs are expected to offer certain core services, including high quality early education (both in and out of the home) and family support services; home visits; parent education; comprehensive health and mental health services, including services for women prior to, during, and after pregnancy; nutrition; and child care. EHS programs will have the flexibility to respond to the unique strengths and needs of their own communities and of each child and family within that community.

Among the program options are family child care, center-based care, and home visiting. Several projects will use combinations of these models. In response to specific needs identified in their communities, some projects will emphasize certain program components, such as services for teen parents, family literacy, life skills development, substance abuse treatment, and injury and accident prevention. All projects will work with community partners to assure early, continuous, and comprehensive services.

**EARLY HEAD START GRANTEES:**

**ALASKA:**
Rural Alaska Community Action Program, Inc., Anchorage

**ARIZONA:**
Southwest Human Development, Inc., Phoenix

**ARKANSAS:**
Child Development, Inc., Russellville

**CALIFORNIA:**
Northcoast Children's Services, Arcata
Sacramento Employment and Training Agency, Sacramento
Venice Family Clinic, Venice

**COLORADO:**
Clayton/Mile High Family Futures, Denver
Community Partnerships for Child Development, Colorado Springs
Friends of Maria Mitchell, Denver*

**DISTRICT OF COLUMBIA:**
Edward C. Mazique Parent Child Center, Inc.

*New Grantees

**FLORIDA:**
School Board of Alachua County, Gainesville
Dade County Board of Commissioners, Miami

**GEORGIA:**
Berry College, Mount Berry
Clark Atlanta University, Atlanta
Save the Children Federation, Atlanta*

**ILLINOIS:**
City of Chicago, Department of Human Services, Chicago
Ounce of Prevention Fund, Chicago
Wabash Area Development, Inc., Enfield

**INDIANA:**
Hamilton Center, Inc., Terre Haute*

**IOWA:**
Mid-Iowa Community Action, Inc., Marshalltown
Upper Des Moines Opportunity, Inc., Graettinger

**KANSAS:**
Child Care Association of Wichita/Sedgwick County, Wichita
Unified School District #305, Salina
University of Kansas Medical Center, Kansas City
Early Head Start Grantees - continued:

**KENTUCKY:**
Breckinridge-Grayson Programs, Inc., Leitchfield
Murray Board of Education, Murray

**MARYLAND:**
Family Services Agency, Inc., Gaithersburg*
Friends of the Family, Inc., Baltimore

**MICHIGAN:**
Region II Community Action Agency, Jackson

**MISSISSIPPI:**
Friends of Children of Mississippi, Inc., Jackson

**MISSOURI:**
Human Development Corporation, St. Louis
KCMC Development Corporation, Kansas City

**NEBRASKA:**
Central Nebraska Community Services, Loup City

**NEW HAMPSHIRE:**
Community Action Program Belknap-Merrimack, Inc., Concord

**NEW JERSEY:**
Babyland Nursery, Inc., Newark
Northwest New Jersey Community Action Program, Phillipsburg

**NEW YORK:**
The Astor Home for Children; Rhinebeck
Chautauqua Opportunities, Inc., Mayville
Educational Alliance, Inc., New York
P.E.A.C.E., Inc., Syracuse
Project Teen Aid, Brooklyn

**NORTH CAROLINA:**
Asheville City Schools, Asheville*

**NORTH DAKOTA:**
Little Hoop Community College, Fort Totten

**OHIO:**
Child Focus, Inc., Batavia
Cincinnati-Hamilton Community Action Commission, Cincinnati

**OREGON:**
Southern Oregon Child and Family Council, Inc., Central Point

**PENNSYLVANIA:**
The Philadelphia Parent Child Center, Inc., Philadelphia
University of Pittsburgh, Pittsburgh

**PUERTO RICO:**
ASPIRA Inc. of Puerto Rico, Rio Piedras
New York Foundling Hospital (serves Puerto Rico), New York

**SOUTH CAROLINA:**
Sumter School District 17, Sumter*
Sunbelt Human Advancement Resources, Inc., Greenville

**TENNESSEE:**
City of Chattanooga, Human Services Department, Chattanooga
Tennessee State University, Nashville

**TEXAS:**
Avance, Inc., San Antonio
City of San Antonio, San Antonio
Head Start of Greater Dallas, Inc., Dallas
Texas Migrant Council, Inc., Laredo

**UTAH:**
Bear River Head Start, Logan

**VERMONT:**
Brattleboro Town School District, Brattleboro
Central Vermont Community Action Council, Inc., Barre

**VIRGINIA:**
United Cerebral Palsy of Washington and Northern Virginia, Inc., Washington, DC*

**WASHINGTON:**
Children's Home Society of Washington, Auburn
Port Gamble Klallam Tribe, Kingston
Washington State Community College #17, Spokane
Washington State Migrant Council, Sunnyside

**WEST VIRGINIA:**
Monogalia County Board of Education, Morgantown

**WISCONSIN:**
Renewal Unlimited, Inc., Baraboo

*New Grantees
### Early Head Start National Resource Center Staff Liaison with Grantees and Coordination Assignments with TASC Infant/Toddler Specialists, RAP Reps, and Relevant Other T/TA Resources

<table>
<thead>
<tr>
<th>Region and States (with # of grantees)</th>
<th>EHS NRC Liaison</th>
<th>TASC I/T Spec.</th>
<th>RAP I/T Spec.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region I</strong>: CT, ME, MA, NH(1), RI, VT(2)</td>
<td>Helen Keith 703-528-4300</td>
<td>Lori Colletti</td>
<td>Mary Ann Demaree</td>
</tr>
<tr>
<td><strong>Region IIa</strong>: NJ(2), NY(5)</td>
<td>Brenda Jones 301-405-2580</td>
<td>Cynthia J. Wilson</td>
<td>Barbara Schwartz</td>
</tr>
<tr>
<td><strong>Region IIb</strong>: PR(2), VI</td>
<td>Brenda Jones 301-405-2580</td>
<td>Dulce Rios</td>
<td>Barbara Schwartz</td>
</tr>
<tr>
<td><strong>Region III</strong>: DE, DC(1), MD(2), PA(2), VA(1), WV(1)</td>
<td>Valerie Ashton-Holmes 703-528-4300</td>
<td>Donna Bloomer</td>
<td>Lisa Goldman</td>
</tr>
<tr>
<td><strong>Region IVa</strong>: AL, FL(2), GA(3), MS(1)</td>
<td>Pat Franco 954-475-7450</td>
<td>Justine Strickland</td>
<td>Justine Strickland</td>
</tr>
<tr>
<td><strong>Region IVb</strong>: KY(2), NC(1), SC(2), TN(2)</td>
<td>Pat Franco 954-475-7450</td>
<td>Melissa Warner</td>
<td>Justine Strickland</td>
</tr>
<tr>
<td><strong>Region Va</strong>: MI(1), MN, WI(1)</td>
<td>Tammy Mann 703-528-4300</td>
<td>Deborah Ceglowski</td>
<td>Dawn Thomas</td>
</tr>
<tr>
<td><strong>Region Vb</strong>: IL(3), IN(1), OH(2)</td>
<td>Tammy Mann 703-528-4300</td>
<td>Barbara Woodard</td>
<td>Dawn Thomas</td>
</tr>
<tr>
<td><strong>Region VIa</strong>: AR(1), OK, LA</td>
<td>Linda Eggbeer 703-528-4300</td>
<td>Pearl Andrews (TBA)</td>
<td>Sophie Bertrand</td>
</tr>
<tr>
<td><strong>Region VIb</strong>: TX(3), NM</td>
<td>Linda Eggbeer 703-528-4300</td>
<td>TBA</td>
<td>Sophie Bertrand</td>
</tr>
<tr>
<td><strong>Region VII</strong>: IA(2), KS(3), MO(2), NE(1)</td>
<td>Valerie Ashton-Holmes 703-528-4300</td>
<td>Alice Eberhard-Wright</td>
<td>Kathy Victor</td>
</tr>
<tr>
<td><strong>Region VIII</strong>: CO(3), MT, ND(1), UT(1), WY, SD</td>
<td>Tammy Mann 703-528-4300</td>
<td>Jan Speirer</td>
<td>Susan Smith</td>
</tr>
<tr>
<td><strong>Region IX</strong>: AZ(1), CA(3), HI, NV, Pacific Areas</td>
<td>Terry Di Martini 415-331-5277</td>
<td>Linda Smith Kimura</td>
<td>Anne Kuschner</td>
</tr>
<tr>
<td><strong>Region X</strong>: AK(1), ID, OR(1), WA(2)</td>
<td>Betty Smith 301-460-4326</td>
<td>TBA</td>
<td>Judy Brophy</td>
</tr>
<tr>
<td><strong>Region XI</strong>: AIPB(2)</td>
<td>Helen Keith 703-528-4300</td>
<td>Diane Willis</td>
<td>TBA</td>
</tr>
<tr>
<td><strong>Region XII</strong>: Migrant(1)</td>
<td>Doug Quiett 415-331-5277</td>
<td>Bob Stechuk (TBA)</td>
<td>Sheryl Parkhurst (TBA)</td>
</tr>
</tbody>
</table>
Since 1969, Migrant Head Start (MHS) programs (Region XII) have been providing services to infants and toddlers. These services provide appropriate care and developmental opportunities for children from birth through compulsory school age, and function as an alternative to young children spending their days in labor camps, cars, or in fields and orchards where their parents work.

At present, MHS programs in 34 States enroll more than 35,000 children annually, of whom 41 percent, or approximately 14,350 children, are ages birth through 3 years. Program operations, including the location of center sites, and the length of operating periods (ranging from 6 weeks to 9 months) are guided by the locations and times of seasonal agricultural work. To accommodate the needs of migrant families, centers usually operate 5 to 7 days per week and 10 to 12 hours per day.

To build and maintain optimal caregiving relationships, low staff-child ratios are essential. Programs typically assign one staff person as the primary caregiver for three to four children. Management systems aim at keeping staff assignments stable to promote attachment and security in children.

As with older children, infants and toddlers deserve individualized services which support their comprehensive development. Access to indoor and outdoor play opportunities, experiences with art and music, and learning experiences which engage large and fine motor functions and cognitive skills, and social-emotional development, may all be part of their daily curriculum. The curriculum must also support children's native language, cultural identity, and self-esteem.

Mobility is the primary characteristic of migrant farm workers. With frequent moves from state to state to find work, families are faced with the multiple conditions of irregular employment and possibly poverty, unavailable or unaffordable child care, and lack of regular access to health, social, and other services. Therefore, the development of "continuity of care" systems is an asset to MHS children and their families, as well as program staff.

Quality care for MHS infants and toddlers requires special attention to issues of cultural appropriateness. MHS programs support culturally responsive care by hiring staff who are representative of the languages and cultures of enrolled children and by incorporating information from parents on specific care practices, such as feeding or diapering, into daily routines.

Parents of infants and toddlers are typically eager for information and involvement opportunities. MHS staff work to inform migrant parents of training and other opportunities for involvement, and get parental input in the development of these offerings. Examples of parent requests for training include: making a first-aid kit and preventing bottle mouth tooth decay, as well as practical information such as taking temperatures and techniques for nurturing. To accommodate parents' work schedules, training experiences and meetings are generally scheduled in the evenings in the migrant camps.

Additionally, MHS programs must provide services quickly and efficiently. Program plans may require that developmental screenings be completed within the first two weeks of enrollment, and that all screenings take place within the first 30 days of enrollment. Or referrals for further evaluations may be required as little as two days.

Head Start became a model of comprehensive, interdisciplinary preschool services decades ago. In expanding its service provision to infants and toddlers, Head Start is well positioned to repeat the success of its Migrant Head Start programs by responding effectively to the needs of families of infants and toddlers in Early Head Start.
Early Head Start: A Model of Teamwork

In Early Head Start (EHS), "team" is a key word. At the local level, each grantee works in partnership with diverse community agencies and organizations to assure that the needs of low-income families with infants and toddlers, as well as pregnant women, are met.

Within EHS programs, this team approach is essential as staff members provide families with comprehensive and coordinated services to meet their specific needs. Certainly the relationships between and among staff and families are built on the mutual respect that is part of a team approach.

In administering this vital new program at the federal level, the Head Start Bureau also relies on teamwork. Working collaboratively, federal staff will provide the necessary design, development, support, and oversight to ensure that grantees deliver services which are effective, which enhance the development of infants and toddlers, and which support their families.

The team is comprised of federal project officers, grants management specialists, and other staff who have been assisting with the implementation of the EHS program. EHS grantees met many of these team members at the EHS Orientation Conference in Washington, DC, in January.

The federal staff who will be supporting the EHS program are: Helen Taylor, Merrily Beyreuther, Mimi Kanda, Helen Raikes, Esther Kresh, Mary Shiffer, Madelyn Schultz, Edgard Perez, and Denice Glover. Coordinating closely with this group will be Trellis Waxler, JoAn Herren, and Sherri Ash. Lynda Perez and her staff in Grants Management will also provide ongoing assistance.

While these names will be seen frequently in correspondence and other materials from the federal office, there are many other federal team members who have made and will continue to make significant contributions to the EHS program.

Across the country, and at all levels, these team members are joining together in an effort to provide each and every landmark EHS program with the necessary support to make it successful.

The Early Head Start Orientation Conference was held in Washington, DC, on January 17 through 19, 1996, and attended by more than 300 people.

Mary Jo Bane, Assistant Secretary, ACF; Olivia Golden, Commissioner, ACYF; and Helen Taylor, Associate Commissioner, HSB, were among the speakers who challenged the grantees with the critical importance of their work with families with infants and toddlers and pregnant women.

Presentations focused on the four EHS cornerstones of:

- Child Development
- Family Development
- Community Building
- Staff Development

Participants considered carefully how to incorporate the valuable ideas of the speakers into their own community programs and shared their ideas in small groups discussions with their colleagues.

The 68 EHS grantees, and the T/TA providers who will be assisting them, left the meeting full of enthusiasm and ready to proceed. As with any significant work to be achieved, some admitted they were a little anxious about making sure that they provide a wonderful Early Head Start!
When a new baby joins a family, it is a time of change for everyone. Family roles and responsibilities change, schedules for sleeping and eating change, and relationships alter. When a baby has a disability, the changes in a family's membership and lifestyle may be accompanied by changes the family never expected to make.

Early Head Start (EHS) programs offer families of young children with disabilities or developmental delays a natural and inclusive environment. EHS has the unique opportunity of playing a role in providing information and support to families whose infants or toddlers have disabilities or delayed development.

Services are available to those infants and toddlers in each State as a result of Part H, the Early Intervention grant program, of the Individuals with Disabilities Education Act (IDEA). IDEA is the same law that guarantees a free and appropriate public education for preschoolers who have disabilities or delays in their development.

Part H encourages States to plan and provide services for infants and toddlers from birth to 3 years of age who have disabilities, delays in development, or are at-risk due to biological or environmental factors. States receive Part H funds to plan and implement statewide systems of early intervention services for eligible infants and toddlers and their families.

Head Start's philosophy for working with children and families is also embedded in the Part H legislation. Infants and toddlers served under this law are served within the context of their families and in family centered services that reflect a respect for the family's role as primary caregiver and decision maker for their own children. These services also honor each family's unique strengths, priorities, beliefs, values, and culture.

When a baby has a disability, the changes in a family's membership and lifestyle may be accompanied by changes the family never expected to make.

Part H legislation promotes an interagency system that is not only family centered but community based, coordinated, collaborative, and comprehensive. EHS programs, Parent-Child Centers, Comprehensive Child Development Centers, and Head Start migrant programs, are all important parts of that interagency system, and infants and toddlers enrolled in these programs may also be eligible for services under Part H. Programs can get information about eligibility from their State's Part H coordinator, Resource Access Projects (RAP's), or EHS technical assistance contractor.

Within 45 days of referral to the early intervention program, each infant or toddler is entitled to receive a multidisciplinary team assessment to determine the child's eligibility and answer the family's questions. The assessment helps the team determine the child's developmental levels, strengths, needs, and outcomes the families hope for.

Early intervention services which a child and family receive are individually determined as part of the IFSP (Individualized Family Service Plan) process. A service coordinator is appointed to help plan the assessment and develop the IFSP, let families know about advocacy resources, and assist in planning the transition from EHS or other services to early childhood programs.

EHS staff may find that their relationships with families and other community agencies make them well suited to work as the service coordinator for and with a family receiving early intervention services. In that regard, EHS directors and staff will want to be part of their communities' early intervention systems to ensure that infants and toddlers and their families who are doubly challenged by poverty and disability receive services that will help them to reach their full potential.
The quality of infant-parent relationships has been found to be of primary importance in all aspects of the development of infants, toddlers, and young children. Each year more is learned about the ways these early relationships influence children's emotional well-being, development, and learning capacity.

The intimate relationships which children form with parents and extended family members tend to shape patterns through which they develop self-esteem, perceive the world around them, and learn to communicate. Expectations of trust and the ability to form later relationships are also formed through these early human connections.

The ways in which positive early relationships promote resiliency and act as a buffer for children growing up in poverty or in other kinds of adverse situations are also becoming understood.

Later in children's development, community and school environments assume more importance, but early on the parents and immediate family provide a unique kind of classroom through which the basics of loving and learning are formed.

A great deal is known about how a family's unique history shapes its ability to form sensitive and appropriate relationships with infants and the kinds of barriers that can put these early relationships and first learning opportunities in jeopardy.

Many barriers are known to early childhood practitioners and include things such as parental life stressors, unresolved conflicts, adversity in a parent's past, loss, substance use, and unrealistic expectations about the abilities of infants and young children. These barriers are not caused by poverty, but poverty often exacerbates them.

The symptoms of early relationship difficulties are varied but include such things as failure to respond consistently to a baby's cues and signals, projections of negative emotions onto a baby, and/or unusual expectations of what an infant or toddler can do, feel, or understand.

A method, however, of working with families, infants, and toddlers that can address these issues has been developed. Broadly termed infant-parent psychotherapy, this method was originally used in mental health settings. It has now evolved and is being used more frequently in settings which deliver comprehensive services to infants, toddlers, young children, and their families. Services are usually delivered in a home with an emphasis on flexibility, and are based on the needs of the family. The strengths of the family and its cultural context are also emphasized. Caring interaction between the staff person and the family is essential for this approach to be effective.

This infant mental health approach provides ways to promote and extend the development of meaningful and supportive relationships among parents and children, and provides ways of approaching issues which are not easily addressed.

Other methods of integrating infant mental health approaches into programs include staff training, clinical consultation to program staff, use of adjunct mental health services, and inclusion of program staff trained as infant mental health practitioners.
Environments for Infants and Toddlers: Encouraging Active Exploration


Jacinda rests comfortably in a front pack while her teacher pushes her sister and brother in the stroller. Feliz lies swaddled in a blanket. Inez lies on a blanket under a shady tree in her backyard, rocking back and forth until she turns over. Mai Le bangs a plastic bowl with a wooden spoon, puts the bowl on her head, and laughs. Charisse sits on her mother’s lap, drinking a bottle of juice while her mother sings a song her mother sang to her. Eric reaches for a plastic ring, puts it in his mouth, then places it on a post. Haki helps his sister clean the kitchen floor by holding the dustpan while she sweeps. Marcus, Alisha, and Jake blow bubbles and run after them. Tony, a child with Down Syndrome, sits next to Geraldine and they talk on the phone. Omar pushes a cardboard box across the play yard. Nadia and Wesley use a wooden dowel to poke holes in their playdough. Stacey and her teacher toss bean bags into a laundry basket.

What does an environment for infants and toddlers look like? Indoors are places for diapering, exploring, spending time alone or with another person, sensory learning, moving, using toys, and storing personal belongings. Walls are decorated with pictures of familiar objects, animals, people, and the children’s families, where children can see them. Areas are carpeted, floors have washable surfaces, and there are a variety of levels—ramps, carpeted platforms, or climbers. Natural light pours through the windows and soft lighting illuminates other areas. Outdoors children can stretch their muscles, eat lunch, get to know the neighborhood with an adult, and feel the sun and wind on their faces.

Whether growing and learning in a home or center setting, babies are likely to spend their days in similar ways. Toddlers do many of the same things at a center as they do at home, and most infants and toddlers learn by actively exploring their surroundings. Therefore, home and center environments must be safe and healthy. Unsafe items are stored out of children’s reach; safety gates block areas that are off-limits to the children; equipment, such as high chairs and changing tables, meet established standards for safety; food and formula are stored at proper temperatures; and items that are mouthed are sanitized to prevent the spread of germs.

A good center environment for children under age 3 has plenty of open space so children can move around without hurting themselves or bumping into others. An area defined by gates or pillows can provide a safe place for children learning to crawl. Railings on the wall give children who are learning to walk something to hold onto, and a smooth-surfaced floor helps walkers stay upright. It is important to avoid arranging all the furniture against the walls as this invites children to use the middle of the room for a runway.

A well-organized environment supports children and adults during routines. Routines take up a large part of the day for infants and, as toddlers become more independent, they find routines as fascinating as any other activities. There are separate areas for eating and diapering and conveniently located storage units for supplies. Bathrooms used by toddlers (continued on page 13)
should have child-sized sinks and toilets or step stools. Toilet learning will go more smoothly if children can use the toilet and wash their hands with minimal adult supervision. An area set aside for parents lets them know they are always welcome. Cubbies or baskets give children and parents places to store personal items, such as diapers, a special toy or blanket, or a change of clothes.

Infants and toddlers try to make sense of their world. They tend to feel most secure when their environments remain consistent. They are comforted by knowing that every day the polka dot curtains hang in the windows, the couch is in the corner, and the blocks are on the low, open shelves near the table where they eat lunch. But too much sameness can be boring. Children also need variety. Adults can introduce new things or arrangements slowly so that children will continue to feel secure while also gaining new skills and interests.

Infants and toddlers tend to feel most comfortable in familiar surroundings, so center environments should look a lot like a home. A rocking chair, curtains, pictures of children’s families, pots and pans, a couch, carpeting, and items reflecting the children’s cultures help to create a home-like atmosphere.

Effective environments encourage infants and toddlers to develop and learn new skills. Furniture and equipment, room arrangements, and strategies for storing and displaying materials should be tied to children’s developmental skills and needs. Infants use their senses and move their bodies to learn about the world. They need things to look at, touch, listen to, and put in their mouths. They also require safe, open areas for rolling over, crawling, pulling up, and learning to walk. Toddlers, always in motion and eager to do things for themselves, need an environment that offers safe opportunities to run, jump, climb, push, pull, fill, dump, and pour.

A good environment for infants and toddlers includes caring adults who respond quickly and consistently to their needs, who let them know they are valued and important people, and who know when to step in and assist and when to step back to let the children do things on their own.
“Healthy Child Care America” Campaign: 
You Can Make a Difference In Your Community

Moniquin Huggins, Child Care Program Specialist,  
Child Care Bureau, ACF

As Early Head Start and other child development and child care programs serve younger and more vulnerable children, the quality of these services increases in importance.

To bring focus to the importance of quality child care, the Department of Health and Human Services' Child Care Bureau and the Maternal and Child Health Bureau launched the "Healthy Child Care Campaign," a nationwide campaign to promote the health and safety of children and families. Secretary Shalala kicked off the campaign at the National Child Care Health Forum on May 10, 1995, in Washington, DC. This groundbreaking event brought together over 180 health and child care professionals from around the country to discuss health and safety practices and issues.

Together, health and child care professionals drew upon their expertise to draft the "Blueprint for Action," a guide that States and communities can use to plan and build linkages to launch local child care campaigns. The "Blueprint" identifies such areas as the immunization coverage for children in child care, strengthening and improving nutrition services, and expanding ongoing support for child care providers.

The campaign was formed on the principle that child care settings offer unique opportunities to promote the healthy development of young children. Linking health care and child care makes good sense for maximizing resources, developing comprehensive and coordinated services, and most importantly, nurturing children.

To ensure that this initiative impacts each and every community, ACF's Child Care Bureau needs your help. We need your help in getting the word out that children in child care need to be immunized, their learning environments need to be safe and healthy, and the very best of health and nutrition education is needed for parents, providers, and children.

Creating partnerships, expanding knowledge, and building on existing resources are actions which are key to initiating a successful campaign. Partnerships with families, the health community, and the business community will ensure that everyone is involved. Education to train both child care professionals on child care issues and health care professionals on child care issues will raise the understanding in both fields of the particular needs of children and providers.

You can make a difference by committing to at least one action that your organization will perform to help mobilize communities to launch a "Healthy Child Care America" campaign. If you are eager to advance a healthy child care agenda in your community, contact the Child Care Bureau for further information.

Inquiries should be directed to:

Child Care Bureau, ACYF  
200 Independence Avenue, SW  
Room 300F  
Washington, DC 20201  
Attn: Moniquin Huggins
Attachment Theory: Implications for Early Head Start

Mary Ellin Logue, Ph.D., Senior Research Associate, Head Start Parent Involvement National Training Contract, RMC Research Corporation, Portsmouth, New Hampshire

For more than 50 years, scholars and mental health professionals have been studying how parents and infants bond to each other. As a result, they have developed the "attachment theory." According to this theory, the quality of the relationship between a baby and its primary caregiver often affects other relationships and whether or not the baby views the world as friendly or hostile.

There are three main patterns of attachment between mother and child (in this article, the word "mother" will be used to indicate the baby's primary caregiver). Where there is secure attachment, mothers are generally warm and consistent and tend to read their child's signals accurately. Such mothers usually respond quickly to their baby's cries. The infants tend to explore, cry less, and be more willing to do what their mothers ask. As preschoolers, these children are generally the sociable, adjustable ones.

In avoidant attachment, mothers often do not respond to their baby's emotions or may even reject their baby emotionally. They may be uncomfortable with the baby's being dependence on them and may actively encourage the baby to become independent. By 12 months, such children may seek little physical contact with their mothers and can often be angry with them. They may not seem to enjoy being held, but can often become unsettled when put down. As preschoolers, they are often angry, defiant, and isolated from the other children.

In cases of ambivalent attachment, mothers may behave unpredictably or in a chaotic manner. They tend to misread their baby's signals and the baby probably cries a lot. The babies can be clingy, demanding, and upset by even brief separations. As preschoolers, these children are frequently clingy and dependent.

Other findings about attachment are:

- Warm, sensitive, responsive, and dependable mothering is a key to developing a securely attached child.
- A baby's attachment pattern develops during the first year and remains fairly stable into the teenage years unless something interferes. Attachment can be affected by major events, such as the illness or loss of the primary caregiver, a move, or the birth of another baby.

Research findings based on assessment of parent-child attachment (Becoming Attached: Unfolding the Mystery of the Infant-Mother Bond and Its Impact on Later Development, by Robert Karen, 1994) suggest that up to one-third of American children are insecurely attached, either avoidantly or ambivalently. The figure is higher in unstable homes with high degrees of stress.

Attachment patterns tend to repeat themselves through generations. A mother who is insecurely attached herself is likely to raise a child who is also insecurely attached. Intervention is usually needed to break the pattern, and even brief interventions can help mothers and children form secure attachments.

What implications do attachment theory have for Early Head Start? A major EHS focus is to develop healthy relationships between children and parents, families, and program staff. Well-trained practitioners can help parents of young children form caring and dependable relationships. In addition to offering child development guidance, EHS staff can support healthy attachments between parents and children when they also provide parents with opportunities to reflect on their own early experiences.
Your Used Crib Could be Deadly!

An unsafe used crib could be very dangerous for your baby!
Each year about 50 babies suffocate or strangle when they become trapped between broken crib parts or in cribs with older, unsafe designs.
A safe crib is the best place to put your baby to sleep. Look for a crib with a certification seal showing that it meets the following national safety standards.

If your crib does not meet these guidelines, destroy it and replace it with a safe crib!

A safe crib has:
- No missing, loose, broken, or improperly-installed screws, brackets, or other hardware on the crib or the mattress support.
- No more than 2 3/8 inches between crib slats so a baby’s body cannot fit through the slats.
- A firm, snug-fitting mattress so a baby cannot get trapped between the mattress and the side of the crib.
- No corner posts over 1/16 of an inch above the end panels (unless they are over 16” high for a canopy) so a baby cannot catch its clothing and strangle.
- No cutout areas on the headboard or footboard where a baby’s head can get trapped.
- A mattress support that does not easily pull apart from the corner posts so a baby cannot get trapped between the mattress and the crib.
- No cracked or peeling paint, to prevent lead poisoning.
- No splinters or rough edges.

This message brought to you by:
American Academy of Pediatrics
Consumer Federation of America
The Danny Foundation
Juvenile Products Manufacturers Association
Maternal & Child Health Bureau, Health Resources and Services Administration
National SAFE KIDS Campaign
U.S. Consumer Product Safety Commission

Esa Cuna Usada Podría Ser Mortalmente Peligrosa

¡Una cuna usada y poco segura podría representar un peligro para su bebé!
Anualmente unos 50 bebés mueren por sofocación o estrangulación por quedar atrapados entre piezas rotas de sus cunas o en cunas de diseño antiguo e inseguro.
El mejor lugar donde acostar a su bebé es en una cuna segura. Procure una cuna con un sello de certificación que indique que cumple con las normas de seguridad nacional.

Si la cuna que usa no cumple con estas pautas, déjela de una vez y reemplácela con una cuna segura.

Una cuna segura tiene las siguientes características:
- No falta a la cuna ni al sostén del colchón tornillos, soportes u otros herrajes, ni éstos están flojos, rotos o mal instalados.
- No tiene más de 2 y 3/8 pulgadas de espacio entre los listones de la cuna, de modo que el cuerpo del bebé no pueda pasar entre ellos.
- Tiene un colchón firme, de cálculo justo, de manera que el bebé no pueda quedarse atrapado entre el colchón y los lados de la cuna.
- Los postes en las esquinas no sobresalen más de 1/16 pulgada de los paneles de las cabeceras (salvo que sean de más de 16 pulgadas de alto por tratarse de una cuna con pabellón), para que no se le enganche la ropa al bebé y pueda estrangularse.
- No debe haber aberturas en las paneles de la cabecera o del pie de la cuna para evitar que la cabeza del bebé pueda quedar atrapada.
- Tiene un sostén de colchón que no se puede separar con facilidad de los postes de las esquinas, de modo que el bebé no pueda quedarse atrapado entre el colchón y la cuna.
- No tiene pintura resquebrajada o pelada para prevenir el envenenamiento por ingestión de plomo.
- No tiene astillas o bordes ásperos.

Este mensaje se lo brindan las siguientes organizaciones:
Academia Estadounidense de Pediatría
Federación Estadounidense del Consumidor
Fundación Danny
Asociación de Fabricantes de Productos para Niños
Oficina para la Salud Maternal y Filial,
Administración de Recursos y Servicios de la Salud
Campaña Nacional SAFE KIDS
Comisión Estadounidense de Seguridad en los Productos de Consumo

1-31 Red Cross Month. Contact your local chapter, or the American Red Cross National Headquarters, Public Affairs Office, 17th and D Streets, NW, Washington DC 20006. (202) 737-8300.

1-31 Mental Retardation Awareness Month. Contact: The Arc, 500 East Border St., Ste. 300, Arlington TX 76010. (817) 261-6003.

4-7 Head Start Region II Staff Development Training. Hudson Falls NY. Contact: Elizabeth Osborne, Director, or Linda Pollock, Teaching Center Coordinator, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.


8 Head Start Region XI Tribal Consultation Meeting 2. Seattle, WA. Contact: Helen Scheirbeck, Chief, AIPB, Head Start Bureau, PO Box 1182, Washington DC. (202) 205-8437.

8-10 1996 National Child Care Association, Inc. (NCCA) Annual Conference. Atlanta GA. Contact: Conference Coordinator, NCCA, 1029 Railroad St., Atlanta GA 30307. (800) 543-7161, Fax (770) 388-7772.

8-12 Head Start Region XII Programmatic Conference. San Antonio TX. Contact: Sharon Yandian, HSB, PO Box 1182, Washington DC 20013. (202) 205-8670.


12 Head Start Region II Staff Development Training. Hudson Falls NY. Contact: Elizabeth Osborne, Director, or Linda Pollock, Teaching Center Coordinator, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.

12-14 Head Start Region IVb Supervisors' Institute and Staff Development Training. Bowling Green KY. Contact: Michael Gramling, WKUCC Teaching Center, 344 Tate Page Hall, Bowling Green KY 42101. (800) 882-7482, Fax (901) 352-9424.

17-23 Children and Health Care Week. Contact: Association for the Care of Children's Health, 7910 Woodmont Ave., Ste. 300, Bethesda MD 20814. (301) 654-6549, (800) 808-ACCH, Fax (301) 986-4553.

18-20 Blackfeet Tribe Head Start Health/Nutrition Training. Browning MT. Contact: Leona Skunk Cap or Wilma Meineke, Blackfeet Teaching and Learning Center, PO Box 518, Browning MT 59417. (406) 338-7714, Fax (406) 338-7030.

18-21 Head Start Region VII Staff Development Training. Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.

25-26 Head Start Region VII Staff Development Training. Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.


28-29 Head Start Region VII Staff Development Training. Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.


APRIL 1996

1 Head Start Region XI Tribal Consultation Meeting 3. Oklahoma City OK. Contact: Helen Scheirbeck, Chief, AIPB, HSB, PO Box 1182, Washington DC 20013. (202) 205-8437.

2 Head Start Region II Staff Development Training. Hudson Falls NY. Contact: Elizabeth Osborne or Linda Pollock, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.

8-12 Head Start Region IXb Staff Development Training. San Jose CA. Contact: Patricia Bean, Santa Clara County Office of Education /HS, Children's Service Dept. 100 Skyport Dr., MC 225, San Jose CA. 95115. (408) 453-6649, Fax (408) 453-6894.

9 Head Start Region II Staff Development Training. Hudson Falls NY. Contact: Elizabeth Osborne or Linda Pollock, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.

9-11 Head Start Region IV Staff Development Training. Chapel Hill NC. Contact: Michael Gramling, Chapel Hill Training-Outreach Project, 800 Eastowne Dr., Ste. 105, Chapel Hill NC 27514. (919) 490-5577, Fax (919) 490-4905.

10-12 Blackfeet Tribe Head Start Social Services Training. Browning MT. Contact: Leona Skunk Cap or Wilma Meineke, Blackfeet TLC, PO Box 1182, Browning MT 59417. (406) 338-7714, Fax (406) 338-7030.

11-12 Head Start Region VII Staff Development Training. Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.

15-18 Head Start Region II Staff Development Training. Hudson Falls NY. Contact: Elizabeth Osborne or Linda Pollock, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.

17-19 Head Start Region VII Staff Development Training. Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.

18-23 Fifth Annual National Conference on Family Literacy. Louisville KY. Contact: Conference Coordinator, National Center for Family Literacy, Waterfront Plaza, Ste. 200, 325 W. Main St., Louisville KY 40202. (502) 584-1133, Fax (502) 584-0172.

22-26 Migrant Head Start Region Staff Development Training. Modesto CA. Contact: Deborah Clipper, Stanislaus County Office of Education, 801 County Center III Court, Modesto CA 95355. (209) 525-6901, Fax (209) 525-6858.

23-26 Head Start Region VII Staff Development Training (in Spanish). Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.


29-5/3 Migrant Head Start Region Staff Development Training. Modesto CA. Contact: Deborah Clipper, Stanislaus County Office of Education, 801 County Center III Court, Modesto CA 95355. (209) 525-6901, Fax (209) 525-6858.

30-5/1 Head Start Region VII Staff Development Training. Marshalltown IA. Contact: Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.

### MAY 1996

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-31</td>
<td>Asthma and Allergy Awareness Month</td>
<td>Asthma and Allergy Foundation of America, 1125 15th St., NW, Ste. 502, Washington DC 20005. (800) 7-ASTHMA, (202) 466-7643.</td>
</tr>
<tr>
<td>1-31</td>
<td>Clean Air Month</td>
<td>American Lung Association, 1740 Broadway, New York NY 10019. (800) LUNG-USA, (212) 315-8700.</td>
</tr>
<tr>
<td>1-31</td>
<td>Mental Health Month</td>
<td>National Mental Health Association, 1021 Prince St., Alexandria VA 22314. (703) 684-7722.</td>
</tr>
<tr>
<td>1-31</td>
<td>National High Blood Pressure Month</td>
<td>National Heart, Lung and Blood Institute Information Center, PO Box 30105, Bethesda MD 20824. (301) 251-1222.</td>
</tr>
<tr>
<td>1-31</td>
<td>National Sight-Saving Month</td>
<td>Prevent Blindness America, 500 East Remington Rd., Schaumburg IL 60173. (800) 331-2020; (708) 843-1010.</td>
</tr>
<tr>
<td>1-4</td>
<td>Family Resource Coalition (FRC) National Conference</td>
<td>Chicago IL. Contact: Conference Coordinator, FRC, 200 South Michigan Ave., 16th Floor, Chicago IL 60604. (312) 341-0900, Fax (312) 341-9361.</td>
</tr>
<tr>
<td>2-3</td>
<td>Head Start Region VII Staff Development Training</td>
<td>Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.</td>
</tr>
<tr>
<td>6-7</td>
<td>Head Start Region VII Staff Development Training</td>
<td>Kathie Readout, Head Start Teaching Center, 3700 S. Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.</td>
</tr>
<tr>
<td>6-9</td>
<td>Head Start Region II Staff Development Training</td>
<td>Elizabeth Osborne or Linda Pollock, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.</td>
</tr>
<tr>
<td>6-10</td>
<td>Migrant Head Start Region Staff Development Training</td>
<td>Deborah Clipper, Stanislaus County Office of Education, 801 County Center III Court, Modesto CA 95355. (209) 525-6901, Fax (209) 525-6858.</td>
</tr>
<tr>
<td>8-9</td>
<td>Head Start Region VII Staff Development Training</td>
<td>Kathie Readout, Head Start Teaching Center, 3700 South Center St., Marshalltown IA 50158. (515) 754-1520, Fax (515) 754-1523.</td>
</tr>
<tr>
<td>20-24</td>
<td>Migrant Head Start Region Staff Development Training</td>
<td>Deborah Clipper, Stanislaus County Office of Education, 801 County Center III Court, Modesto CA 95355. (209) 525-6901, Fax (209) 525-6858.</td>
</tr>
<tr>
<td>21</td>
<td>Head Start Region II Staff Development Training</td>
<td>Elizabeth Osborne or Linda Pollock, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.</td>
</tr>
<tr>
<td>21-23</td>
<td>Head Start Region IVb Staff Development Training</td>
<td>Michael Gramling, WKUCCC Head Start Teaching Center, 344 Tate Page Hall, Western Kentucky Univ., Bowling Green KY 42101. (800) 882-7482, (502) 745-4042, Fax (502) 745-3340.</td>
</tr>
<tr>
<td>29</td>
<td>Head Start Region II Staff Development Training</td>
<td>Elizabeth Osborne or Linda Pollock, Washington County Head Start, 18 River St., Hudson Falls NY 12839. (518) 747-2816, Fax (518) 747-8445.</td>
</tr>
</tbody>
</table>
Helping Families Obtain Tax Information

Financial relief for working families is available through two tax programs, the Earned Income Credit and the Child and Dependent Care Tax Credit.

The **Earned Income Credit (EIC)** reduces the amount of tax an individual owes and can also result in a refund after a tax return is filed. Eligible workers may choose to receive the EIC in advance payments in each paycheck.

The Center on Budget and Policy Priorities can provide an Earned Income Credit Outreach Kit to give programs the information families need to access the EIC. The kits contain materials in both English and Spanish. The first kit is free and additional kits are available for a minimal charge. For more information on obtaining a kit, contact the Center on Budget and Policy Priorities, 777 N. Capitol Street, NE, Suite 705, Washington, DC 20002, or call: (202) 408-1080.

For IN TAX YEAR 1995, THOSE ELIGIBLE FOR THE EARNED INCOME CREDIT INCLUDE:

$ Workers with one child who earned less than $24,396 in 1995 are eligible for a credit of up to $2,094;

$ Workers with two or more children who earned less than $26,673 in 1995 are eligible for a credit of up to $3,110;

$ Workers who earned less than $9,230 in 1995 and who are not raising children are eligible for a maximum credit of $314 if they are at least 25 and under 65.

In addition to the EIC, families may also be eligible for the **Child and Dependent Care Credit**, a benefit that helps families pay for child care. Families can receive credit for 20-30% of their child care expenses, depending on income.

For a fact sheet about the Earned Income Credit or the Child and Dependent Care Credit, contact Linda Cooper at the National Women's Law Center, 11 Dupont Circle, Suite 800, Washington, DC 20036, or call: (202) 588-5180.

The Child Care Action Campaign has a two page Information Guide (#16) on How to Use the Federal Child Care Tax Credit. To obtain a copy, call: (212) 239-0138, or e-mail a request to: hn5746@handsnet.org

The Internal Revenue Service has several publications that explain how to qualify for and claim the EIC and the Child and Dependent Care Credit. Ordering information is provided below.

**Employment Taxes for Household Employers**

For parents who employ a provider to deliver child care services in the child's home, there is new information on reporting and paying employment taxes. The IRS publishes several documents which provide guidance on this topic. A list of these publications is provided below.

Free Tax Preparation Assistance

The IRS Volunteer Income Tax Assistance (VITA) program helps low-income workers complete their tax forms. For more information on VITA and other tax related questions, call: (800) 829-1040 (800-TAX-1040).

**Publications Available through the Internal Revenue Service**

The following publications may be requested through the IRS by calling: (800) 829-3676 (800-TAX-FORM). It may also be possible to locate reference copies of these IRS publications at your local library.

1. #596 Earned Income Credit
2. #503 Child and Dependent Care Expenses
3. #926 Employment Taxes for Household Employers
4. #15 Employers Tax Guide (Circular “E”)

Information compiled by the National Child Care Information Center, (800) 616-2242. The information contained in this document does not constitute tax advice or legal representation. No official endorsement of any publication or organization is intended or should be inferred. For specific information on eligibility for tax credit programs, consult an accountant or other tax expert.
"Toddlers Together" This book offers teachers a seasonal approach to living, learning, and enjoying toddlers. To obtain, contact: The Olive Press 5727 Dunmore West Bloomfield, MI 48322-1613 (810) 855-6063

"Baby and I Can Play" and "Fun with Toddlers" Includes activities children can do with babies and toddlers, developmental information, and a parent's page with ways to expand on these ideas. Available from: Parenting Press, Inc PO Box 75267 Seattle, WA 98125 (800) 992-6657 (206) 364-0702 Fax

CDA Credential for Infant and Toddler Caregivers For information on obtaining this credential, contact the Council for Early Childhood Professional Recognition at (202) 265-9090, (800) 424-4310, or Fax (202) 265-9161.

National Parent Information Network Operated by the ERIC Clearinghouse on Elementary and Early Childhood Education (ERIC/EECE), NPIN provides information on child care, learning activities at home, and parenting of children from birth through adolescence. For a list of free materials and information on early education and care, call 1-800-583-4135.

The resources listed on the following pages are not all inclusive and do not necessarily constitute an endorsement, real or implied, by the Head Start Bureau.

Resources from ZERO TO THREE

**Publications**

**Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice**
This practical, hands-on guide demonstrates how to build strong relationships among children, families, and caregivers. Includes illustrations of appropriate and inappropriate practice, developmental milestones for babies and toddlers, and resources. #126

**Caring for Infants and Toddlers in Violent Environments: Hurt, Healing and Hope**
Guidelines for parents, child care providers, community police, and medical health professionals who care for very young children who are witnesses to or victims of community violence, family violence, and/or abuse. #200

**Screening and Assessment: Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families**
Lists core components and guidelines for establishing a system of screening and assessing children with disabilities and developmentally vulnerable children, birth through age five, and their families. #07.

**Periodical**

**Zero to Three**, the bulletin of ZERO TO THREE/National Center for Clinical Infants Programs, is published six times a year. Each issue takes a multidisciplinary approach to a single topic, addressing both typically and atypically developing infants and toddlers.

To obtain these materials, and other resources, contact:

ZERO TO THREE National Center for Clinical Infant Programs PO Box 25494 Richmond, VA 23260-5495 (703) 528-5693 (800) 894-4301 (703) 528-6438 Fax (703) 528-0419 TDD

CDF Reports

From the Children's Defense Fund, this monthly newsletter offers information on the latest data and developments affecting children, successful children's programs, initiatives, and other important matters that concern child care providers. To subscribe to this newsletter, contact: Children's Defense Fund PO Box 90500 Washington, DC 20090 (202) 662-3652 (202) 628-8333 Fax

"Myself/My Baby: Health Diary"


1995 Family Shopping Guide to Car Seats

This public education brochure gives important tips and guidelines on correct car seat use, including choosing the best car seat and the best harness system. Lists product information of various car seat manufacturers. Order from: American Academy of Pediatrics 141 Northwest Point Blvd. PO Box 927 Elk Grove, IL 60009-0927 (800) 433-9016 (708) 228-5005 (708) 228-1281 Fax
From the Consumer Product Safety Commission

The Consumer Product Safety Commission (CPSC) was established to "protect the public against unreasonable risks of injuries and deaths associated with consumer products." Among these products are numerous ones that pose a safety or health risk to infants, toddlers, and young children.

- CPSC has a consumer product toll-free Hotline to report an unsafe consumer product or a product-related injury, or to find out if a product has been recalled at (800) 638-2772 (English and Spanish), and (800) 638-8270 for hearing and speech impaired.

- Some of CPSC's publications include "Handbooks for Public Playground Safety," "Infants and Toddlers Can Drown in 5-Gallon Buckets," "Customs and CPSC Seize Hazardous Crayons and Chalk to Protect Children," and many other publications on topics such as infant car seats, safe windows, bunk beds, cribs, toys, iron poisoning, suffocation, strings and cords, balloons, recliner chairs, rattles, fires, hot water, poisons, iron toxicity, and many more.

- CPSC will send a free copy of its catalog listing product safety alerts for children. Write to:

  U.S. Consumer Product Safety Commission
  Washington, DC 20207

"Caring for Infants and Toddlers with Disabilities in Family Child Care: ANNOTATED RESOURCE DIRECTORY"

Compiled to assist parents and family child care providers in locating vital resources to help support them in the care of young children with special needs, this directory from The Children's Foundation lists training materials and other resources. It accompanies the 20-minute videotape, "Yes, You Can Do It! Caring for Infants and Toddlers with Disabilities in Family Child Care."

These materials are the product of the "Yes, You Can Do It! Project" of The Children's Foundation. For more information, contact:

Sandra Gellert
Project Director
The Children's Foundation
725 Fifteenth Street NW
Suite 505
Washington, DC 20005-2109
(202) 347-3300
(202) 347-3382 Fax

"The Program for Infant Toddler Caregivers" video training series

Developed by Far West Laboratory for Educational Research and Development, Center for Child and Family Studies (also known as WestEd, a subcontractor to ZERO TO THREE for Early Head Start), and the California Department of Education, Child Development Division, these training videos are comprehensive, center- and home-based, and provide strategies and structures which are based on sound developmental research and theory. Available in English, Spanish, and Chinese. For more information, contact:

Center for Child and Family Studies
Far West Laboratory for Educational Research and Development
180 Harbor Drive, Suite 112
Sausalito, CA 94965
(415) 331-5277
(415) 331-0301 Fax

"First Steps With Your Baby"

This booklet is full of advice on caring for, bonding with, and promoting the healthy development of a newborn. It also includes ways and suggestions on how to develop parenting skills. 29 pp. #705194B.
Available from:

National Committee to Prevent Child Abuse
(NCPCA)
Fulfillment Center
200 State Road South
Deerfield, MA 01373-0200
(800) 835-2671
(800) 499-6464 Fax

"Guide for the Care of Infants in Groups"

This reference has guidelines for meeting the needs for love, recognition, and protection of infants in groups. #0616. Available from:

Child Welfare League of America
440 First St., NW, Ste. 310
Washington, DC 20001
(202) 638-2952
(800) 407-6272
(202) 638-4004

"Early Pregnancy" Brochure

Recommended by the Healthy Mothers, Healthy Babies Coalition, this brochure outlines the signs and symptoms of pregnancy. Available in English, Spanish, and Portuguese. Single copies available at no charge. Contact:

Healthy Mothers, Healthy Babies Coalition
3 Capitol Hill, Room 302
Providence, RI 02908
(401) 277-2309
(401) 277-1441 Fax
"Tratamiento Medico de Emergencia Para Ninos" and "Tratamiento Medico de Emergencia Para Infantes"

These emergency medical treatment quick-reference guides cover all medical emergencies for infants and toddlers. Also available in English. To obtain this publication, contact: Redleaf Press
450 N. Syndicate Ste. 5
St. Paul, MN 55104-4125
(800) 423-8309
(800) 641-0115 Fax

"Single Mother"

This bi-monthly newsletter from the National Organization of Single Mothers, a non-profit organization committed to helping single parents raise their children, contains helpful hints on every aspect of raising children. For more information, write:
National Organization of Single Women, Inc.
PO Box 68
Midland, NC 28107-0068

"Games to Play with Babies," "Games to Play with Toddlers," and "Games to Play with Two Year Olds"

by Jackie Silberg

Hundreds of practical ways to turn everyday experiences into learning opportunities. Each book gives specific, informative, and practical examples of how to enjoy your child. Easy and fun ways for young children to learn, build confidence, develop coordination, and become involved in problem-solving. Available from:
Gryphon House, Inc.
PO Box 207
Beltsville, MD 20704
(301) 595-9500
(800) 638-0928
(301) 595-0051 Fax

Resources from naeyc

Books
Infants: Their Social Environments
by B. Weissbourd and J.S. Musick, Eds.
This collection of articles from infancy experts surveys research and model programs. #319

The Infants We Care For
by L.L. Dittmann, Ed.
To be used to develop admission policies, cement family relationships, take health precautions, develop staff, and handle other issues that arise in setting up and operating infant programs. #201

Off to a Sound Start: Your Baby's First Year
by I.B. McCracken
Covers what happens in the first year of life with helpful tips for parents and caregivers. #574

Setting Up For Infant Care: Guidelines for Centers and Family Day Care Homes
Contains information from experts on how to start a program for babies and toddlers, including job descriptions, staffing schedules, budgets, and discussion of family day care systems and satellite child care homes. #228

Videos
Infant Curriculum: Great Explorations
Focuses on stages of development from birth through 5 months, including temperament and style, environment, and routines. 20 min. #847.

Toddler Curriculum: Making Connections
Examines how toddlers 12 to 36 months develop and learn. 20 min. #848.

These resources, and more, are available from:
National Association for the Education of Young Children
1509 16th Street NW
Washington, DC 20036-1426
(800) 223-2348

"1995-1996 Guide to Toys for Children Who Are Blind or Visually Impaired"

In collaboration with the Toy Manufacturers of American, the American Federation for the Blind (AFB) has released the third edition of this guide. For parents, grandparents, and teachers, it lists commercially available toys and games appropriate for blind and low-vision children of all ages, as well as adults with visual impairments who wish to participate in play with sighted children. Available in full-color print or on audiocassette free of charge to individuals and groups by contacting:
AFB
11 Penn Plaza, Suite 300
New York, NY 10001
(800) 232-5463
or
Toy Manufacturers of America
200 Fifth Avenue
Room 740
New York, NY 10010
(212) 633-1429 Fax

"Young Children at Home and in School: 212 Educational Activities for Their Parents, Teachers, and Caregivers"

This activity book lists 212 activities for young children and school age children to the age of 10 to enjoy at home as well as in school. Most activities can be easily done in the home.

To obtain a copy of this book, check your local library, or contact the publishers:
Allyn and Bacon
160 Gould Street
Needham Heights, MA 02194
(800) 223-2348
BOOK REVIEW

Welcoming Babies
by Margy Burns Knight
Illustrations by Anne Sibley O'Brien

This book tells about different ways of greeting babies throughout the world. The greetings celebrate diversity, and will prompt lively discussions with children about how they know someone who has a baby, about having a little sister or brother at home, or maybe even how they might have been treated when they were very small.

Available from:
Tilbury House, Publishers
132 Water Street
Gardiner, Maine 04345
(207) 582-1899
(207) 582-8227 Fax
(e-mail:THPub@aol.com)

Also available from Tilbury House is their Welcoming Diversity newsletter.

WANTED

Please send your local experiences, items to share, and identified photographs with permission to reprint (we will return them), for use in future issues to:

Diane L. Carroad
Editor-in-Chief
Head Start Bulletin
P. O. Box 1182
Washington, DC 20013

Issue No. 58 will feature “Immunization”
NOTICE

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