



# Supporting High-Quality Preschool with Title I Funds:

## Guidance to Local Educational Agencies and Schools on Implementing the Required Head Start Program Performance Standards for Title I-Funded Preschool Programs



U.S. Department of Education and U.S. Department of Health and Human Services  
Guidance on the Head Start Program Performance Standards  
Required Under Title I, Part A of the Elementary and Secondary Education Act of 1965,  
as amended by the Every Student Succeeds Act

December 2024

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## PURPOSE

This guidance is intended to clarify that the Head Start Program Performance Standards (HSPPS) in 45 C.F.R. Part 1302 Subpart C – Education and Child Development Program Services are required for preschool programs supported with funds under Title I, Part A (Title I) of the Elementary and Secondary Education Act of 1965 (ESEA); and provide information to preschool providers on select required provisions of the HSPPS.

ESEA section 1112(c)(7) requires that early education services provided prior to kindergarten entry and funded using Title I funds must comply with the Head Start educational standards. Thus, all standards in Part 1302 Subpart C of the HSPPS are required of schools or local educational agencies (LEAs) that use Title I funds for preschool. The educational standards in full are provided in the Appendix for reference. This document builds on previous guidance from the U.S. Department of Education (ED), *Serving Preschool Children Through Title I, Part A of the Elementary and Secondary Education Act of 1965, as Amended* (Title I Preschool Guidance) (available at: <https://www.ed.gov/sites/ed/files/2024/02/Title-I-Preschool-Early-Learning-Guidance-Revised-2023-FINAL.pdf>) and summarizes select provisions to assist Title I preschools in understanding the HSPPS at Part 1302 Subpart C.

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LEAs and schools must comply with Federal civil rights laws that prohibit discrimination based on race, color, national origin, sex, disability, and age. These laws include Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act, the Age Discrimination Act of 1975, and the Equal Educational Opportunities Act of 1974. State educational agencies (SEAs), LEAs, and schools must also comply with the requirements under the Individuals with Disabilities Education Act (IDEA), including Part C requirements for early intervention services to eligible infants and toddlers with disabilities and their families and Part B requirements for a free appropriate public education (FAPE) to eligible children with disabilities, ages 3 through 21, in the State's mandated age range (the obligation to make FAPE available does not apply to children with disabilities who have exceeded the age of eligibility for FAPE under State law or to children with disabilities who have graduated from high school with a regular high school diploma, under IDEA section 612(a)(1)(B) and 34 C.F.R. § 300.102(a)(1) and (3)). SEAs, LEAs, and schools must also comply with the requirements to protect the privacy of student education records under section 444 of the General Education Provisions Act

(GEPA), commonly known as the Family Educational Rights and Privacy Act of 1974 (FERPA), the requirements to protect the privacy and confidentiality of personally identifiable information in education records and early intervention records under IDEA Part B and Part C, and the requirements governing the administration to students of a survey, analysis, or evaluation under section 445 of GEPA, commonly known as the Protection of Pupil Rights Amendment (PPRA).

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## INTRODUCTION

Title I provides funds to SEAs which, in turn, award funds to LEAs (which then allocate funds to schools) to close opportunity gaps for children from low-income backgrounds and ensure all children can receive a high-quality education. One way that LEAs and schools may accomplish this is by using a portion of their Title I funds to support preschool using a variety of program models at both the LEA and school levels depending on the needs of the community. While using Title I funds for preschool services is voluntary, LEAs and schools can leverage these funds to expand access to the critical supports for the development and growth of our nation's youngest learners from under-resourced communities, setting them up for early and later school success and putting them on a trajectory for lifelong learning.

Title I funds may be used to fund preschool programs in a variety of settings, including schools, community-based child care and Head Start programs, and other appropriate settings, depending on the needs and resources available in the community. For additional information on how an LEA or school may use Title I funds for preschool, including information on students eligible to receive Title I services, refer to ED's [Title I Preschool Guidance](#).

Title I funds may be used to serve eligible children from birth to the age at which the LEA provides a free public elementary education. In addition, Title I funds may be used to implement home visiting; parent, family, and community engagement strategies; and other support services. This allowability reflects the strong evidence that birth-through-five, whole family, and holistic approaches to early childhood education can amplify the benefits of high-quality preschool, particularly for children from low-income backgrounds.<sup>1</sup> The U.S. Department of Education (ED) and the U.S. Department of Health and Human Services (HHS) jointly issued a Dear Colleague Letter that encourages LEAs and schools to consider how they can partner with other early childhood education programs and leverage Title I and other funds to support high-quality preschool in a range of settings (see the February 26, 2024, letter available at [https://www.ed.gov/sites/ed/files/2024/02/FINAL-Mixed-Delivery-DCL-signed\\_022624.pdf](https://www.ed.gov/sites/ed/files/2024/02/FINAL-Mixed-Delivery-DCL-signed_022624.pdf)). Given that Title I funds are more frequently used to serve children ages three to five, this non-regulatory guidance focuses on preschool programs that serve children ages three to five.

Under the authority of the Head Start Act as amended (42 U.S.C. 9801 et seq.), HHS awards Federal grant funding directly to public and private agencies (including schools and LEAs) to provide Head Start services in local communities. The HSPPS are the regulations that govern all Head Start programs—that is, the minimum requirements that all programs receiving funds from a Head Start grant must meet. The HSPPS at 45 C.F.R. §§ 1301-1305 cover a broad range of operational, administrative, and programmatic design topics, which must be met by all Head Start grant recipients. They include requirements relevant to Head Start grant recipients serving

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<sup>1</sup> Grindal, T., Bowne, J. B., Yoshikawa, H., Schindler, H. S., Duncan, G. J., Magnuson, K., & Shonkoff, J. P. (2016). The added impact of parenting education in early childhood education programs: A meta-analysis. *Children and Youth Services Review*, 70, 238-249.

Phillips, D.A., M.W. Lipsey, K.A. Dodge, R. Haskins, D. Bassok, M.R. Burchinal, G.J. Duncan, M. Dynarski, K.A. Magnuson, and C. Weiland (2017) *Puzzling it Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects*. Washington, DC: Brookings.

Yoshikawa, H., C. Weiland, J. Brooks-Gunn, M. R. Burchinal... and M. J. Zaslow. (2013). *Investing in Our Future: The Evidence Base on Preschool Education*. New York, NY: Society for Research in Child Development and Foundation for Child Development.

pregnant women, infants and toddlers, and preschool-aged children; as well as requirements specific to different settings and contexts, such as when Head Start grant funds are used to provide services in center- or school-based settings, family child care homes, and via home visiting service models.

The ESEA requires LEAs to ensure that preschool programs using Title I funds for early childhood education meet a subset, although not all, of the HSPPS. Specifically, ESEA section 1112(c)(7) requires that, if Title I funds are used to provide early childhood education services to children from low-income backgrounds below the age of compulsory school attendance, the LEA must ensure that those services comply, at a minimum, with the standards in effect under section 641A(a) of the Head Start Act. ED's [Title I Preschool Guidance](#) further clarifies that the HSPPS applicable to Title I programs are in 45 C.F.R. Part 1302 Subpart C – Education and Child Development Program Services (available at <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-subpart-c-education-child-development-program-services>).

Building on ED's Title I Preschool Guidance, this document describes select provisions of the HSPPS at Part 1302 Subpart C – Education and Child Development Program Services with the goal of supporting Title I programs using funds to serve children from ages three to five (i.e., Title I preschool programs) in understanding and implementing the HSPPS as required in ESEA section 1112(c)(7).

This document does not detail every provision included in Part 1302 Subpart C of the HSPPS (a complete record of *all* the regulations that are required for Title I preschool programs in Part 1302 Subpart C are available in the appendix and at <https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-B/part-1302/subpart-C>). Rather, this document aims to summarize select provisions in the HSPPS at Part 1302 Subpart C that are required for Title I preschool programs.

There are other sections of HSPPS that fall outside of the Title I requirements that Title I preschool programs may find of interest, including:

- 45 C.F.R. [Part 1302 Subpart G](#) on supporting young children's transitions to kindergarten;
- 45 C.F.R. [Part 1302 Subpart F](#), which describes additional services for supporting children with disabilities; and
- 45 C.F.R. [Part 1302 Subpart A](#), describing limitations on the use of suspensions and prohibitions on the use of expulsions to ensure that children's social, emotional, and behavioral development is being appropriately supported.

This document does not discuss provisions in the HSPPS Part 1302 Subpart C relevant to serving infants and toddlers or to implementing home visiting services. Programs serving infants/toddlers or providing home visiting services may refer to applicable HSPPS available in the Appendix and at <https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-B/part-1302/subpart-C>.

## SECTION I. PROVIDING EDUCATION AND CHILD DEVELOPMENT PRESCHOOL SERVICES UNDER HSPPS – 45 C.F.R. PART 1302 SUBPART C

The HSPPS at 45 C.F.R. Part 1302 Subpart C (45 C.F.R. § 1302.30-36) identify the required minimum standards for education and child development services related to teaching practices and the learning environment (§ 1302.31); curricula (§ 1302.32); screening and assessments (§ 1302.33); and parent and family engagement in children’s learning and development (§ 1302.34). The regulations also describe how those services must take a holistic approach to children’s learning and development by addressing areas of learning and outcomes described in the [Head Start Early Learning Outcomes Framework: Ages Birth to Five \(ELOF\)](#). For example, 45 C.F.R. § 1302.30 requires that “programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the ELOF and support family engagement in children’s learning and development.”<sup>2</sup>

The HSPPS at Part 1302 Subpart C (§ 1302.30-36) articulate components of high-quality early education and child development services for young children. Research clearly shows the potential of preschool to impact children’s short- and long-term outcomes, and preschool classrooms need to offer high-quality services to improve young children’s school readiness and learning trajectories.<sup>3</sup> High-quality teaching practices and learning environments lead to improved outcomes across multiple domains, including language, literacy, cognition, math, science, executive function, behavior regulation, and socio-emotional development.<sup>4</sup> The HSPPS describe how programs can address children’s comprehensive learning needs cohesively through teaching practices, learning environments, curricula, screening and assessments, and parent and family engagement in children’s learning and development.

### The Head Start Early Learning Outcomes Framework: Ages Birth to Five (ELOF)

The [ELOF](#) is referenced in multiple places throughout the HSPPS in Part 1302 Subpart C<sup>5</sup> as a framework that identifies areas of children’s learning and development. The ELOF describes skills, behaviors, and knowledge in five areas of early learning. The HSPPS in Part 1302 Subpart C require that programs align to the ELOF with respect to teaching practices and the learning environment (§ 1302.31(a), 1302.31(b)(1)(ii), 1302.31(b)(1)(iv)); the curricula (§

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<sup>2</sup> Note that the HSPPS do not mandate a specific curriculum. Rather, the HSPPS require that, as noted in 45 C.F.R § 1302.32, “center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation.”

<sup>3</sup> Burchinal, M., M. Zaslow., and L. Tarullo (2016). Quality Thresholds, Features and Dosage in Early Care and Education: Secondary Data Analyses of Child Outcomes. *Monographs of the Society for Research in Child Development*.

Phillips, D.A., M.W. Lipsey, K.A. Dodge, R. Haskins, D. Bassok, M.R. Burchinal, G.J. Duncan, M. Dynarski, K.A. Magnuson, and C. Weiland (2017) *Puzzling it Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects*. Washington, DC: Brookings.

<sup>4</sup> Phillips, D.A., M.W. Lipsey, K.A. Dodge, R. Haskins, D. Bassok, M.R. Burchinal, G.J. Duncan, M. Dynarski, K.A. Magnuson, and C. Weiland (2017) *Puzzling it Out: The Current State of Scientific Knowledge on Pre-Kindergarten Effects*. Washington, DC: Brookings.

Yoshikawa, H., C. Weiland, J. Brooks-Gunn, M. R. Burchinal... and M. J. Zaslow. (2013). *Investing in Our Future: The Evidence Base on Preschool Education*. New York, NY: Society for Research in Child Development and Foundation for Child Development.

<sup>5</sup> See 45 C.F.R. § 1302.30, 1302.31(a), 1302.31(b)(1)(ii), 1302.31(b)(1)(iv), 1302.32(a)(1)(ii), 1302.33(b)(1), 1302.35(d)(1)(ii), 1302.35(e)(2)(i)

1302.32(a)(1)(ii)); and child assessments (§ 1302.33(b)(1)). Both Head Start grant recipients and LEAs and schools using Title I funds for preschool have flexibility to select the teaching approaches, learning environments, curricula, and assessments that meet this standard.

The ELOF includes the following domains of learning for preschool-aged children:

- **Approaches to Learning** focuses on how a child learns and refers to the skills and behaviors that children use to engage in learning. This includes their emotional and behavioral self-regulation, executive functioning or cognitive self-regulation, initiative, curiosity, and creativity.
- **Literacy** for preschoolers includes their phonological awareness, knowledge of alphabet and letter sounds, comprehension of text and stories, and emerging writing skills to convey meaning through increasingly sophisticated marks.
- **Mathematics Development** for preschoolers refers to the child’s understanding of numbers, counting, quantities, measurement, shapes, the relationships between numbers, patterns, and their spatial sense.
- **Scientific Reasoning** for preschoolers includes a child’s ability to observe, ask questions, gather information, investigate, and draw conclusions about phenomena in their world and how things work.
- **Language and Communication** refers to a child’s emerging abilities to listen, understand, and use language and other skills to communicate using increasingly complex and varied vocabulary.
- **Perceptual, Motor, and Physical Development** includes a child’s perception, gross motor skills, fine motor skills, and health, safety, and nutrition, and how children use their senses to gather and understand information and respond to the world around them.
- **Social and Emotional Development** refers to a child’s ability to create and sustain meaningful relationships with adults and other children; their emotional functioning and ability to express, recognize, and manage their own emotions as well as respond appropriately to others’ emotions; and their sense of identity and belonging.

Each domain also includes sub-domains. For example, the ELOF Preschool Literacy domain includes four sub-domains: phonological awareness, print and alphabet knowledge, comprehension and text structure, and writing.

### **Ensuring Alignment to the ELOF**

Neither the HSPPS in Part 1302 Subpart C nor the ELOF define what it means to “align” to the ELOF, although several non-regulatory guidance and technical assistance resources are available to support preschool programs in implementing the ELOF.<sup>6</sup> As described in [Curriculum Alignment with the Head Start ELOF](#), “Practically speaking, aligning a curriculum with the ELOF is a process that allows you to see which and to what extent the ELOF domains and sub-domains are addressed in the curriculum.” Similarly, HHS’s [ELOF Implementation Toolkit](#) notes that “alignment means lining up the elements of a curriculum with the ELOF. This process

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<sup>6</sup> See The Early Learning Outcomes Framework Implementation Toolkit, which includes four different guides to implementing the ELOF, including guides for [Using the ELOF to Inform Curriculum Planning and Implementation](#) and [Using the ELOF to Inform Assessment](#).



allows you to see which ELOF domains and sub-domains are reflected in the curriculum. The curriculum may not be organized exactly the same way as the ELOF. For example, a curriculum might not list Approaches to Learning as a domain. Instead, a curriculum might list the sub-domain Emotional and Behavioral Self-Regulation under Social and Emotional Development.” Thus, to be aligned, all domains and sub-domains in the ELOF must be addressed in the preschool program’s curriculum, but they may not be organized in the same way or using the same terminology as the ELOF.

One way to assess alignment to the ELOF is to look to a State’s preschool learning standards and early learning guidelines. In many States, SEAs or other State agencies have developed preschool learning standards and already assessed the alignment of the State standards and the ELOF. We encourage LEAs and schools looking to implement a Title I preschool program to consult with the SEA in their State about alignment between the State standards and the ELOF.

In addition to addressing each of the ELOF domains and sub-domains, an LEA or school implementing a Title I preschool program may want to consider the ELOF goals, progressions, and indicators when evaluating the alignment of their curriculum, assessment, or teaching approach to the ELOF. Specifically, for each domain and age-appropriate outcome, the ELOF provides a recommended *Goal* for the child, *Developmental Progression* leading up to the outcome, and example *Indicators* to look for when assessing a child’s success in that area of learning. Within each ELOF preschool sub-domain, the developmental progression and indicators are useful examples of how to develop preschool programs. Additional information about the goals, progressions, and indicators for the preschool domains and sub-domains within the ELOF are available in the Interactive ELOF available here:

<https://eclkc.ohs.acf.hhs.gov/interactive-head-start-early-learning-outcomes-framework-ages-birth-five>.

Overall, the ELOF reflects a holistic view of young children’s development and can help preschool programs ensure their services address multiple areas of learning. Preschool programs have flexibility to determine the extent to which and how different teaching approaches, learning environments, curricula, and assessment tools reflect a comprehensive approach to young children’s development.

The information that follows summarizes some of the standards throughout the HSPPS at Part 1302 Subpart C that are applicable to preschool programs. For a full text record of all HSPPS in Part 1302 Subpart C required for Title I preschool programs, see the Appendix.

### **Teaching Practices & Learning Environments (§ [1302.31](#))**

ESEA section 1112(c)(6) requires that all teachers working in a program supported with Title I funds meet applicable State certification standards and licensure requirements.

**Teaching Practices** – In addition to the ESEA requirement for teacher licensure and certification, the HSPPS in 45 C.F.R. § 1302.31(a) require that a preschool program ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children’s skill growth.

As described in the HSPPS at § 1302.31(b)(1), preschool programs must include nurturing and responsive teaching practices, developmentally appropriate learning experiences, and interactions that foster trust and emotional security in young children. Instruction must be communication- and language-rich. Instruction must be designed to promote critical thinking; problem-solving; and social, emotional, behavioral, and language development. Specifically, teaching practices must include:

- Provision of feedback for children, motivation of continued effort, and support of children’s engagement in learning activities (§ 1302.31(b)(1)(i));
- Instruction specifically designed to promote growth in the developmental progressions described in the ELOF by using the ELOF and curricula to plan activities, schedules, lessons plans, and implement high-quality learning experiences that are responsive to each child’s individual pattern of development and learning (§ 1302.31(b)(1)(ii));
- The integration of child assessment data in planning for both individual and group educational activities (§ 1302.31(b)(1)(iii)); and
- The use of developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the ELOF (§ 1302.31(b)(1)(iv)).

As described in the HSPPS at § 1302.31(a), preschool programs must support implementation of responsive care, effective teaching, and organized learning environments, in part by providing educators with regular and ongoing supervision and individualized and ongoing professional development, as appropriate. Any professional development supported with Title I funds must also meet requirements described in ESEA section 8101(42), meaning professional development is, among other features, sustained (not a stand-alone, one-day, or short-term workshop), intensive, collaborative, job-embedded, and classroom focused. The HSPPS at Part 1302 Subpart C do not explicitly define what supervision or ongoing professional supports are required for preschool teachers, though other sections of the HSPPS and technical assistance resources provide the following guidelines, which are recommended for Title I preschool programs:

- Professional development should be coupled with ongoing supervision and feedback from a knowledgeable leader who has a relationship with the preschool educators and has experience with best practices for preschool education;
- Regular supervision should be reflective, integrate student assessment and other outcome data, and offer opportunities to reinforce strengths and foster growth in professional practice; and
- Supervision should be used to support the individualization of teachers’ professional development experiences and their individual professional goals.

Together, supervision and professional development can help provide the tools necessary to implement high-quality teaching practices and promote enriching early learning experiences delivered in developmentally appropriate ways. These professional supports may also help bolster a teacher’s ability to manage the stresses and demands of their work, creating a safe and healthy environment for everyone.

**Learning Environments** – Regardless of the location or type of preschool program being implemented by a school or LEA, the environment must be an organized learning environment that promotes healthy development and children’s skill growth, as described in the HSPPS at § [1302.31](#).

Preschool programs must ensure teachers provide a well-organized learning environment with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that allow for play and varied instructional strategies (§ 1302.31(c)). The HSPPS at Part 1302 Subpart C do not require on-site outdoor space. Preschool programs may comply with the requirement for outdoor learning by using public spaces (e.g., local parks or playgrounds). The learning environment must include:

- Opportunities for learning through an environment intentionally designed to foster student choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences (§ 1302.31(c));
- An environment that allows for both teacher-directed and student-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities (§ 1302.31(c)(2));
- Age-appropriate equipment, materials, supplies, and physical space for indoor and outdoor learning environments, including functional space, that support implementation of the curriculum and the teaching and learning practices outlined above (§ 1302.31(d));
- Periodic (and intentional) changes in learning materials offered to children to support implementation of the curriculum and other requirements in this section to support children’s interests, stage of development, and learning (§ 1302.31(d)); and
- Any accommodations necessary to ensure the equipment, materials and supplies provided in the learning environment meet the needs of, and are accessible to, children with disabilities (§ 1302.31(d)). (For information on creating inclusive preschool programs for children with disabilities, refer to the jointly developed ED and HHS [Policy Statement on the Inclusion of Children with Disabilities in Early Childhood Programs](#).)

Preschool programs must implement intentional, age-appropriate approaches to accommodating young children’s needs in the learning environment, including rest time, snacks, meals, and other routines (see § 1302.31(e)), which must:

- Address children’s need to nap or rest. For children in a program that operates for six hours or longer per day, the program must provide a regular time every day at which children are encouraged but not forced to rest or nap, and provide alternative quiet learning activities for children who do not need or want to rest or nap (§ 1302.31(e)(1));
- Include structured snack and meal times that support teacher-child interactions, foster communication and conversations, and provide opportunities to contribute to a children’s learning, development, and socialization (§ 1302.31(e)(2));
- Include snack and meal times that provide sufficient time for children to eat, do not use food as reward or punishment, and do not force children to finish their food (§ 1302.31(e)(2));

- Approach routines, such as hand washing and transitions between activities, as opportunities for strengthening development, learning, and skill growth (§ 1302.31(e)(3)); and
- Recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment (§ 1302.31(e)(4)).

### Curricula (§ [1302.32](#))

As described in the HSPPS at § [1302.32](#), preschool programs must implement developmentally appropriate research-based early childhood curricula, including curricular enhancements as appropriate. *The HSPPS do not name, or require use of, any specific curricula.* Each program has the discretion to select its curriculum, in accordance with any State or local requirements. This guidance does not prescribe or recommend a particular curriculum; rather, consistent with the HSPPS at § 1302.32, this guidance identifies several criteria or features that selected curricula must meet. Specifically, the curricula implemented in preschool settings must:

- Be based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation (§ 1302.32(a)(1)(i));
- Be aligned with the ELOF (as discussed above) and, as appropriate, State early learning and development standards (§ 1302.32(a)(1)(ii)); and
- Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how young children learn (§ 1302.32(a)(1)(iii)).

Additionally, preschool programs must support teaching staff in effectively implementing curricula and, at a minimum, monitor curricula implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development (§ 1302.32(a)(2)).

Research shows that, in order to have the intended impact on children's learning and development, an early childhood curriculum must be effectively implemented by teachers who have ongoing, job-embedded support to use it responsively, intentionally, and with fidelity.<sup>7</sup> While LEAs and schools have discretion to design professional development opportunities for staff that best meet their needs, it is recommended that Title I preschools support effective implementation of curricula through a system that includes:

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<sup>7</sup> Boller, K., Tarrant, K. & Schaack, D.D. (2014). Early Care and Education Quality Improvement: A Typology of Intervention Approaches. OPRE Research Report #2014-36. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

National Academies of Sciences, Engineering, and Medicine. (2024). *A New Vision for High-Quality Preschool Curriculum*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/27429>.

Yoshikawa, H., C. Weiland, J. Brooks-Gunn, M. R. Burchinal... and M. J. Zaslow. (2013). *Investing in Our Future: The Evidence Base on Preschool Education*. New York, NY: Society for Research in Child Development and Foundation for Child Development.

- Both introductory and advanced trainings that develop teachers' knowledge and skills and focuses on implementing curriculum with developmentally appropriate, academically rich content that supports children's development in all the domains of the ELOF; and
- Ongoing monitoring of curriculum implementation through the collection of data and provision of feedback to teachers about their use of the curriculum to support children and families (e.g., through practice-based coaching).

For nonregulatory guidance and technical assistance resources about effective ways to support teachers in implementing the curriculum, see <https://eclkc.ohs.acf.hhs.gov/curriculum>.

Preschool teachers may regularly adapt or make modifications to a curriculum (e.g., to lesson plans, materials, activities) to maximize individual children's participation, differentiate lessons for individual children, and ensure learning opportunities are responsive to children's developmental levels and needs. These types of changes can be made while still implementing the curriculum with fidelity. Since one of the fundamental aspects of the ESEA is to hold all students to the same high standards, a Title I preschool program should ensure that it is teaching the same standards to all of its students (with the exception of students with the most significant cognitive disabilities, who may be held to standards that reflect professional judgment as to the highest possible standards achievable by such students). If the preschool program believes that larger changes are needed to the curriculum or instructional materials to meet the needs of children in the program, the preschool program is required to:

- Use external experts with knowledge of early preschool education curriculum and/or early education in the specific targeted content area(s) to develop any significant curriculum adaptations; and
- Assess whether adaptations adequately facilitate progress toward meeting school readiness goals. Preschools are encouraged to partner with outside evaluators in assessing significant adaptations.

### **Screening and Referral (§ [1302.33](#))**

Preschool programs for Title I eligible children play an important role in ensuring children get the services they need to support their development and learning, including by serving a critical Child Find function as defined by [IDEA Part B](#). As described in the HSPPS at § [1302.33\(a\)](#), preschool programs must ensure that all children receive, with parental consent, developmental screening and, if indicated by screening results, are referred for further evaluation. Screenings provide preliminary information about each child's development. When there is a specific concern about a child's development or a potential developmental delay, preschool programs must refer the child for a more formal evaluation by a local agency responsible for implementing IDEA (§ [1302.33\(a\)\(3\)](#)). Under IDEA Part B, LEAs are responsible for evaluating children suspected of having a disability to determine if the child is a child with a disability and, as a result of the disability, needs special education and related services. Under the IDEA, children may be referred to the LEA by teachers, providers, and parents at any point during the year, even if a developmental screening has not been recently completed, if there is concern about a child's development. For those children found eligible for special education and related services based on that evaluation, preschool programs must also ensure those children receive the appropriate

special education and related services in the least restrictive environments in accordance with their individualized education program (IEP) or individualized family service plan (IFSP).

As described in the HSPPS at § [1302.33\(a\)](#), preschool programs must:

- Collaborate with each child’s family and ask for parental consent for screening (screening may only be conducted with parental consent) (§ [1302.33\(a\)\(1\)](#));
- Within 45 calendar days from when a child first attends the preschool program, complete or obtain a developmental screening to identify concerns related to developmental, behavioral, motor, language, social, cognitive, and emotional skills (§ [1302.33\(a\)\(1\)](#));
- Use one or more research-based developmental standardized screening tools to complete the screening (§ [1302.33\(a\)\(2\)](#));
- Use information from the child’s family, teachers, and relevant staff as part of the screening (§ [1302.33\(a\)\(2\)](#)); and
- If warranted through screening and with guidance from mental health or other child development professionals, with the parent’s consent, promptly refer children with identified concerns to the agency that oversees IDEA programs for formal evaluation to determine eligibility for services under IDEA. Additionally, preschool programs must partner with and provide support to the child’s family throughout the evaluation process (§ [1302.33\(a\)\(3\)](#)).

If, through the developmental screening and formal evaluation process, a child is determined to be eligible for services under IDEA, preschool programs must partner with the appropriate entity designated by the LEA to implement the services specified in their IEP, IFSP, Section 504 plan, or other services required to meet their needs (§ [1302.33\(a\)\(4\)](#)). Preschool programs must also partner with families to ensure children are able to fully participate in special education program services and activities in the least restrictive environment that meets the family needs (§ [1302.33\(a\)\(4\)](#)). As a reminder, 45 C.F.R. [Part 1302 Subpart F](#) describes additional services for supporting children with disabilities.

If a child referred for formal evaluation following their developmental screening is determined not eligible for early intervention, special education, or related services under IDEA, the preschool program must:

- Seek guidance from a mental health or child development professional to determine if the child has a significant delay in one or more areas that may affect their development or readiness for school (§ [1302.33\(a\)\(5\)\(i\)](#)); and
- If the child has a significant delay, partner with families to identify the child’s needs and identify and access services and supports to meet those needs (§ [1302.33\(a\)\(5\)\(ii\)](#)). Such additional services and supports may be available through a child’s health insurance or it may be appropriate for the program to provide needed services and supports under Section 504 if the child satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act (§ [1302.33\(a\)\(5\)\(ii\)\(A\)](#)).

The HSPPS do not require any specific screening tool be used; rather, the HSPPS at § [1302.33\(c\)](#) identify several criteria or features that selected screening tools must meet. Preschool programs have flexibility to select screening tools that meet the criteria. Specifically, the HSPPS at § [1302.33\(a\)\(2\)](#) require that the tools used to conduct developmental screenings with children in preschool settings be research-based, standardized for evaluating children’s development, and:

- Valid and reliable for use with the population and for the purpose for which they will be used (§ [1302.33\(c\)\(1\)](#)) (e.g., as a screener for preschool-aged children to inform referrals for further evaluation);
- Developmentally, culturally, and linguistically appropriate, including for use with children with identified disabilities (§ [1302.33\(c\)\(1\)](#)); and
- Administered by personnel who are qualified and trained to use the tools (§ [1302.33\(c\)\(1\)](#)).

### **Child Assessment (§ [1302.33](#))**

As described in the HSPPS at § [1302.33\(b\)](#), preschool programs must conduct standardized and structured assessments of children’s developmental level and progress in outcomes aligned to goals described in the ELOF and use the information from those assessments for individualization<sup>8</sup> to inform and adjust strategies to better support each child’s learning, and to improve teaching practices. Specifically, preschool programs must:

- Conduct standardized and structured assessments (which may be observation-based or direct), aligned to the goals described in the ELOF (§ [1302.33\(b\)\(1\)](#));
- Regularly use information from these assessments, along with informal educator and family observations of the child, to determine each child’s strengths and needs (§ [1302.33\(b\)\(2\)](#));
- Use data from assessments to inform and adjust strategies to better support individualized learning and improve teaching practices (§ [1302.33\(b\)\(2\)](#)); and
- If warranted from the assessment data and with guidance from a mental health or child development professional and with family consent, refer children for additional evaluation for IDEA eligibility (§ [1302.33\(b\)\(3\)](#)).

Similar to standards for screening tools discussed in the prior section, the HSPPS do not name or require any specific child assessment tool be used; rather, the HSPPS at § [1302.33\(c\)](#) identify several criteria or features that selected child assessment tools must meet. Preschool programs have flexibility to select assessment tools that meet the criteria. Specifically, the tools used to conduct assessments with children in preschool settings must be standardized and structured (§ [1302.33\(b\)\(1\)](#)), valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel (§ [1302.33\(c\)\(1\)](#)), and age, developmentally, culturally, and linguistically appropriate, and appropriate for children with disabilities, as needed (§ [1302.33\(c\)\(1\)](#)).

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<sup>8</sup> HHS non-regulatory guidance defines individualization as “a process of planning and implementing learning experiences that are responsive to each child’s interests, strengths, and needs.” See <https://eclkc.ohs.acf.hhs.gov/curriculum/consumer-report/criteria/individualization-based-interests-strengths-needs>.

**Limitations on the Use of Screening and Assessment Data** – Importantly, the HSPPS at § 1302.33(d) include some restrictions on how information and results of developmental screenings and child assessments may be used. Specifically, preschool programs and staff may not use the results or data from screenings or assessments to:

- Provide rewards or sanctions for individual children or staff (§ 1302.33(d));
- Exclude children from enrollment or participation (§ 1302.33(d)); or
- Rank, compare, or otherwise evaluate individual children for purposes other than:
  - Research, training, or technical assistance (§ 1302.33(d));
  - To individualize instruction and teaching practices (§ 1302.33(b)); or
  - To inform decisions about the need for further evaluation (§ 1302.33(a), 1302.33(b)(3)) (e.g., such as for special education services or grade promotion).

### **Parent and Family Engagement in Education and Child Development Services (§ [1302.34](#))**

The HSPPS emphasize the role of parents and families as children’s first and lifelong educators and the importance of their role in children’s education. Parent and family engagement activities aim to build strong relationships between parents and children, as well as between families and their children’s educators, to promote stronger outcomes. As outlined in ED’s [Title I Preschool Guidance](#), “parents and other family members are essential partners with early and elementary educators to support children’s comprehensive development and lay the path for early school success.” The HSPPS at § 1302.34 require that preschool programs:

- Structure preschool services to recognize parents’ and families’ role as children’s first and lifelong educators, and encourage engagement in their child’s education (§ 1302.34(a)); and
- Offer opportunities for parents and family members to be involved in the program’s education services (§ 1302.34(b)) and implement policies to ensure:
  - The program is open to parents and families during all program hours (§ 1302.34(b)(1));
  - Teachers regularly communicate with families to ensure families are well-informed about their child’s routines, activities, and behavior (§ 1302.34(b)(2));
  - Teachers hold at least two family-teacher conferences each year to ensure families are well-informed about their child’s educational and developmental progress and activities in the program (§ 1302.34(b)(3));
  - Parents and families have opportunities to learn about and provide input on the curriculum and instructional materials (§ 1302.34(b)(4));
  - Parents and families have opportunities to volunteer in the classroom and/or volunteer during group activities (§ 1302.34(b)(5));
  - Parents and families are informed about the purpose and results of child screening and assessment (§ 1302.34(b)(6));
  - Teachers conduct at least two visits per program year with each child’s family to engage the parents in the child’s learning and development. If feasible, the first visit should occur before the program year. Visits should take place at the child’s home, or in the location of the family’s choosing, such as at a program site or another safe location that affords privacy at the parents’ request or if a visit to the



home presents significant safety hazards for staff. Examples of alternative locations for a family visit may include the school or program location, a library, or park (§ 1302.34(b)(7))

- Teachers that serve migrant or seasonal families make every effort to conduct home visits to engage the family in the child’s learning and development (§ 1302.34(b)(8)); and
- The program utilizes accessible communication methods and modalities to meet the needs of the community (§ 1302.34(b)(9)).

These regulations build on the parent and family engagement requirements for Title I LEAs and schools in ESEA section 1116. For example, an LEA operating a Title I preschool is required to include families of preschool children in its parent and family engagement policy under ESEA section 1116(a). As part of that plan, an LEA must address any barriers for participation for preschool parents, with particular attention to parents who are economically disadvantaged, disabled, have limited English proficiency, have limited literacy, or are of any racial or ethnic minority background, as outlined in ESEA section 1116(a)(2)(D)(i).

Finally, when an LEA or school is carrying out the Title I parent and family engagement requirements, the LEA or school, to the extent practicable, must provide opportunities for the informed participation of parents and family members (including parents and family members who have limited English proficiency, parents and family members with disabilities, and parents and family members of migratory children), including providing information and school reports required under ESEA section 1111 in a format and, to the extent practicable, in a language such parents understand (ESEA section 1116(f)). For additional information on these requirements, please refer to section D of ED’s [Title I Preschool Guidance](#) and the *Parental Involvement: Title I, Part A Non-Regulatory Guidance* (available at: <https://www.ed.gov/sites/ed/files/2022/10/parentinguid.pdf>).

## SECTION II. SERVING SPECIFIC STUDENT GROUPS

In addition to the requirements described in Section I, this section describes the HSPPS Part 1302 Subpart C elements that are required for preschool programs serving dual language learners and Tribal children.

### Serving Dual Language Learners

“Dual language learner” is defined in the HSPPS at 45 C.F.R. § 1305.2 as a child who is acquiring two or more languages at the same time, or a child who is learning a second language while continuing to develop their first language. The term “dual language learner” (DLL) may encompass or overlap substantially with other terms frequently used, such as bilingual, multilingual, English learner (EL),<sup>9</sup> and children who speak a language other than English (LOTE). The HSPPS acknowledge and emphasize that all young children are language learners and still developing their language skills, whether in one, two, or more languages. Additionally, the HSPPS emphasize the value of bilingualism, including its benefits for brain development and learning, and the importance of representing children’s home language and culture in the classroom to help make the environment welcoming for children and families of all languages, cultures, and experiences.

As such, in addition to the requirements described in Section I of this document, there are several specific requirements described in Part 1302 Subpart C for serving DLL children in preschool programs. They include:

- Preschool programs must recognize bilingualism and biliteracy as strengths and implement research-based **teaching practices** that support their development (§ 1302.31(b)(2)), including by:
  - Using teaching practices that focus on both English language acquisition and the continued development of the home language (§ 1302.31(b)(2)(ii)); or
  - If teachers and staff do not speak the home language of all children in the **learning environment**, taking steps to support the development of the home language, such as having culturally and linguistically appropriate materials available and other evidence-based strategies; and working to identify individuals who speak the children’s home language and can be trained to work in the classroom to support their development (§ 1302.31(b)(2)(iii)).

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<sup>9</sup> “English learner” is defined in ESEA section 8101(20) as “an individual— (A) who is aged 3 through 21; (B) who is enrolled or preparing to enroll in an elementary school or secondary school; (C)(i) who was not born in the United States or whose native language is a language other than English; (ii)(I) who is a Native American or Alaska Native, or a native resident of the outlying areas; and (II) who comes from an environment where a language other than English has had a significant impact on the individual’s level of English language proficiency; or (iii) who is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant; and (D) whose difficulties in speaking, reading, writing, or understanding the English language may be sufficient to deny the individual (i) the ability to meet the challenging State academic standards; (ii) the ability to successfully achieve in classrooms where the language of instruction is English; or (iii) the opportunity to participate fully in society.”

- When conducting developmental **screenings** and **child assessments** with DLLs, preschool programs must:
  - Use qualified bilingual staff, contractors, or consultants to conduct screenings and assessments (§ 1302.33(c)(2)(ii));
  - Assess children’s language skills in both English and their home language (§ 1302.33(c)(2)(i));
  - Conduct screenings and assessments for domains other than language skills in the language(s) that best capture the child’s development and skills (§ 1302.33(c)(2)(ii)); and
  - Ensure individuals conducting developmental screenings and child assessments know and understand the child’s language and culture and have sufficient skill level in that language to accurately administer the screening or assessment and record and understand the child’s responses, interactions, and communications (§ 1302.33(c)(2)(iii)).

If a preschool program serving DLLs is unable to have qualified bilingual staff (or contractor) conduct the screening or assessment in a child’s home language, the preschool program must use an interpreter in conjunction with a qualified staff person (§ 1302.33(c)(3)). If the program can demonstrate there is no qualified bilingual staff person or interpreter, the program may conduct the screenings and assessments in English. In such cases, the program must also gather and use additional information, including structured observations over time and information gathered in a child’s home language from the family, for use in evaluating the child’s development and progress (§1302.33(c)(4)).

Further, the requirement to conduct assessments for domains other than language skills in the language that best captures the child’s development and skills means that assessments for domains other than language (e.g., cognition, socioemotional development) should use the language that the child is most comfortable with and is best able to use to demonstrate their full abilities. For example, if a child’s home language is Spanish and the child uses Spanish to describe their thoughts and feelings, then socioemotional development should be assessed in Spanish. The dominant or preferred language may vary depending on the domain.

Neither the Head Start Act of 2007 nor the HSPPS require that DLL children be assessed for “proficiency in English,” and the identification of “English learner” (EL) status is not required as part of the HSPPS. However, other Federal and State laws may necessitate that programs have a method to identify DLL children for English learner status and evaluate whether they should continue in that status in subsequent years, such as the requirement to determine eligibility of such children to be considered English learners under Title III, Part A of the ESEA.

### **Supporting Tribal Languages and Culture**

Clear and intentional policies that protect and uplift Tribal languages are essential to their revitalization, which supports the preservation of culture, traditional knowledge, communication, and well-being of all Tribal communities. The HSPPS permit the full integration of Native

American languages in early childhood programs to emphasize the importance of representation, identity, and culturally focused environments for young children’s development and learning.

The HSPPS at § [1302.36](#) permit, and HHS and ED encourage, preschool programs serving American Indian and Alaskan Native children to integrate efforts that preserve, revitalize, restore, or maintain the Tribal language for these children into program services. Preschool programs have flexibility about how best to do this, and the HSPPS at § 1302.36 allow for approaches that include full immersion in the Tribal language during the majority of hours the program operates. Exposure to English language supports or instruction is not required for American Indian and Alaska Native children whose home language is English. For more information on satisfying requirements of the HSPPS related to serving American Indian and Alaska Native children, see ACF non-regulatory guidance available at: <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-ohs-im-24-03>.

As a reminder, certain LEAs must comply with specific Tribal consultation requirements related to the submission of required plans and applications under the ESEA, including local Title I plans, which, as applicable, describe the use of Title I funds for early childhood programs. Specifically, if an LEA either (1) has an enrollment of American Indian and Alaska Native students that is at least 50 percent of the LEA’s total enrollment, or (2) received a grant exceeding \$40,000 in the previous fiscal year under Subpart 1 of Part A of Title VI (Indian Education formula grant) of the ESEA, that LEA must consult with appropriate officials from Indian Tribes or Tribal organizations approved by the Tribes located in the area served by the LEA prior to the LEA’s submission of a required plan or application for a covered program under the ESEA or a program under Title VI of the ESEA (ESEA section 8538). Additionally, a school operating a Title I schoolwide program must develop its plan for such a program with the involvement of multiple stakeholders, including to the extent feasible, Tribes and Tribal organizations present in the community (ESEA section 1114(b)(2)).

Separately, section 3127 under Title III, Part A of the ESEA permits Title III funds that serve Native American children to be used for allowable purposes that include programs of instruction, teacher training, curriculum development, evaluation, and assessment designed for Native American children learning and studying Native American languages, though an outcome of the programs must include increased English proficiency.<sup>10</sup>

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<sup>10</sup> HSPPS at § 1302.36 allow programs serving American Indian and Alaskan Native children to implement full immersion Tribal language approaches for the majority of the hours of planned class operations. If children’s home language is English, exposure to English as described in § 1302.31(b)(2)(i) and (ii) is not required.

## APPENDIX

### 45 C.F.R. Part 1302 Subpart C

#### Head Start Program Performance Standards – Education and Child Development Program Services

NOTE: Below is the current version of 45 C.F.R. Part 1302 Subpart C as of December 18, 2024. The most up to date version of the regulation is available at: <https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-B/part-1302/subpart-C>.

#### **1302.30 Purpose.**

All programs must provide high-quality early education and child development services, including for children with disabilities, that promote children’s cognitive, social, and emotional growth for later success in school. A center-based or family child care program must embed responsive and effective teacher-child interactions. A home-based program must promote secure parent-child relationships and help parents provide high-quality early learning experiences. All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and support family engagement in children’s learning and development. A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in § 1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in § 1302.33 and 1302.35.

#### **1302.31 Teaching and the learning environment.**

- (a) *Teaching and the learning environment.* A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children’s skill growth aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, including for children with disabilities. A program must also support implementation of such environment with integration of regular and ongoing supervision and a system of individualized and ongoing professional development, as appropriate. This includes, at a minimum, the practices described in paragraphs (b) through (e) of this section.
- (b) *Effective teaching practices.*
  - (1) Teaching practices must:
    - (i) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; are communication and language rich; promote critical thinking and problem-solving; social, emotional, behavioral, and language

- development; provide supportive feedback for learning; motivate continued effort; and support all children's engagement in learning experiences and activities;
- (ii) Focus on promoting growth in the developmental progressions described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* by aligning with and using the Framework and the curricula as described in § 1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child's individual pattern of development and learning;
  - (iii) Integrate child assessment data in individual and group planning; and,
  - (iv) Include developmentally appropriate learning experiences in language, literacy, social and emotional development, math, science, social studies, creative arts, and physical development that are focused toward achieving progress outlined in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*.
- (2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must:
- (i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English;
  - (ii) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or,
  - (iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.
- (c) *Learning environment.* A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and:
- (1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; and,
  - (2) For preschool age children, include teacher-directed and child-initiated activities, active and quiet learning activities, and opportunities for individual, small group, and large group learning activities.
- (d) *Materials and space for learning.* To support implementation of the curriculum and the requirements described in paragraphs (a), (b), (c), and (e) of this section a program must provide age-appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments, including functional space. The equipment, materials and supplies must include any necessary accommodations and the space must be accessible to children with disabilities. Programs must change materials intentionally and periodically to support children's interests, development, and learning.

- (e) *Promoting learning through approaches to rest, meals, routines, and physical activity.*
- (1) A program must implement an intentional, age appropriate approach to accommodate children's need to nap or rest, and that, for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap. A program must provide alternative quiet learning activities for children who do not need or want to rest or nap.
  - (2) A program must implement snack and meal times in ways that support development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child's learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food.
  - (3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth.
  - (4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.

### **1302.32 Curricula.**

- (a) *Curricula.*
- (1) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that:
    - (i) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;
    - (ii) Are aligned with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and, as appropriate, state early learning and development standards; and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,
    - (iii) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.
  - (2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.
- (b) *Adaptation.* A program that chooses to make significant adaptations to a curriculum or a curriculum enhancement described in paragraph (a)(1) to better meet the needs of one or more specific populations must use an external early childhood education curriculum or content area expert to develop such significant adaptations. A program must assess whether

the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in § 1302.102(b) and (c). Programs are encouraged to partner with outside evaluators in assessing such adaptations.

### **1302.33 Child screenings and assessments.**

#### **(a) Screening.**

- (1) In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program.
- (2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior.
- (3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through:
  - (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and,
  - (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process.
- (4) If a child is determined to be eligible for services under IDEA, the program must partner with parents and the local agency responsible for implementing IDEA, as appropriate, and deliver the services in subpart F of this part.
- (5) If, after the formal evaluation described in paragraph (a)(3)(i) of this section, the local agency responsible for implementing IDEA determines the child is not eligible for early intervention or special education and related services under IDEA, the program must:
  - (i) Seek guidance from a mental health or child development professional to determine if the formal evaluation shows the child has a significant delay in one or more areas of development that is likely to interfere with the child's development and school readiness; and,
  - (ii) If the child has a significant delay, partner with parents to help the family access services and supports to help address the child's identified needs.
    - (A) Such additional services and supports may be available through a child's health insurance or it may be appropriate for the program to provide needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in 29 U.S.C. section 705(9)(b) of the Rehabilitation Act, to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability.



(B) A program may use program funds for such services and supports when no other sources of funding are available.

(b) *Assessment for individualization.*

- (1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child's developmental level and progress in outcomes aligned to the goals described in the *Head Start Early Learning Child Outcomes Framework: Ages Birth to Five*. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.
- (2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child's strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.
- (3) If warranted from the information gathered from paragraphs (b)(1) and (2) of this section and with direct guidance from a mental health or child development professional and a parent's consent, a program must refer the child to the local agency responsible for implementing IDEA for a formal evaluation to assess a child's eligibility for services under IDEA.

(c) *Characteristics of screenings and assessments.*

- (1) Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed.
- (2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to:
  - (i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition;
  - (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and,
  - (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications.
- (3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (2)(i) through (iii) of this section.
- (4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and

information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

- (d) *Prohibitions on use of screening and assessment data.* The use of screening and assessment items and data on any screening or assessment authorized under this subchapter by any agent of the federal government is prohibited for the purposes of ranking, comparing, or otherwise evaluating individual children for purposes other than research, training, or technical assistance, and is prohibited for the purposes of providing rewards or sanctions for individual children or staff. A program must not use screening or assessments to exclude children from enrollment or participation.

### **1302.34 Parent and family engagement in education and child development services.**

- (a) *Purpose.* Center-based and family child care programs must structure education and child development services to recognize parents' roles as children's lifelong educators, and to encourage parents to engage in their child's education.
- (b) *Engaging parents and family members.* A program must offer opportunities for parents and family members to be involved in the program's education services and implement policies to ensure:
- (1) The program's settings are open to parents during all program hours;
  - (2) Teachers regularly communicate with parents to ensure they are well-informed about their child's routines, activities, and behavior;
  - (3) Teachers hold parent conferences, as needed, but no less than two times per program year, to enhance the knowledge and understanding of both staff and parents of the child's education and developmental progress and activities in the program;
  - (4) Parents have the opportunity to learn about and to provide feedback on selected curricula and instructional materials used in the program;
  - (5) Parents and family members have opportunities to volunteer in the class and during group activities;
  - (6) Teachers inform parents, about the purposes of and the results from screenings and assessments and discuss their child's progress;
  - (7) Teachers, except those described in paragraph (b)(8) of this section, conduct at least two home visits per program year for each family, including one before the program year begins, if feasible, to engage the parents in the child's learning and development, except that such visits may take place at a program site or another safe location that affords privacy at the parent's request, or if a visit to the home presents significant safety hazards for staff;
  - (8) Teachers that serve migrant or seasonal families make every effort to conduct home visits to engage the family in the child's learning and development; and
  - (9) The program utilizes accessible communication methods and modalities that meet the needs of the community when engaging with prospective and enrolled families.

### **1302.35 Education in home-based programs.**

- (a) *Purpose.* A home-based program must provide home visits and group socialization activities that promote secure parent-child relationships and help parents provide high-quality early learning experiences in language, literacy, mathematics, social and emotional functioning,

approaches to learning, science, physical skills, and creative arts. A program must implement a research-based curriculum that delivers developmentally, linguistically, and culturally appropriate home visits and group socialization activities that support children's cognitive, social, and emotional growth for later success in school.

- (b) *Home-based program design.* A home-based program must ensure all home visits are:
- (1) Planned jointly by the home visitor and parents, and reflect the critical role of parents in the early learning and development of their children, including that the home visitor is able to effectively communicate with the parent, directly or through an interpreter;
  - (2) Planned using information from ongoing assessments that individualize learning experiences;
  - (3) Scheduled with sufficient time to serve all enrolled children in the home and conducted with parents and are not conducted when only babysitters or other temporary caregivers are present;
  - (4) Scheduled with sufficient time and appropriate staff to ensure effective delivery of services described in subparts D, E, F, and G of this part through home visiting, to the extent possible.
- (c) *Home visit experiences.* A program that operates the home-based option must ensure all home visits focus on promoting high-quality early learning experiences in the home and growth towards the goals described in the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and must use such goals and the curriculum to plan home visit activities that implement:
- (1) Age and developmentally appropriate, structured child-focused learning experiences;
  - (2) Strategies and activities that promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development;
  - (3) Strategies and activities that promote the home as a learning environment that is safe, nurturing, responsive, and language- and communication-rich;
  - (4) Research-based strategies and activities for children who are dual language learners that recognize bilingualism and biliteracy as strengths, and:
    - (i) For infants and toddlers, focus on the development of the home language, while providing experiences that expose both parents and children to English; and,
    - (ii) For preschoolers, focus on both English language acquisition and the continued development of the home language; and,
  - (5) Follow-up with the families to discuss learning experiences provided in the home between each visit, address concerns, and inform strategies to promote progress toward school readiness goals.
- (d) *Home-based curriculum.* A program that operates the home-based option must:
- (1) Ensure home-visiting and group socializations implement a developmentally appropriate research-based early childhood home-based curriculum that:
    - (i) Promotes the parent's role as the child's teacher through experiences focused on the parent-child relationship and, as appropriate, the family's traditions, culture, values, and beliefs;
    - (ii) Aligns with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and, as appropriate, state early learning standards, and, is sufficiently content-rich within the Framework to promote measurable progress toward goals outlined in the Framework; and,

- (iii) Has an organized developmental scope and sequence that includes plans and materials for learning experiences based on developmental progressions and how children learn.
- (2) Support staff in the effective implementation of the curriculum and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.
- (3) If a program chooses to make significant adaptations to a curriculum or curriculum enhancement to better meet the needs of one or more specific populations, a program must:
  - (i) Partner with early childhood education curriculum or content experts; and,
  - (ii) Assess whether the adaptation adequately facilitates progress toward meeting school readiness goals consistent with the process described in § 1302.102(b) and (c).
- (4) Provide parents with an opportunity to review selected curricula and instructional materials used in the program.
- (e) *Group socialization.*
  - (1) A program that operates the home-based option must ensure group socializations are planned jointly with families, conducted with both child and parent participation, occur in a classroom, community facility, home or field trip setting, as appropriate.
  - (2) Group socializations must be structured to:
    - (i) Provide age appropriate activities for participating children that are intentionally aligned to school readiness goals, the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* and the home-based curriculum; and,
    - (ii) Encourage parents to share experiences related to their children’s development with other parents in order to strengthen parent-child relationships and to help promote parents understanding of child development;
  - (3) For parents with preschoolers, group socializations also must provide opportunities for parents to participate in activities that support parenting skill development or family partnership goals identified in § 1302.52(c), as appropriate and must emphasize peer group interactions designed to promote children’s social, emotional and language development, and progress towards school readiness goals, while encouraging parents to observe and actively participate in activities, as appropriate.
- (f) *Screening and assessments.* A program that operates the home-based option must implement provisions in § 1302.33 and inform parents about the purposes of and the results from screenings and assessments and discuss their child's progress.

**1302.36 Tribal language preservation and revitalization.**

A program that serves American Indian and Alaska Native children may integrate efforts to preserve, revitalize, restore, or maintain the tribal language for these children into program services. Such language preservation and revitalization efforts may include full immersion in the tribal language for the majority of the hours of planned class operations. If children’s home language is English, exposure to English as described in § 1302.31(b)(2)(i) and (ii) is not required.