

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. ACYF-HS-93600.952]

Early Head Start Program Grant Availability

AGENCY: Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), HHS.

ACTION: Announcement of financial assistance to be competitively awarded to current Head Start programs—including Head Start Parent and Child Centers and Comprehensive Child Development programs—and other public and non-profit private entities to provide child and family development services for low-income families with children under age three and pregnant women.

SUMMARY: Section 645A of the Head Start Act, as amended, 42 U.S.C. 9801 *et seq.*, requires that, beginning in Fiscal Year 1995, the Secretary of Health and Human Services will award grants competitively to agencies and organizations to implement programs which we call "Early Head Start." These programs will provide early, continuous, intensive, and comprehensive child development and family support services on a year-round basis to low-income families with children under age three and pregnant women. The purpose of the program is to enhance children's physical, social, emotional, and intellectual development; to assist parents in fulfilling their parental roles; and to help parents move toward self-sufficiency. Thus, the goals for Early Head Start are to:

- Promote the physical, cognitive, social and emotional growth of infants and toddlers and prepare them for future growth and development;
- Support parents—mothers, fathers, and guardians—in their role as primary caregivers and educators of their children, and in meeting family goals and achieving self-sufficiency across a wide variety of domains;
- Strengthen community supports for families with young children; and
- Develop highly-trained, caring and adequately compensated program staff, because the quality of staff and their relationships with children and parents are critical to achieving all the other goals.

DATES: The closing date for submission of applications is May 31, 1995.

ADDRESSES: Applications may be mailed to: Early Head Start Program, Ellsworth Associates, Inc., 3030 Clarendon Blvd., Suite 240, Arlington, Virginia 22201.

Hand delivered applications are accepted at the above address during the normal working hours of 8 a.m. and 4:30 p.m., Monday through Friday, on or before the closing date.

FOR FURTHER INFORMATION: For questions related to the Program Announcement, please contact the ACYF Operations Center, Technical Assistance Team at 1-800-351-2293. Staff at this center will answer questions regarding the application requirements or refer you to the appropriate contact person in ACYF for programmatic questions.

For a copy of the application kit, or for another copy of the program announcement please call or fax your request to the ACYF Operations Center at 1-800-351-2293 (phone) or 1-800-351-4490 (fax).

SUPPLEMENTARY INFORMATION:

Part I. General Information

A. Table of Contents

This program announcement is divided into five sections:

- Part I is an introductory section which contains the history and background for the Early Head Start program and the principles and program description that will guide the development, implementation and operation of the programs.
- Part II contains key program information such as a description of eligible applicants, project periods, applicable Head Start regulations, and Early Head Start as a learning community.
- Part III presents requirements for information that must be included in each application.
- Part IV presents the criteria upon which applications will be reviewed and evaluated.
- Part V contains instructions for preparing the Fiscal Year 1995 application. This section notes that the Commissioner of the Administration on Children, Youth, and Families, depending on the availability of funds and an adequate number of acceptable applications, may choose to fund the Fiscal Year 1996 cohort of programs out of the pool of applications submitted as a response to this program announcement.

Appendix A includes the relevant forms necessary for completing the application.

Appendix B lists the Single Points of Contact for each State and Territory.

Appendix C is The Statement of the Advisory Committee on Services for

Families with Infants and Toddlers which guided the development of this program announcement and will be referred to throughout.

An application kit containing applicable Head Start Regulations, State Contact lists (e.g. Part H Lead Agency Coordinators) and other useful information must be obtained by applicants. (See address listed earlier in this announcement.)

B. Program Purpose

With the reauthorization of the Head Start Act in 1994, Congress established a new program for low income families with infants and toddlers and pregnant women which we are calling Early Head Start. Beginning in Fiscal Year 1995, the Secretary of Health and Human Services will award grants to competing agencies and organizations to implement "Early Head Start" to provide early, continuous, intensive, and comprehensive child development and family support services.

In creating this program, the Congress acted upon evidence from research and practice which illustrates that high quality programs enhance children's physical, social, emotional, and cognitive development; enable parents to be better caregivers and teachers to their children; and help parents meet their own goals, including economic independence. Such programs answer an undeniable need. As pointed out in The Report of the Carnegie Task Force on Meeting The Needs of Young Children, many of the 12 million children under three and their families in the United States today face a "quiet crisis." The numerous indicators of this crisis include: One in four infants and toddlers live in families with incomes below the poverty line; nine out of every thousand infants die before the age of one; and, more than five million children under three receive child care from other adults while their parents work, much of that care is of poor quality.

The Early Head Start program will provide resources to community programs to address such needs and to achieve the purposes set forth by Congress. The local programs funded through Early Head Start will also operate as a national laboratory to demonstrate the impact that can be gained when early, continuous, intensive and comprehensive services are provided early on to pregnant women and very young children and their families.

Programs participating in this demonstration effort will:

- Provide early, individualized child development and parent education

services to low-income infants and toddlers and their families according to a plan developed jointly by the parents and staff;

- Provide these services through an appropriate mix of home visits, experiences at the Early Head Start center, and experiences in other settings such as family- or center-based child care;
- Provide early opportunities for infants and toddlers with and without disabilities to grow and develop together in warm, nurturing and inclusive settings;
- Ensure that the Early Head Start center is a welcoming setting for families in the community;
- Respond to the needs of families, including the need for full-time child care for working families;
- Connect with other service providers at the local level to ensure that a comprehensive array of health, nutrition, and other services is provided to the program's pregnant women, very young children, and their families;
- Recruit, train, and supervise high quality staff to ensure the kind of warm and continuous relationships between caregivers and children that are crucial to learning and development for infants and toddlers;
- Ensure parent involvement in policy and decision making, similar to parent involvement in preschool Head Start programs;
- Coordinate with local Head Start programs in order to ensure continuity of services for these children and families;
- Ensure quality by focusing on all four cornerstones of successful early childhood programs: Child development, family development, community building, and staff development; and
- Participate actively in a research and evaluation effort to learn from the Early Head Start experience.

C. History and Background

1. Legislation

In May 1994 the President signed into law the bipartisan Head Start Reauthorization Act of 1994. This reauthorization established within the Head Start Bureau a new program for low-income pregnant women and families with infants and toddlers. The reauthorization sets aside funds from the overall Head Start budget for the next four years at a rate of three percent in FY 1995; four percent in FY 1996 and 1997; and five percent in FY 1998. Consolidated into the new initiative were the Parent and Child Centers Program and the Comprehensive Child Development Program.

This section of the legislation had a number of sources, including the recommendations of The Advisory Committee on Head Start Quality and Expansion, as well as recent lessons from research and practice.

2. The Advisory Committee on Head Start Quality and Expansion

In June 1993, the Secretary of the Department of Health and Human Services formed an Advisory Committee to look at Head Start quality and expansion. The recommendations of that committee centered around:

- Striving for excellence in staffing, management, oversight, facilities, and research;
- Expanding to better meet the needs of children and families; and
- Forging new partnerships with communities, schools, the private sector, and other national initiatives.

Included in the report was a recommendation that the Department develop a new initiative for expanded Head Start supports to families with infants and toddlers, as well as convene a high-level committee charged with developing guidelines for this new effort. This recommendation was fueled by relevant research findings and recognition in the field that a good deal more could be accomplished with earlier more sustained support for very young children and their families.

3. Relevant Research

Findings from more than three decades of research in child and family development illustrate that the time from conception to age three is critical for human development. The basic cognitive, social, and emotional foundation is established in these early years. The research also indicates that for infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be compromised. Fortunately, recent research identifies characteristics of effective programs that enhance both child and family development. This growing body of knowledge provides a foundation upon which the Early Head Start program is based.

A more detailed discussion about the research in maternal and infant health, child-caregiver relationships, and characteristics of successful programs can be found in the Statement of the Advisory Committee on Services for

Families with Infants and Toddlers which is included as Appendix C.

4. Precursor Program Experiences

In enacting Early Head Start, Congress was building on lessons learned through Federal, State, local and community programs that serve some of our country's very young children and their families.

Most notable among the early Federal efforts include the following:

- Maternal and Child Health Services Block Grant has its roots in Title V of the Social Security Act which was enacted in 1935. It is administered by the Maternal and Child Health Bureau (MCHB) of the Public Health Service which provides leadership for building the infrastructure for health care services delivery to all mothers and children in the U.S., with particular responsibility for serving those low-income or isolated populations who would otherwise have limited access to care.
- The Parent and Child Centers Program (PCC) was established in 1967 to provide an array of services for pregnant women, infants/toddlers, parents, and families as a whole. There are currently 106 PCC's across all 50 States, the District of Columbia and Puerto Rico. Services include health, education, personal and interpersonal development, and family assistance.
- The Migrant Head Start program was established in 1969 in order to meet the needs of mobile farmworker children and their families. The program provides age appropriate infant, toddler and preschool programming, full-day services (8 to 12 hours per day), and full week services (five to six days per week). These services are offered in center-based and family child care settings during agricultural seasons. There are currently 76 Migrant Head Start programs operating in 35 states. Infant and toddlers comprise over 40 percent of the children served annually.
- Child and Family Resource Program (CFRP) operated as a demonstration from 1973 to 1983. Ten CFRP programs linked community resources in efforts to enhance families abilities to provide safe, stable, nurturing environments for their children.
- Part H of what is now known as the Individuals with Disabilities Education Act was initiated in 1986 as an early intervention program for children birth to three who have or are at risk for developmental disability. Part H supports comprehensive, statewide programs which identify and coordinate needed services within the context of a family-centered services delivery model.

- The Comprehensive Child Development Program (CCDP) was enacted in 1988 to provide and coordinate a wide range of services to children and families involving child development, health care, education, economic self-sufficiency, mental health, substance abuse treatment and prevention and other services to strengthen the home and family.

- Even Start Literacy Program, administered by the Department of Education, integrates early childhood education and adult education for parents into a unified program.

- Healthy Start Initiative started in 1991 as a demonstration program to combat infant mortality through community coalitions.

In addition to these Federal efforts, several States and foundations are focusing on the special needs of very young children and their families. Among the States active in this area are Colorado, Kentucky, Maryland, Minnesota, Missouri and Vermont. Carnegie and Ford are among the foundations addressing the needs of pregnant women and families with infants and toddlers.

D. Consultation

In the statute establishing the new program which we call Early Head Start, Congress called on the Secretary to develop program guidelines in consultation with experts in early childhood development, experts in health, and experts in family services; and taking into consideration the knowledge and experience gained from other early childhood programs including the Comprehensive Child Development Programs, Head Start Parent Child Centers and Migrant Head Start programs that serve large numbers of infants and toddlers. As a result, the Secretary formed the Advisory Committee on Services for Families with Infants and Toddlers. The Committee was charged with advising the Department on the development of program approaches for the initiative. In September 1994, the Advisory Committee unanimously agreed to a statement that sets forth the vision, goals, principles, and program cornerstones for Early Head Start (the Statement, which includes the Advisory Committee membership list, is included as Appendix C).

In addition, Federal staff conducted approximately 30 focus groups during the summer of 1994 to hear from parents, practitioners, researchers, advocates, and representatives of professional organizations. Further, Federal staff met with or received materials and recommendations from a

number of other parents, practitioners, and researchers. The suggestions, guidance, and information received through this consultation process helped shape the development of this program announcement.

E. Principles Recommended by the Field

The Advisory Committee on Services for Families with Infants and Toddlers identified nine principles that are characteristic of successful programs for families with very young children. These principles are consistent with the themes that emerged from the broader consultation conducted by the Department. Therefore, applicants are expected to design their programs around these principles:

1. *High Quality:* Programs will ensure high quality in both the services provided to children and families directly, and the services provided through referral. Programs will recognize that the conception-to-three age period is unique both in the rate of development and in the way young children's physical and mental growth reflects and absorbs experiences with caregivers and the surroundings. Because of this, the experiences and environments need to be of highest quality to promote child development.

2. *Prevention and Promotion:* Recognizing that windows of opportunity open and close quickly for very young children and their families, programs will seek out opportunities to promote the physical, social, emotional, cognitive and language development of young children and families before conception, prenatally, upon birth, and during the early years. Program staff will seek to prevent and detect problems at their earliest stages, rallying the services needed to help the child and family anticipate and overcome problems before they interfere with healthy development.

3. *Positive Relationships and Continuity:* Programs will support and enhance strong, caring, continuous relationships among the child, parents, family, and caregiving staff. Programs will support the mother-child, father-child bond by recognizing each parent as his or her child's first and primary source of love, nurturance and guidance. Programs will ensure that relationships between caregiving staff and young children support infant and toddler attachment to a limited number of skilled and caring individuals, thus maintaining relationships with caregivers over time and avoiding the trauma of loss experienced with frequent turnover of key people in the child's life.

4. *Parent Involvement:* Programs will ensure the highest level of partnership with parents, both mothers and fathers. Programs will support parents as primary nurturers, educators, and advocates for their children; assure that each parent has an opportunity for an experience that supports his or her own growth and goals, including that of parenting; encourage independence and self-sufficiency for parents; and provide a policy-making and decision-making role for parents.

5. *Inclusion:* Programs will develop services and create an environment which builds upon and responds to the unique strengths and needs of each child and family. Further, programs will support participation in community life by young children with disabilities and their families; families of very young children with significant disabilities will be fully included in all program services.

6. *Culture:* Programs will demonstrate an understanding of, respect for, and responsiveness to the home culture of children and families as culture is the context for healthy identity development in the first years of life.

7. *Comprehensiveness, Flexibility, Responsiveness, and Intensity:* Programs will respond in flexible ways to the unique strengths, abilities, and needs of the children, families and communities they serve. Developmental opportunities provided to each infant and toddler will address the whole child and be continually adapted to keep pace with his or her developmental growth. Programs also need to be responsive to the distinct needs and experiences of parents whose children are disabled and those parents who have disabilities.

8. *Transition:* Programs will be responsible for ensuring the smooth transition of children and their families into Head Start or other preschool programs which are of high quality and provide consistent and responsive caregiving.

9. *Collaboration:* Recognizing that no one program will be able to meet all of a child's and family's needs, programs will build strong connections to other service providers and to community sources of support for families. These efforts will foster a caring, comprehensive and integrated community-wide response to families with young children, maximize scarce financial resources, and avoid duplication of agency effort.

These principles (explained in more detail) are included in the Statement of the Advisory Committee on Services for Families with Infants and Toddlers which is attached as Appendix C.

F. Program Description

In addition to the principles outlined above, a description of the Early Head Start program also emerged during consultation with the field. The Advisory Committee members set forth the formal framework for the program which includes four cornerstones: child development; family development; community building; and staff development.

1. Child Development

To develop fully, children need individualized support that honors the unique characteristics and pace of their physical, social, emotional, cognitive and language development. Critical to this development are the promotion of child health; positive relationships between the child and parents and other significant caregivers; opportunities for children's active engagement in appropriately stimulating environments; and enhancement of each parent's knowledge about the development of their child within healthy, safe, environments. The services that programs must provide to support the child development cornerstone include:

- High quality early education services provided both in and out of the home in a range of developmentally appropriate settings for infants and toddlers;
- Home visits (especially for families with newborns and other infants, as needed);
- Parent education, including parent-child activities;
- Comprehensive health and mental health services for children; and
- Part- and full-day child care services, as needed by children and families (the ACF does not expect Early Head Start grantees to pay for off-site child care but instead envisions the role of the grantee being a broker to help the family identify and access child care services from appropriate providers in the community as needed); the Early Head Start program must assume responsibility for ensuring that the child care settings meet standards for high quality, developmentally appropriate care.

In addition, Early Head Start programs would be responsible for helping the family identify and access the services of a consistent health professional who can provide ongoing care for the family, child and pregnant woman. Further, Early Head Start programs would be responsible for coordinating with programs providing services in accordance with Part H of the Individuals with Disabilities Education Act so that children and

families served by these two programs can experience a seamless system of services.

2. Family Development

Healthy child development depends on the ability of parents and families to support and nurture children, while at the same time meeting other critical social and economic needs. Therefore, programs must work to help parents set and achieve goals for themselves and their children through individualized family development plans, which are collaboratively designed and updated by families and staff, and are responsive to the goals and ideals of the families. When families are served by additional programs which also require an individualized family development/service plan, such as Part H of the Individuals with Disabilities Education Act and family employability plans, then a single coordinated plan should be developed so families experience a seamless system of services.

The types of services that programs must provide directly or through referral include:

- Ongoing support to parents, through case management, peer support groups, or other approaches;
- Child development information;
- Health services, including services for women prior to, during, and after pregnancy;
- Mental health services;
- Services to improve health behavior such as smoking cessation and substance abuse treatment;
- Services to adults to support progress towards economic independence, such as adult education and basic literacy skills, job training, assistance in obtaining income support, food, and decent, safe housing, and emergency cash or in-kind assistance; and
- Transportation to program services.

Programs also must provide directly opportunities for parent involvement in the program so that parents can be involved as decision-makers, volunteers, and/or employees. Additional services not listed above, but identified by families through community assessments and mappings, may be provided either directly or through referral at local option.

3. Community Building

Children develop within the context of the family and the family develops within the context of the community. Therefore, to support children's development, Early Head Start must establish collaborative relationships with other community providers and strength-building organizations to create

an environment that shares responsibility for the healthy development of its children and their families.

The goal of these community relationships will be three-fold: Increasing access to high quality services for program families; assuring that the program's approach to serving families with infants and toddlers fits into the existing constellation of services in the community so that there is a coherent, integrated approach to supporting families with very young children; and encouraging systemic improvements in service delivery for all the families in a community.

All programs will be required to conduct an in-depth assessment of existing community resources and needs and engage in an ongoing collaborative planning process with a range of stakeholders, including parents and residents of the community. If the community recently conducted such an assessment, the program would be able to use the results from that study and then proceed with the collaborative planning process.

4. Staff Development

Programs are only as good as the individuals who staff them. Thus staff development will be a key element of Early Head Start programs.

To ensure the recruitment and development of high quality staff, all programs will be required to:

- Select staff who, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide high quality, comprehensive, inclusive, culturally appropriate, and family-centered services to young children and their families;
- Select staff who are capable of entering into one-to-one caregiving relationships with infants and toddlers, and caring, respectful and empowering relationships with families and other coworkers;
- Select program directors who possess the above characteristics and are highly skilled administrators who exemplify leadership qualities such as integrity, warmth, intuition and holistic thinking;
- Provide ongoing staff training, supervision and mentoring for both line staff and supervisors that reflects an interdisciplinary approach and an emphasis on relationship building and employs techniques and opportunities for practice, feedback and reflection;

• Provide training so staff are "cross-trained" in the areas of child development, family development and community building, in addition to the areas of home visiting, caregiving

relationships, effective communication with parents, family literacy, healthy/safe environments and caregiving practices, early identification of unhealthy behaviors or health problems, service coordination, and the provision of services and support to diverse populations, including families and children with disabilities and developmental delays; and

- Recognize that high quality performance and development occur when they are linked to rewards such as salary, compensation, and career advancement.

These cornerstones (explained in more detail) are included in the Statement of the Advisory Committee on Services for Families with Infants and Toddlers which is attached as Appendix C. Applicants who become Early Head Start grantees will be expected to build their program around these four cornerstones.

Part II. Program Information and Requirements

A. Statutory Authority

The Head Start Act, as amended, 42 U.S.C. 9801 et seq.

B. Eligible Applicants

Those who may apply to become an Early Head Start program include: Entities operating Head Start programs and other public entities and nonprofit private entities capable of providing community-based child and family services that are consistent with recognized best practices and other requirements as established by the Secretary. Priority will be given to entities with a record of providing early, continuous, and comprehensive child and family development services. In awarding grants to eligible applicants, the Secretary shall ensure an equitable national geographic distribution of the grants and award grants to applicants proposing to serve communities in rural areas and to applicants proposing to serve communities in urban areas.

C. Eligible Participants

Persons who may participate in the Early Head Start program include pregnant women and families with children under age three who meet the income criteria specified for families in the Head Start regulations (See Part II, Section G). The report from Congress discussing the creation of this program encouraged that participants in programs funded through this initiative should be identified while pregnant or while their children are infants.

While Early Head Start programs will be targeted primarily toward families

who have incomes at or below the poverty line or who are eligible for public assistance, regulations permit up to 10 percent of children in local programs to be from families which do not meet these low-income criteria. Head Start regulations also require that a minimum of 10 percent of enrollment opportunities in each program be made available to children with disabilities. Such children are expected to be enrolled in the full range of services and activities in inclusive settings with their non-disabled peers and to receive individualized services.

As a comprehensive family development program, Early Head Start will be expected to assess the strengths and needs of the whole family and develop strategies for ensuring services are available. For example, grantees would be responsible for recognizing the child care needs of older siblings (i.e., children in the family age three or older) but would not be expected or authorized to pay for such services. Instead, the role of Early Head Start would be to work with the family and community providers to identify programs where the older sibling may be served.

D. Target Populations

There will be no required target populations other than that specified in Part II, Section C. However, applicants may choose to focus on special populations such as teen parents or design a program linked to welfare reform initiatives if they wish. In future years, the ACF may look at programs focusing on these populations for more in-depth study and evaluation.

E. Project Period, Funding and Project Sizes

A total of approximately \$17 million in ACF funds will be available for funding approximately 15-25 new Early Head Start programs in FY 1995. Applicants will be required to enroll at least 75 families. In order to fund as many different projects as possible, the ACF does not intend to fund any applicant to serve more than 150 families, unless it is the judgment of the selecting official that a higher enrollment level will enable the ACF to better meet the stated purposes of Early Head Start. Awards, on a competitive basis, will be for a one-year budget period, although project periods may be for five-years. Applications for continuation grants funded under these awards beyond the first one-year budget period but within the five-year project period, will be entertained in subsequent years on a non-competitive basis, subject to availability of funds,

satisfactory progress of the grantee and a determination that continued funding would be in the best interest of the Government. Continuation funds will be available to serve eligible families who were initially enrolled and eligible families which replaced starting families who left the program during any single year.

Parent and Child Center Programs and Cohort I of the Comprehensive Child Development Programs (Cohort I) are eligible to apply for this money according to the terms of this announcement but are not required to do so.

Note: The statute creating Early Head Start allows Cohort II of the Comprehensive Child Development Programs (Cohort II) to continue in their demonstration phase and receive funding for the duration of the project period.

If they do not choose to apply, they will generally continue to receive financial assistance in fiscal years 1995, 1996, and 1997 as permitted by section 645A(e) of the Act. When a Parent and Child Center Program or Cohort I competes successfully for an Early Head Start grant, the current grant will be replaced by the new Early Head Start grant. Thus, the grantee's current base funding will be folded into the new award and its current project period will be replaced by a new Early Head Start project period that extends a full five years. If a Parent and Child Center Program or a Cohort I chooses to compete for Early Head Start and does not succeed, the Parent and Child Center Program or Cohort I will generally continue to receive financial assistance through FY 1997 and may recompute to become an Early Head Start program as new funds become available in FY 1996, 1997, and 1998. Parent and Child Center Programs and Cohort I and Cohort II of the Comprehensive Child Development Program are receiving additional information about the terms affecting them as a result of this program announcement.

Allowable costs for developing and administering an Early Head Start program may not exceed 15 percent of the total approved costs of the program. Costs classified as development and administrative costs are those costs related to the overall management of the program. Additional information pertaining to limitations of costs on development and administration of Early Head Start programs can be found in Head Start Grants Administration regulation 45 CFR 1301.32, Limitations on Costs of Development and

Administration of a Head Start Program, which is available in the application kit.

All programs will be thoroughly reviewed at the end of the first year to determine their suitability for receiving continued funding. Programs will be expected to submit an ongoing operation plan and revised budget. Federal staff also may ask for additional material as part of the review.

Given the importance of planning, selecting high quality staff and setting in place training mechanisms, and coordinating with other programs within the community, we expect that programs will spend some portion of the first year focusing on start-up activities. Programs are strongly encouraged to begin serving children and families within the first year. Programs should plan to be fully operational no later than October 1, 1996. Because the first year is unlikely to include 12 months of full operation, it is assumed that first year budgets will be lower than budgets for future years.

Subject to the availability of additional resources in FY 1996 and to the number of acceptable applications received as a result of this program announcement, the selecting official may elect to select recipients for the FY 1996 cohort of programs out of the pool of applications submitted for FY 1995 funds.

F. Required Match

Grantees that operate Early Head Start programs must provide at least 20 percent of the total approved costs of the project. The total approved cost of the project is the sum of the ACF share and the non-Federal share. The non-Federal share may be met by cash or in-kind contributions, fairly evaluated, including facilities, equipment or volunteer services. Therefore, a project requesting \$100,000 in Federal funds (based on an award of \$125,000 per budget period), must include a match of at least \$25,000 (20 percent of total project costs). Applicants are encouraged to provide more than the minimum 20 percent non-Federal share.

In certain instances, the requirement for a 20 percent non-federal match may be waived in part or in whole, if the circumstances described in Section 640(b) of the Head Start Act exist. This section states that "For the purpose of making such determination, the Secretary shall take into consideration with respect to the Head Start program involved—(1) the lack of resources available in the community that may prevent the Head Start agency from providing all or a portion of the non-Federal contribution that may be required under this subsection; (2) the

impact of the cost the Head Start agency may incur in initial years it carries out such program; (3) the impact of an unanticipated increase in the cost the Head Start agency may incur to carry out such program; (4) whether the Head Start agency is located in a community adversely affected by a major disaster; and (5) the impact on the community that would result if the Head Start agency ceased to carry out such program."

G. Applicable Head Start Standards

Agencies that receive funding through this announcement must adhere to those standards set forth in certain regulations that govern Head Start programs in addition to Department of Health and Human Services regulations that govern discretionary grants generally. The relevant Head Start regulations are: Head Start Grants Administration, 45 CFR part 1301; Head Start Program Performance Standards, 45 CFR part 1304; and Eligibility, Recruitment, Selection, Enrollment and Attendance in Head Start, 45 CFR part 1305.

There are a number of specific provisions in the foregoing Head Start regulations that relate only to children ages three to five. For example, the Head Start Performance Standards, Subpart B—Education Services in large part describes services that are to be provided to older preschool children and are not appropriate for children under age three. As is currently the case for Head Start Parent and Child Center programs and Migrant Head Start programs that serve children under three years of age, such provisions do not apply to Early Head Start programs.

New Performance Standards for Head Start programs are currently being developed. After a period of public comment, this regulation will be issued in final form in FY 1996 when agencies selected to become Early Head Start programs are beginning to provide services. At that time, programs will be expected to comply with the Performance Standards, as applicable under the time frames specified in the regulation.

Copies of the current applicable Head Start regulations are available in the application kit.

H. Early Head Start as a Learning Community

1. Overview

On both the local and national level, Early Head Start is envisioned as a learning community for how quality services should be delivered to pregnant women and families with infants and toddlers. Thus, continuous

improvement, evaluation, research and dissemination activities play a critical role in this initiative. These activities include, but are not limited to:

- Continuous review and measurement of program processes to determine progress toward stated objectives and for the purpose of program improvement;
- Studies of program processes including services offered to and received by families and descriptions of how the services are delivered;
- Qualitative studies of individual families and programs;
- Studies of child, family, program and community variables that contribute to program outcomes;
- Studies of program quality and the relationship of quality to program outcomes;
- Studies of program variations and their relationship to impacts;
- National impact studies, conducted by a national contractor;
- Establishment of longitudinal research in a sample of Early Head Start national impact study sites; and
- Documentation of the program models and development of materials for dissemination purposes.

2. Requirement on the Use of an Automated Information System

In order to facilitate learning community activities, all Early Head Start programs will be required to use an automated information system to collect program information on families, services, collaborative arrangements, staff, training, services utilization and costs. The Head Start Family Information System (HSFIS), which is Head Start's new automated record keeping system, is currently being modified to accommodate the needs of Early Head Start. The HSFIS software and User's Manual will be made available to Early Head Start grantees at the time of award and grantees will be responsible for coordinating the collection of data for and management of HSFIS.

As Early Head Start sites will be in the first wave of HSFIS implementation in the field, technical assistance for implementation issues, including linkages to existing systems, will be provided through the ACYF-supervised contractor responsible for implementing HSFIS and through mentor sites from the pilot phase of the HSFIS project.

3. Continuous Improvement and Formative Evaluation Requirements

In order to enter fully into the learning community environment on both the national and local level, all

Early Head Start programs will be required to:

- Conduct a local assessment of progress toward stated objectives and program improvement using the automated information system and other sources of data which will measure progress toward stated objectives and contribute to a process of continuous improvement within the program and sponsoring agency;

- Provide information from the Early Head Start automated information system as requested by a National Contractor;

- Collect qualitative information on the program and on individual families;
- Participate in the program variation and quality studies, if requested to do so by the ACYF; and
- Document the program model and develop dissemination materials.

All Early Head Start programs are required to have the capacity to carry out the activities listed above. Thus, applicants for Early Head Start funds will need access to expertise in developing and using performance measures, as well as in conducting qualitative evaluation. Applicants are strongly encouraged to form partnerships with representatives of local universities or other research organizations who can assist them in the conduct of formative evaluation and continuous improvement activities, and who can become potential candidates for the research and impact studies discussed below.

4. Impact Study and Research Site Requirements

Any Early Head Start program could be required to participate in the national impact study and therefore should be prepared to participate in random assignment over a specified time period. A limited number of funded Early Head Start programs will be selected by the ACF as special research sites in FY 1996. Selected sites shall fulfill all of the continuous improvement and other evaluation requirements listed above, and, in addition:

- Serve as a research site where a university or research organization will conduct research on the child, family, program and community variables that affect outcomes; and, as such, become eligible to participate in the Early Head Start/Head Start longitudinal study.

- Collaborate with the university or research organization in the development of relevant research questions and in the design of the local study; and/or,

- Serve as a national impact study site and accept assignment under either an experimental or quasi-experimental

condition and/or cooperate with a national contractor and the ACF in establishing comparison groups appropriate for answering questions of impact, recruitment and/or generalizability.

The ACF will award approximately \$2 million for local research activities in FY 1996. Early Head Start programs which are chosen by the ACF as impact evaluation and special research sites will be required to cooperate in carrying out intensive research and evaluation activities (e.g. random assignment of recruited families to comparison and program groups). The Request for Proposal for research site competition involving original or newly identified research partners, will be released in the Fall of 1995. Selection of research sites will be based on a combination of factors that may include proposed study design, research partner qualifications, location, program composition, and projected program readiness for evaluation.

Part III. Application Requirements

Applicants must address the following requirements in their applications for financial assistance. For the convenience of the applicants, these requirements have been organized according to the evaluation criteria presented in Part IV.

A. Objectives and Need for Assistance

1. State the objectives for the program and indicate how these objectives relate to the four Early Head Start Program Goals (see the Summary Section of this Announcement or Appendix C), and demonstrate that there is a need for the program that relates to these objectives and is based on an assessment of the community (conducted by the applicant or resulting from a recent study of the community) and consultation with consumers. Provide letters of support for your program from community leaders and residents.

2. Identify the population to be served by the project and explain why this population is most in need of the program. Identify the target enrollment size (number of families and estimated number of infants and toddlers) and provide assurances that the population the program intends to recruit and enroll will meet Early Head Start eligibility criteria.

3. Identify the geographic location to be served by the program. Describe the key characteristics of the targeted area and explain what makes the area an identifiable community or neighborhood. Describe what services and resources are/are not currently available in the area which serve

pregnant women and families with infants and toddlers. Provide demographic and other information on the target area which demonstrates that there are a sufficient number of eligible, unserved families in the area to justify the target enrollment size. In addition, demonstrate that the program will be able to recruit at least twice as many eligible families to be enrolled from the target area should the program be selected as a national impact study site and be required to establish a randomly assigned comparison group (See Part II, Section H, Number 4). Attach relevant maps or other geographic aids.

B. Results or Benefits

1. Identify the specific results or benefits that could be expected for families and children participating in the program. Identify the specific community-wide results or benefits. Identify the specific results or benefits that could be expected for the staff working in the Early Head Start program as well as other child development caregivers and family development staff working in a variety of relevant community agencies.

2. Identify the kinds of qualitative and quantitative data the program will collect to measure progress towards the stated results or benefits.

3. Provide assurances that the program will collect data on groups of individuals and geographic areas served, types of services to be furnished, service utilization information, types and nature of needs identified and met, and such other information as may be required periodically by the ACF for purposes of the national evaluation.

4. Describe how the lessons learned from the program will benefit national policy, practice, theory and research.

C. Approach

1. Describe the method used to undertake the community assessment and consumer consultation process that caused the applicant to conclude that there is a need for the proposed program as discussed in Part III, Section A. An applicant need not conduct an independent assessment of the community if such an assessment already exists. In this case, the applicant should describe the method of the recently conducted assessment and explain any additional consultation with consumers as it relates to the development of the proposed program. In addition, all applicants must describe the planning the program will do during the start-up period to prepare for implementation of the program and explain how consumers and other

stakeholders in the community will be involved in the planning.

2. Explain the approach to recruiting and enrolling the number and type of children and families from the target recruitment area, as discussed in Part III, Section A. Discuss any special efforts you will make to recruit and enroll pregnant women and families with children under age one. Provide assurances that you will carry-out random assignment should your program be selected to participate in the national impact study.

3. Describe how the program will ensure that at least 10 percent of enrollment and participation opportunities will be made available to children with disabilities (as defined by the IDEA Part H Lead Agency for the State). Describe the policies and practices the program will have in place to assure that a child will not be denied enrollment or participation in the program on the basis of a disability or the severity of such a condition. Describe how the program will work with the Part H local lead agency or, if available, the local Interagency Coordinating Council to arrange or provide for special services needed by these children and their families. Describe how staff will coordinate their efforts with others to ensure children with disabilities and their families receive high quality services.

4. Describe the approach to providing child development services and explain the rationale for choosing the approach. Identify and describe the specific approaches that will be used for assuring the intellectual, social, emotional and physical development of the infants and toddlers served. Describe the philosophy, curricula, staffing patterns, staff qualifications, types and quality of settings and any other relevant information that will comprise the program's model for supporting the growth and development of very young children. Clearly explain how your model will meet the developmental needs of very young children (including children from non-English speaking families).

5. Explain how the program's child development approach will promote parent/guardian-child interaction and support the mother-child and/or father-child bond. Also explain how caregiving will be provided in ways that support infant and toddler attachment to a limited number of skilled and caring individuals.

6. Describe how high-quality infant and toddler full- and part-day child care will be provided to children of parents who are working or in training or to children who require out-of-home care

due to special parental circumstances like substance abuse treatment. Discuss the relationship between these resources and the program's overall child development approach. Describe the process the program will use to determine that child care (provided either directly or through referral) will be of high quality. In addition, describe the program's approach to building capacity in communities where high quality infant/toddler child care is lacking.

7. Describe the program's approach to ensuring the continuation of developmentally-appropriate services for children, including those with disabilities, and their families once the children reach the age of three and the family exits the Early Head Start Program.

8. Describe the specific approaches for providing, either directly or through referral, ongoing well-baby and well-child health services such as early and periodic screening, diagnosis, treatment, immunizations, nutritional assessment, developmental surveillance and anticipatory guidance. In addition, describe the approach for ensuring that children are cared for in safe and hygienic environments.

9. Describe the approach for supporting family growth and development and explain the rationale for choosing the approach. Explain the framework of and procedures for developing each family's individualized plan. Explain how you intend to work with other service delivery systems which require a similar plan, such as the Part H Individualized Family Service Plan (IFSP), to ensure that the family only need to complete one plan and that one plan can be used by all relevant programs to ensure a seamless service delivery system for the child and family. Describe how your family development approach will assist families and individual family members in identifying, pursuing and achieving goals and overcoming obstacles on the way to achieving those goals.

10. Describe how the program will develop relationships with parents which promote their involvement with the program. Describe the strategy and the opportunities for parent involvement providing assurances that it meets or exceeds the parent involvement standards described in 45 CFR Part 1304 Instruction I-30, Section B-2, 70.2, the Parents. Explain what special efforts the program will make to reach out to and involve fathers.

11. Describe what services the program will provide, either directly or through referral, to promote adult and family health and wellness. Identify and

explain the mental and physical health services which will be made available to and accessible by the parents, siblings and other significant family members of the infants and toddlers served by the program. Describe what the program will do to promote women's health and wellness prior to, during and after pregnancy. In addition, describe what the program will do to provide access to smoking cessation and substance abuse prevention and treatment services for affected families.

12. Describe what services the program will provide, either directly or through referral, to promote progress toward economic self-sufficiency for parents. Describe the program's approach for basic literacy training, adult basic education, employability skills training and job development and placement services.

13. Describe what assistance the program will provide, either directly or through referral, to families in obtaining needed income support, food, and decent, safe housing.

14. Identify the existing transportation resources available to families in reaching services provided at the program site and in off-site locations. Describe any transportation arrangements the program will make to ensure that families and children are able to access needed services.

15. Describe the program's approach to community building and explain the rationale for choosing the approach. Describe how the program will be coordinated with other programs and services in the community which serve pregnant women, infants, toddlers and their families and how the program will assist in the development of local community capability, expertise and commitment to carry out comprehensive service programs built around the needs of pregnant women and families with very young children. Describe any barriers to collaboration in your community and explain your strategy for addressing these. Identify by name specific providers, agencies and organizations with which the applicant will coordinate in order to carry out the requirements of this project. Applicants should furnish formal interagency agreements or contracts (if available) indicating which services will be provided to which program participants for what periods of time, by each of those provider agencies and/or organizations.

16. Describe linkages that the program will make with the following communities during the planning, implementation and operation of the program: Health and nutrition (e.g., public health departments and other

health providers and programs including Title V, Supplemental Food Program for Women, Infants and Children (WIC) and Medicaid prenatal care services and the Medicaid Early and Periodic Screening, Diagnosis and Treatment program (EPSDT); early intervention (e.g., Part H local lead agency or, if available, local interagency coordinating councils and University Affiliated Programs); mental health and substance abuse prevention and treatment; education (e.g., local preschool, child care, Head Start, and elementary schools); child care resource and referral agencies and their networks; business (e.g., the local Private Industry Council); parent groups; and other strength-building organizations.

17. Describe the approach to staff selection and explain the rationale for choosing the approach. Describe what staffing patterns and mix of staff qualifications and language/cultural competencies the program will require to ensure that staff, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide quality, comprehensive, inclusive and family-centered services to young children and families. Describe the process the applicant will use to identify and select individual staff—from directors to caregivers to data management staff—who demonstrate the personal characteristics, competencies and skills necessary to provide quality services and promote quality relationships with and among children, families, the community and other staff. Explain how the program will ensure that all infant/toddler caregivers are qualified, with sufficient grounding in infant/toddler development and care, and parent/caregiver relations prior to working with children and families enrolled in the program.

18. Describe the approach to staff development and the rationale for choosing the approach. Describe the training, technical assistance, and supervision that will be provided to ensure continued enhancement of staff skills and teamwork. Describe how training and technical assistance opportunities will be coordinated with other service providers in the community so that Early Head Start both provides and benefits from the knowledge, expertise, and training opportunities of other relevant community programs and service delivery systems. Describe how the program will ensure that staff are knowledgeable about the rights of children with disabilities and are capable of providing such infants and

toddlers with high quality care in a supportive and developmentally appropriate environment.

19. Identify and explain the management and continuous improvement plan(s) for implementing the program. Include: An outline of the time frames and milestones for all key activities that the program will engage in during the first year of operation, as well as a preliminary outline of time frames and milestones for key activities in the remaining years of the project; a description of the procedures for assessment of progress toward stated objectives including how collection of data on the results and benefits identified in Part III, Section B will contribute to a process of continuous improvement within the program and the sponsoring agency; a description of how an automated information system will become an integral component in the management and continuous improvement of the program; a description of how confidentiality of user data will be maintained; a description of the applicant's capacity (e.g. facilities, administrative and support personnel, etc.) to support the program at the proposed target enrollment size; a description of the strategy for reducing staff turnover; and a description of how the program will go about establishing a Policy Council (as described by Head Start Regulation, 45 CFR part 1304) and a Health Services Advisory Committee (as described by Head Start Regulation, 45 CFR part 1304).

D. Staff Background and Organizational Experience

1. Describe the applicant's experience in providing comprehensive child development and family development services to families with infants and toddlers, as well as the applicant's experience in collaborating with local, State and Federal partners. Describe the applicant's history and relationship with the target community. Include a complete discussion of relevant program, administrative and fiscal management experience.

2. If the applicant represents a consortium of partner agencies, explain the relevant background of each partner and the partners' experience in planning and implementing programs to serve children and families. Each partner must provide a letter of commitment which authorizes the applicant to apply on behalf of the consortium.

3. Identify and provide a brief description of key staff who are proposed to work in the program and indicate their educational training and experience working with similar

programs. Provide resumes. Build on the answer to Part III, Section C, Number 17 by explaining how these particular staff persons comprise a multi-disciplinary team of experts. In addition, explain how the ethnic and racial composition and language proficiencies of these particular staff persons is reflective of the community where the program is located.

4. Describe the expertise the organization will utilize in conducting the formative evaluation and continuous improvement activities described in Part II, Section H, Number 3. Describe the experience of and provide resumes from the individuals who will assist the program with continuous improvement and formative evaluation activities.

5. Provide assurances that the applicant will cooperate with a multi-site evaluation contractor and any other contractor the ACF may fund to provide management support or technical assistance services to Early Head Start programs.

E. Budget Appropriateness

1. Provide two detailed, line-item budgets: one that accounts for all relevant start-up and operating costs to be incurred in the first year of the project and one that reflects ongoing operating costs. In the proposed budgets, applicants must set aside sufficient funds so that 5 staff can travel to Washington, D.C. for two annual meetings to be convened by ACYF (i.e., 5 staff × 2 trips = 10 trips). Each budget should include the required non-Federal share of the cost of the project (See Part II, Section F).

2. Describe how these budgets reflect high quality, ongoing services provided at a reasonable cost. Include discussions on the appropriateness of staff compensation levels and funds set aside to promote staff development (programs are encouraged to set aside up to 10% of the annual budget for staff development purposes), costs associated with special equipment needs and the removal of architectural barriers for disabled families and children, renovation costs associated with providing environments conducive to the high quality provision of child and family development services, costs associated with family transportation and emergency resource needs, etc. Explain what efforts the applicant has made or will make to secure other community cash and in-kind resources, besides those shown in the budgets, and what additional resources will be used to support the provision of Early Head Start services to children and families.

Part IV. Evaluation Criteria

In considering how applicants will carry out the responsibilities addressed under Part III of this announcement, competing applications for financial assistance will be reviewed and evaluated against the following five criteria. The point values following each criterion indicate the numerical weight each criterion will be accorded in the review process.

A. Criterion 1. Objectives and Need for Assistance (15 Points)

The extent to which, based on community assessment information, the applicant identifies any relevant physical, economic (e.g., poverty in the community), social, financial, institutional, or other issues which demonstrate a need for the Early Head Start program; in addition, the extent to which the applicant identifies the strengths of the community the project will serve. The extent to which the applicant lists relevant program objectives that adequately address the strengths and needs of the community. The extent to which the applicant describes the population to be served by the project and explains why this population is most in need of the program. The extent to which the applicant gives a precise location and rationale for the project site(s) and area(s) to be served by the proposed project.

Information provided in response to Part III, Section A of this announcement will be used to evaluate applicants on this criterion.

B. Criterion 2. Results or Benefits Expected (10 Points)

The extent to which the applicant identifies the results and benefits to be derived from the project and links these to the stated objectives. The extent to which the applicant describes the kinds of data to be collected and how it will be utilized to measure progress towards the stated results or benefits. The extent to which the applicant describes how the lessons learned from the program will benefit national policy, practice, theory and research.

Information provided in response to Part III, Section B of this announcement will be used to evaluate applicants on this criterion.

C. Criterion 3. Approach (50 Points)

The extent to which the applicant outlines a workable plan of action which relates to the four Early Head Start program cornerstones (see Part I, Section F or Appendix C), reflects the nine program principles (see Part I, Section E or Appendix C), and details

how the proposed work will be accomplished. The extent to which the applicant explains why the approach chosen makes sense in light of the needs, objectives, results and benefits described above. The extent to which the approach is grounded in recognized standards and/or guidelines for high quality service provision or is defensible from a research or "best practices" standpoint.

The extent to which the applicant's management plan demonstrates sufficient management capacity to implement a high-quality Early Head Start program.

Information provided in Part III, Section C of this announcement will be used to evaluate applicants on this criterion.

D. Criterion 4. Staff Background and Organizational Experience (15 Points)

The extent to which the proposed program director, proposed key project staff, and the organization's experience and history with the community demonstrate the ability to effectively and efficiently administer a project of this size, complexity and scope. The extent to which the organization's (and/or university/research organization partner's) experience demonstrates an ability to carry out the continuous improvement and qualitative evaluation activities described in Part II, Section H, Number 3.

Information provided in response to Part III, Section D of this announcement will be used to evaluate applicants on this criterion.

E. Criterion 5. Budget Appropriateness (10 Points)

The extent to which the program's costs are reasonable in view of the planning and activities to be carried out and the anticipated outcomes. The extent to which the salaries and fringe benefits reflect the level of compensation appropriate for the responsibilities of staff. The extent to which assurances are provided that the applicant can and will contribute the non-Federal share of the total project cost. The extent to which the program has attempted to and/or succeeded in garnering cash or in-kind resources from other sources in the community.

Information provided in response to Part III, Section E of this announcement will be used to evaluate applicants on this criterion.

Part V. The Application Process

A. Availability of Forms

Eligible applicants interested in applying for funds must submit all of

the required forms included at the end of this program announcement in Appendix A.

In order to be considered for a grant under this Announcement, an application must be submitted on the Standard Form 424 which has been approved by the Office of Management and Budget (OMB) under Control Number 0348-0043. A copy has been provided (see Appendix A). Each application must be signed by an individual authorized to act for the applicant and to assume responsibility for the obligations imposed by the terms and conditions of the grant award.

Applicants requesting financial assistance for a non-construction project must file the Standard Form 424B, "Assurances: Non-Construction Programs." Applicants must sign and return the Standard Form 424B with their application.

Applicants must provide a certification concerning lobbying. Prior to receiving an award in excess of \$100,000, applicants shall furnish an executed copy of the lobbying certification. Applicants must sign and return the certification with their application.

Applicants must make the appropriate certification of their compliance with the Drug-Free Workplace Act of 1988. By signing and submitting the application, applicants are providing the certification and need not mail back the certification with the application.

Applicants must make the appropriate certification that they are not presently debarred, suspended or otherwise ineligible for award. By signing and submitting the application, applicants are providing the certification and need not mail back the certification with the application.

Applicants must also understand that they will be held accountable for the smoking prohibition included within P.L. 103-227, The Pro-Children's Act of 1994. A copy of the **Federal Register** notice which implements the smoking prohibition is included in the application kit.

B. Application Submission

Applicants submitting proposals should use the following format guidelines: Proposals should be organized according to the evaluation criteria located in Part IV of this **Federal Register** announcement. For each of the five specified criteria, applicants should provide information in response to the application requirements described in Part III of this announcement. These application requirements are cross-referenced by number in the last paragraph of each criterion. All persons

who prepared sections of the proposal should be identified along with those sections, as well as identified according to their responsibilities with regard to the proposed program.

One signed original and two copies of the grant application, including all attachments, are required. The program announcement number (ACYF-HS-93600.952) must be clearly identified on the application. Each application must be limited to no more than 125 double-spaced pages of program narrative (not including the forms which make up the SF-424 and resumes) including the one-page project summary. If the narrative portion of the application is more than 125 double-spaced pages, the other pages will be removed from the application and not considered by the reviewers. The attachments/appendices to each application must be limited to no more than 100 pages. If the attachments/appendices to each application are more than 100 pages, the other pages will be removed from the application and not considered by the reviewers.

The application must be paginated beginning with the Form 424 and also contain a table of contents listing each section of the application with the respective pages identified. Only one application per applicant will be accepted.

C. Application Consideration

Applicants will be scored against the evaluation criteria described above. The review will be conducted in Washington, DC by a panel consisting of experts in the areas of child and family development and other related fields.

To further inform the Associate Commissioner of the Head Start Bureau and the Commissioner of ACYF, representatives from the Federal government may conduct site visits to programs whose applications fall within a certain range of competitive rankings (i.e., all programs which have made the "first cut", but which the Commissioner of ACYF will not approve without additional data). This site visit will take place following the competitive review and before the award decision for the purpose of obtaining additional information, clarifying programmatic strategies and other issues which surfaced in the applications, and identifying any problem areas needing to be resolved.

The results of the competitive review will be taken into consideration by the Associate Commissioner, Head Start Bureau, in recommending the project to be funded. The Commissioner of ACYF will make the final selection of the applicants to be funded. An application

may be funded in whole or in part, depending on the relative need for services, applicant ranking, geographic location and funds available.

The Commissioner may elect not to provide funding to applicants experiencing problems in providing quality services identified either through the panel review or the site visit.

Successful applicants will be notified through the issuance of a Financial Assistance Award which sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which support is given, and the total project period for which support is provided.

Subject to availability of additional resources in FY 1996 and the number of acceptable applications received as a result of this program announcement, the Commissioner may elect to select recipients for the FY 1996 cohort of programs out of the pool of applications submitted for FY 1995 funds.

D. Checklist for a Complete Application

The checklist below is for your use to ensure that the application package has been properly prepared.

- One original, signed and dated application plus two copies.
- The narrative portion of the application does not exceed 125 double-spaced pages in a 12-pitch font with 1½ inch margins at the top and 1 inch at the bottom and both sides.
- Attachments/Appendices to the application do not exceed 100 pages. Attachments/appendices should be used only to provide supporting documentation such as maps, administration charts, position descriptions, resumes, and letters of intent/agreement. Please do not include books or video tapes as they are not easily reproduced and are therefore inaccessible to the reviewers. Each page should be numbered sequentially.
- A complete application consists of the following items in this order:

- (1) Application for Federal Assistance (SF 424, REV.4-88);
- (2) Table of Contents;
- (3) Budget information—Non-Construction Programs (SF 424A&B REV.88);
- (4) Budget justification for Section B—Budget Categories, including subcontract agency budgets;
- (5) Project Summary (not to exceed one page);
- (6) Application Narrative and Appendices;

(7) Any non-profit organization submitting an application must submit proof of its non-profit status in its application at the time of submission. The non-profit agency can accomplish this by providing a copy of the applicant's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in Section 501(c)(3) of the IRS code or by providing a copy of the currently valid IRS tax exemption certificate, or by providing a copy of the articles of incorporation bearing the seal of the State in which the corporation or association is domiciled.

(8) Assurances Non-Construction Programs;

(9) Certification Regarding Lobbying;

(10) Where appropriate, a completed SPOC certification with the date of SPOC contact entered in line 16, page 1 of the SF 424, REV.4-88).

E. Due Date for the Receipt of Applications

Deadlines: Applications shall be considered as meeting an announced deadline if they are received on or before the deadline date at the address or receipt point specified in this program announcement. Applicants are responsible for mailing applications well in advance, when using all mail services, to ensure that the applications are received on or before the deadline date. (Applicants are cautioned that postmarks *will not* be considered as a methodology for meeting the deadline.)

Late applications: Applications which do not meet the criteria above are considered late applications. ACF shall notify each late applicant that its application will not be considered in the current competition.

Extension of deadlines: ACF may extend the deadline for all applicants because of acts of God such as floods, hurricanes, etc., or when there is a widespread disruption of the mails. However, if ACF does not extend the deadline for all applicants, it may not waive or extend the deadline for any applicants.

F. Paperwork Reduction Act of 1980

Under the Paperwork Reduction Act of 1980, Public Law 96-511, the Department is required to submit to OMB for review and approval any reporting and record keeping requirements in regulations, including program announcements. This program announcement does not contain information collection requirements beyond those approved for ACF grant applications under OMB Control Number 0348-0043.

G. Executive Order 12372—Notification Process

This program is covered under Executive Order 12372, "Intergovernmental Review of Federal Programs," and 45 CFR part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

All States and territories except Alabama, Alaska, Colorado, Connecticut, Hawaii, Idaho, Kansas, Louisiana, Minnesota, Montana, Nebraska, Oklahoma, Oregon, Pennsylvania, South Dakota, Virginia, Washington, American Samoa, and Palau have elected to participate in the Executive Order process and have established Single Points of Contact (SPOCs). Applicants from these nineteen jurisdictions areas need not take action regarding Executive Order 12372.

Applications for projects to be administered by Federally-recognized Indian Tribes are also exempt from the requirements of Executive Order 12372. Otherwise, applicants should contact their SPOC as soon as possible to alert them to the prospective application and to receive any necessary instructions. Applicants must submit any required material to the SPOC as early as possible so that the program office can obtain and review SPOC comments as part of the award process. It is imperative that the applicant submit all required materials, if any, to the SPOC and indicate the date of this submittal (or date of contact if no submittal is required) on the Standard Form 424, item 16a.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application deadline to comment on proposed new or competing continuation awards.

SPOCs are encouraged to eliminate the submission of routine endorsements as official recommendations.

Additionally, SPOCs are requested to clearly differentiate between mere

advisory comments and those official State process recommendations which may trigger the "accommodate or explain" rule.

When comments are submitted directly to the ACF, they should be addressed to: Department of Health and Human Services, Administration for Children and Families, OFM/DDG 6th Floor East, 370 L'Enfant Promenade SW., Washington, DC 20447.

A list of Single Points of Contact for each State and territory is included as Appendix B of this announcement.

H. Closing Date

The closing date for submission of applications is May 31, 1995.

(Catalog of Federal Domestic Assistance Program Number 93.600, Project Head Start)

Dated: March 10, 1995.

Olivia A. Golden,

Commissioner, Administration on Children, Youth and Families.

BILLING CODE 4184-01-P

Instructions for the SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item and Entry:

1. Self-explanatory.
2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).
3. State use only (if applicable).
4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

- “New” means a new assistance award.
- “Continuation” means an extension for an additional funding/budget period for a project with a projected completion date.
- “Revision” means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

BILLING CODE 4184-01-M

OMB Approval No. 0348-0044

BUDGET INFORMATION — Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1)	(2)	(3)	(4)	Total (5)	
a. Personnel	\$	\$	\$	\$	\$	
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a - 6h)						
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$	
7. Program Income	\$	\$	\$	\$	\$	

Standard Form 424A (4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	\$
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)	\$	\$	\$	\$	\$
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	\$	\$	\$	\$	\$
13. Federal	\$	\$	\$	\$	\$
14. NonFederal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTALS (sum of lines 16 -19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:					
22. Indirect Charges:					
23. Remarks					

SF 424A (4-88) Page 2
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Instructions for the SF-424A*General Instructions*

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary

Lines 1-4, Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) Through (g.)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds

needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal-Resources

Line 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e)

should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

ASSURANCES—NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will

establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728–4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88–352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681–1683, and 1685–1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101–6107), which prohibits discrimination on the basis of age;

(e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92–255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91–616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd–3 and 290 ee–3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 *et seq.*), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other

nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91–646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501–1508 and 7324–7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a–7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327–333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93–234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91–190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 *et seq.*); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42

U.S.C. § 7401 *et seq.*); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93–523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93–205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 *et seq.*) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a–1 *et seq.*).

14. Will comply with P.L. 93–348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89–544, as amended, 7 U.S.C. 2131 *et seq.*) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 *et seq.*) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

Signature of Authorized Certifying Official

Title

Applicant Organization

Date Submitted

BILLING CODE 4184-01-P

U.S. Department of Health and Human Services
Certification Regarding Drug-Free Workplace Requirements
Grantees Other Than Individuals

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Department of Health and Human Services (HHS) determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may taken action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or governmentwide suspension or debarment.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)

If the workplace identified to HHS changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see above).

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15).

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and, (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and, (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or, (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments, if needed):

Place of Performance (Street address, City, County, State, ZIP Code) _____

Check if there are workplaces on file that are not identified here.

Sections 76.630(c) and (d)(2) and 76.635(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central receipt point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, S.W., Washington, D.C. 20201.

DGMO Form#2 Revised May 1990

Certification Regarding Debarment, Suspension, and Other Responsibility Matters—Primary Covered Transactions

By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the Department of Health and Human Services (HHS) determination whether to enter into this transaction. However, a failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transaction" provided below without

modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

(To Be Supplied to Lower Tier Participants)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(b) Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions." without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or

employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form—LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

State for Loan Guarantee and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form—LLL "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Title

Organization

Date

BILLING CODE 4184-01-P

Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C—Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for children's services and that all subgrantees shall certify accordingly.

Appendix B*Executive Order 12372—State Single Points of Contact*

Arizona

Mrs. Janice Dunn, ATTN: Arizona State Clearinghouse, 3800 N. Central Avenue, 14th Floor, Phoenix, Arizona 85012, Telephone (602) 280-1315

Arkansas

Tracie L. Copeland, Manager, State Clearinghouse, Office of Intergovernmental Services, Department of Finance and Administration, PO Box 3278, Little Rock, Arkansas 72203, Telephone (501) 682-1074

California

Glenn Stober, Grants Coordinator, Office of Planning and Research, 1400 Tenth Street, Sacramento, California 95814, Telephone (916) 323-7480

Delaware

Ms. Francine Booth, State Single Point of Contact, Executive Department, Thomas Collins Building, Dover, Delaware 19903, Telephone (302) 736-3326

District of Columbia

Rodney T. Hallman, State Single Point of Contact, Office of Grants Management and Development, 717 14th Street NW., Suite 500, Washington, DC 20005, Telephone (202) 727-6551

Florida

Florida State Clearinghouse, Intergovernmental Affairs Policy Unit, Executive Office of the Governor, Office of Planning and Budgeting, The Capitol, Tallahassee, Florida 32399-0001, Telephone (904) 488-8441

Georgia

Mr. Charles H. Badger, Administrator, Georgia State Clearinghouse, 254 Washington Street SW, Atlanta, Georgia 30334, Telephone (404) 656-3855

Illinois

Steve Klokenga, State Single Point of Contact, Office of the Governor, 107 Stratton Building, Springfield, Illinois 62706, Telephone (217) 782-1671

Indiana

Jean S. Blackwell, Budget Director, State Budget Agency, 212 State House, Indianapolis, Indiana 46204, Telephone (317) 232-5610

Iowa

Mr. Steven R. McCann, Division of Community Progress, Iowa Department of Economic Development, 200 East Grand Avenue, Des Moines, Iowa 50309, Telephone (515) 281-3725

Kentucky

Ronald W. Cook, Office of the Governor, Department of Local Government, 1024 Capitol Center Drive, Frankfort, Kentucky 40601, Telephone (502) 564-2382

Maine

Ms. Joyce Benson, State Planning Office, State House Station #38, Augusta, Maine 04333, Telephone (207) 289-3261

Maryland

Ms. Mary Abrams, Chief, Maryland State Clearinghouse, Department of State Planning, 301 West Preston Street, Baltimore, Maryland 21201-2365, Telephone (301) 225-4490

Massachusetts

Karen Arone, State Clearinghouse, Executive Office of Communities and Development, 100 Cambridge Street, room 1803, Boston, Massachusetts 02202, Telephone (617) 727-7001

Michigan

Richard S. Pastula, Director, Michigan Department of Commerce, Lansing, Michigan 48909, Telephone (517) 373-7356

Mississippi

Ms. Cathy Mallette, Clearinghouse Officer, Office of Federal Grant Management and Reporting, 301 West Pearl Street, Jackson, Mississippi 39203, Telephone (601) 960-2174

Missouri

Ms. Lois Pohl, Federal Assistance Clearinghouse, Office of Administration, P.O. Box 809, room 430, Truman Building, Jefferson City, Missouri 65102, Telephone (314) 751-4834

Nevada

Department of Administration, State Clearinghouse, Capitol Complex, Carson City, Nevada 89710, Telephone (702) 687-4065, Attention: Ron Sparks, Clearinghouse Coordinator

New Hampshire

Mr. Jeffrey H. Taylor, Director, New Hampshire Office of State Planning, Attn: Intergovernmental Review, Process/James E. Bieber, 2½ Beacon Street, Concord, New Hampshire 03301, Telephone (603) 271-2155

New Jersey

Gregory W. Adkins, Acting Director, Division of Community Resources, N.J. Department of Community Affairs, Trenton, New Jersey 08625-0803, Telephone (609) 292-6613

Please direct correspondence and questions to: Andrew J. Jaskolka, State Review Process, Division of Community Resources, CN 814, room 609, Trenton, New Jersey 08625-0803, Telephone (609) 292-9025

New Mexico

George Elliott, Deputy Director, State Budget Division, room 190, Bataan Memorial Building, Santa Fe, New Mexico 87503, Telephone (505) 827-3640, FAX (505) 827-3006

New York

New York State Clearinghouse, Division of the Budget, State Capitol, Albany, New York 12224, Telephone (518) 474-1605

North Carolina

Mrs. Chrys Baggett, Director, Office of the Secretary of Admin., N.C. State Clearinghouse, 116 W. Jones Street, Raleigh, North Carolina 27603-8003, Telephone (919) 733-7232

North Dakota

N.D. Single Point of Contact, Office of Intergovernmental Assistance, Office of Management and Budget, 600 East Boulevard Avenue, Bismarck, North Dakota 58505-0170, Telephone (701) 224-2094

Ohio

Larry Weaver, State Single Point of Contact, State/Federal Funds Coordinator, State Clearinghouse, Office of Budget and Management, 30 East Broad Street, 34th Floor, Columbus, Ohio 43266-0411, Telephone (614) 466-0698

Rhode Island

Mr. Daniel W. Varin, Associate Director, Statewide Planning Program, Department of Administration, Division of Planning, 265 Melrose Street, Providence, Rhode Island 02907, Telephone (401) 277-2656

Please direct correspondence and questions to: Review Coordinator, Office of Strategic Planning.

South Carolina

Omeagia Burgess, State Single Point of Contact, Grant Services, Office of the Governor, 1205 Pendleton Street, room 477, Columbia, South Carolina 29201, Telephone (803) 734-0494

Tennessee

Mr. Charles Brown, State Single Point of Contact, State Planning Office, 500 Charlotte Avenue, 309 John Sevier Building, Nashville, Tennessee 37219, Telephone (615) 741-1676

Texas

Mr. Thomas Adams, Governor's Office of Budget and Planning, P.O. Box 12428, Austin, Texas 78711, Telephone (512) 463-1778

Utah

Utah State Clearinghouse, Office of Planning and Budget, ATTN: Carolyn Wright, room 116 State Capitol, Salt Lake City, Utah 84114, Telephone (801) 538-1535

Vermont

Mr. Bernard D. Johnson, Assistant Director, Office of Policy Research & Coordination, Pavilion Office Building, 109 State Street, Montpelier, Vermont 05602, Telephone (802) 828-3326

West Virginia

Mr. Fred Cutlip, Director, Community Development Division, West Virginia Development Office, Building #6, room 553, Charleston, West Virginia 25305, Telephone (304) 348-4010

Wisconsin

Mr. William C. Carey, Federal/State Relations, Wisconsin Department of Administration, 101 South Webster Street, P.O. Box 7864, Madison, Wisconsin 53707, Telephone (608) 266-0267

Wyoming

Sheryl Jeffries, State Single Point of Contact, Herschler Building, 4th floor, East Wing, Cheyenne, Wyoming 82002, Telephone (307) 777-7574

Guam

Mr. Michael J. Reidy, Director, Bureau of Budget and Management Research, Office of the Governor, P.O. Box 2950, Agana, Guam 96910, Telephone (671) 472-2285

Northern Mariana Islands

State Single Point of Contact, Planning and Budget Office, Office of the Governor, Saipan, CM, Northern Mariana Islands 96950

Puerto Rico

Norma Burgos/Jose H. Caro, Chairman/Director, Puerto Rico Planning Board, Minillas Government Center, P.O. Box 41119, San Juan, Puerto Rico 00940-9985, Telephone (809) 727-4444

Virgin Islands

Jose L. George, Director, Office of Management and Budget, #41 Norregade Emancipation Garden Station, Second Floor, Saint Thomas, Virgin Islands 00802

Please direct correspondence to:
Linda Clarke, Telephone (809) 774-0750.

Appendix C—The Statement of the Advisory Committee on Services for Families With Infants and Toddlers

Table of Contents

Overview
Background, Vision, and Goals
Research Rationale
Program Principles
Program Cornerstones
Federal Commitment
Conclusion
References

Overview

All children from birth to age three need early child development experiences that honor their unique characteristics and provide love, warmth, and positive learning experiences; and all families need encouragement and support from their community so they can achieve their own goals and provide a safe and nurturing environment for their very young children. This recognition is guiding the design of the new Early Head Start program.

Early Head Start marks a turning point in America's commitment to our youngest children and their families. By focusing on child development, family development, community building, and staff development a new era of support to very young children and their families is born, building on the experiences and lessons learned from existing Head Start programs.

Early Head Start puts resources into a constellation of high quality supports and services that will promote healthy child and family development, and backs them with a Federal commitment to training, standards and monitoring for high quality, research and evaluation, and services coordination at the national level. It enables families and communities to design flexible and responsive programs but requires that, at a minimum, programs provide child development, family support, health services for young children and pregnant women, and home visits to families with newborns. This would include child care services that respond to the needs of families. When services are provided through referral, it requires that the Early Head Start program assures the services to which families are referred are of highest quality, available and accessible, and that needed followup occurs. And although service delivery mechanisms may vary, a common characteristic will be that each Early Head Start program will establish a place which is recognized as a source of support for very young children, families, and caregiving staff. Programs will be encouraged to give this

Early Head Start place visibility and identity.

With this design, the Early Head Start program will be suited to last well into the next century, always reshaping itself to provide high quality, responsive, and respectful services to America's youngest children and their families.

Background, Vision, and Goals

The reauthorization of the Head Start Act in 1994 made it possible to formally open a new chapter of Federal support for families with infants and toddlers by establishing a special initiative within the context of the Head Start program. Beginning in Fiscal Year 1995, the Secretary of Health and Human Services will award grants to Early Head Start programs which will provide early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under age three. This initiative will bring together under one umbrella Head Start's existing programs for families with infants and toddlers, the Comprehensive Child Development Program and the Parent and Child Centers; strengthen the Migrant Head Start Program; and add new resources to model high quality child development and family development services for very young children and their families.

To help with the design of the new initiative, the Secretary formed the Advisory Committee on Services for Families with Infants and Toddlers. The Committee was charged with advising the Secretary and Assistant Secretary for Children and Families on the development of program approaches for the initiative that would address the parenting and child development needs of low-income parents and their infants and toddlers. We were to pay particular attention to the key principles and array of models of effective culturally and developmentally appropriate service delivery. To fulfill this commitment, we met three times during the summer of 1994 to engage in discussions about our vision for a national approach to high quality, responsive services for very young children and their families. We outlined the Federal role for carrying forth this vision, ensuring such programs can flourish.

We are excited about the fruits of these deliberative efforts and confident that the resulting initiative will advance Head Start leadership in realizing a national vision of communities where:

fl *children*, from birth, receive support through their family and their community to achieve optimal growth and development and build a foundation of security, self-confidence,

and character strength which will in turn enable them to build successful social relationships for learning and continued development through later childhood and adulthood;

fi *families* receive support to meet their personal goals, and resources and guidance to prepare for their child's birth and provide a warm, caring, responsive environment for their very young child;

fi *communities* embrace and support all families, celebrating the birth of their children and creating an environment where support and resources are mobilized to ensure a comprehensive, integrated array of services are available and accessible for all very young children and their families; and

fi *staff* receive the professional education and personal support they need to provide high quality environments and experiences and engage in responsive relationships that promote the healthy development of infants, toddlers, and their families.

In keeping with this vision, the goals set forth by the Advisory Committee for Early Head Start will be:

fi To provide safe and developmentally enriching caregiving and environments which promote the physical, cognitive, social and emotional growth of *infants and toddlers* and prepare them for future growth and development;

fi To support *parents*, both mothers and fathers, in their role as primary caregivers and educators of their children, and *families* in meeting personal goals and achieving self-sufficiency across a wide variety of domains;

fi To mobilize *communities* to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families, and to foster the systems change necessary to summon forth the guiding vision of this initiative; and

fi To ensure the provision of high quality responsive services to families with infants and toddlers through the development of highly-trained, caring and adequately compensated program *staff*.

The Advisory Committee recognizes that the vision and goals outlined above have also been shaped by the lessons learned from the Comprehensive Child Development Program, Parent and Child Centers, Migrant Head Start Programs, locally designed Head Start programs, and other early child development and family support efforts serving families with very young children. As part of the overall consultation for the development of this initiative, Federal staff conducted over 30 focus groups

with parents, practitioners, researchers, advocates, and representatives of professional organizations. Focus groups were designed to address topical areas such as child care, family services, health care, support and services for children with disabilities and their families, community mobilization, parent involvement and parent advocacy. In addition, Federal staff met with or received materials and recommendations from a number of other experts and practitioners in the field. The suggestions, guidance, and information received through this process have been invaluable to both the Advisory Committee and the Administration on Children, Youth and Families.

Research Rationale

Findings from more than three decades of research in child and family development support the vision and goals set forth for support to families with infants and toddlers. We know that the time from conception to age three is a critical period of human development, as change occurs more rapidly than in any other period of the life span. Growth in these early years establishes the basic foundation for future development. For infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be compromised. Fortunately, recent research identifies characteristics of effective programs that enhance both child and family development. This growing body of knowledge provides a solid base upon which the Early Head Start program can be founded.

Maternal and Infant Health

Maternal and infant health are essential for ensuring normal pre- and post-natal development of very young children. Late or inadequate prenatal care, malnutrition, stress and exposure to harmful substances are associated with shortened gestation, reduced birthweight, birth defects and underdeveloped brain growth (Osofsky, 1975; U.S. Department of Health and Human Services, 1989; Carnegie Corporation, 1994). These, in turn, have been associated with higher probabilities for infant mortality, illness, disabilities, child abuse, difficulty in relationships (Glasgow and Overall, 1979) and subsequent learning disorders (Drillien, Thomson and Bargoyne,

1980). During the early years of life, proper nutrition, routine well-child health care, timely immunizations, safe environments and health-promoting behaviors are necessary to support physical growth and development.

Given the paramount importance of health for very young children, a major focus of the Early Head Start program must be to ensure women receive the health services needed to promote a healthy pregnancy and birth, and very young children receive early and ongoing well-baby care, immunizations, and other essential health services to support their development.

Child-Caregiver Relationships

The child-caregiver relationships with the mother, father, grandparent and other caregivers are critical for providing infants and toddlers support, engagement, continuity and emotional nourishment necessary for healthy development, and the development of healthy attachments (Ainsworth, Blehar, Waters and Wall, 1978). Within the context of caregiving relationships, the infant builds a sense of what is expected, what feels right in the world, as well as skills and incentives for social turn-taking, reciprocity and cooperation (Emde, Biringen, Clyman and Oppenheim, 1991; Isabella and Belsky, 1991). The infant's activities are nourished and channeled in appropriate ways so as to encourage a sense of initiative and self-directedness. During the toddler period, the child, through repeated interactions with emotionally-available caregivers, also begins to learn basic skills of self-control, emotional regulation and negotiation (Kochanska, 1991; Kopp, 1989; Suess, Grossman and Sroufe, 1992). Empathy for others and prosocial tendencies for caring and helping also develop during toddlerhood as well as the emotions of pride and shame; experiencing and learning about these capacities require responsive caregiving relationships in the midst of life's inevitable stresses and challenges (Zahn-Waxler and Radke-Yarrow, 1990).

A sense of pleasure, interest in exploration, early imaginative capacities, and the sharing of positive emotions also begin in infancy—all of which require repeated and consistent caregiver relationship experiences and form a basis for social competence that carries through toddlerhood and the preschool period (Emde, 1989; Dix, 1991). The opportunities for play for both infant and caregiver, as well as the skills that develop from play, are often under-appreciated aspects of healthy development (Bruner, 1986; Elicker, Englund and Sroufe, 1992).

Finally, the importance of promoting a network of healthy caregiving relationships for the very young child cannot be overstated (Crockenberg, 1981; Egeland, Jacobvitz and Sroufe, 1988; Sameroff and Emde, 1989; Tronick, Winn and Morelli, 1985). The network of caring relationships provides an ever-expanding circle of support for both child and family. Factors that undermine optimal child-caregiver relationships include isolation, lack of support and maternal depression (Crnic, Greenberg, Robinson and Ragozin, 1984), the latter reported to be as high as 56% in some samples of low-income new mothers (Hall, Gurley, Sachs and Kryscio, 1991). In child care settings, high staff turnover, low staff wages, low quality programming and lack of adequate staff training for substitute caregivers negatively affects the quality of child-caregiver relationships (Zigler and Lang, 1991; Whitebook, Howes and Phillips, 1989). This in turn further compromises the nature and quality of the child's overall development.

Thus, it follows that a major focus for Early Head Start services should be the development of healthy and skillful relationship building between very young children and their parents and caregivers that encourages interactions and promotes attention and activity in infants. Hence, opportunities for sustained relationship-building over extended periods of times will be an explicit goal throughout the program.

Characteristics of Successful Programs Serving Families with Infants and Toddlers

The goal of many early child development programs is to enable the child, with the support of the parents as primary caregivers and other caregivers, to establish a developmental path that will prepare him or her for long-term success. Hundreds of programs with a variety of specific emphases have sought to achieve this goal. From these many interventions, a picture of the critical ingredients for successful programs has emerged. In short, we know effective programs often are characterized by: early prenatal services to the expectant woman (Olds, Henderson, Tatelbaum and Chamberlin, 1986); a two-generational focus (Zuckerman and Brazelton, 1994; Administration on Children, Youth and Families, 1994; Ramey and Campbell, 1984; Brooks-Gunn, Klebanov, Liaw, Spiker, 1993); family-centered services that address self-sufficiency through the provision of social services and parent education (Booth, Barnard, Mitchell and Spieker, 1987; Olds, Henderson, Tatebaum and Chamberlin, 1986; Olds,

Henderson, Tatebaum and Chamberlin, 1988); quality child development services that are coupled with family services (Lally, Mangione and Honig, 1987; Brooks-Gunn, Klebanov, Liaw and Spiker, 1993); continuity of service delivery for the child and family that ensures the availability of support over a number of years with smooth transitions to other service delivery systems (Campbell and Ramey, 1994); continuity of caregivers (Howes and Hamilton, 1992); intensity of service delivery in terms of availability, accessibility, and usage of services (Booth, Barnard, Mitchell and Spieker, 1987; Ramey, Bryant, Wasik, Sparling, Fendt and LaVange, 1992); and consolidation or integration of service delivery systems. Further, research tells us that communities have been found to become more responsive to the needs of low-income families as a result of program activities (Kirschner, 1970).

Clearly, research over the past three decades has shown that when programs focus on both child development and family development through early, high quality, comprehensive, continuous, intensive services, opportunities for optimal child and family development can be realized, even for the most vulnerable families and very young children. The challenge for the Administration on Children, Youth and Families and the programs which will receive funds through this initiative is to translate these research findings into the design and operation of high quality programs so all families with young children served by Early Head Start will be able to grow and prosper. The following principles and cornerstones establish the framework for this to occur.

Program Principles

In recognition that each child is an individual who is supported by a family and that families are supported by neighborhoods and communities, the Advisory Committee recommends that programs funded under the new initiative be encouraged to develop a range of strategies for supporting the growth of the very young child within the family and the growth of the family within the community. Thus, each Early Head Start program should be family-centered and community-based. We recommend that the following principles serve as the conceptual foundation for Early Head Start:

¶ *High Quality:* Commitment to excellence will enable the new programs to be models for services to families with infants and toddlers from all socioeconomic strata of society. High quality will be assured in the direct

services provided, and in the services provided through referral. To this end, each program will acknowledge and utilize the bodies of knowledge, skills and professional ethics surrounding the fields of child development, family development and community building. In particular, programs will recognize that the conception-to-three age period is unique in both the rate of development and in the way young children's physical and mental growth reflects and absorbs experiences with caregivers and the surroundings. Thus, high quality caregiving practices will spring from the healthy awareness that the unique nature of infant and toddler development not only carries with it major opportunities for intervention, but also leaves children especially vulnerable to negative inputs. The Federal government will share in the commitment to high quality by providing thorough and ongoing monitoring to assure program adherence to performance standards; technical assistance that addresses each program's individual needs and amplifies innovation and development across all programs; evaluation which measures program success against meaningful outcomes for young children and families; and research which contributes to the state of the art on child development, family development and community building.

¶ *Prevention and promotion:* Recognizing that windows of opportunity open and close quickly for families and young children, programs will seek and pursue opportunities to play a positive role in promoting the physical, social, emotional, cognitive and language development of young children and families before conception, prenatally, upon birth, and during the early years. By supporting the promotion of their health and well-being, program staff will be able to prevent and detect problems at their earliest stages, rallying the services needed to help the child and family anticipate and overcome problems before they interfere with healthy development. While early and proactive promotion of healthy development and healthy behaviors will be emphasized, programs will also need to be able to understand and respond to family crises that may occur while the family is enrolled in the program.

¶ *Positive Relationships and Continuity:* The success of each program will rest on its ability to support and enhance strong, caring, continuous relationships which nurture the child, parents, family, and caregiving staff. Programs will support the mother-child, father-child bond by recognizing each

parent as his or her child's first and primary source of love, nurturance and guidance. Caregiving will be provided to families who need it in ways that support infant and toddler attachment to a limited number of skilled and caring individuals, thus maintaining relationships with caregivers over time and avoiding the trauma of loss experienced with frequent turnover of key people in the child's life. These relationships will aim to respectfully enhance child interest, curiosity, play and imagination, which, in turn, will develop a shared sense of trust, confidence and esteem for both caregiver and child. In addition, programs will model strong, mutually respectful relationships between staff and families, among staff, and with other community organizations and service providers. To do so, programs will be receptive to individual strengths, perspectives and contributions; affirm the value of the child and family's home culture; and support an environment where very young children, parents and staff can teach and learn from each other.

¶ *Parent Involvement:* As in all Head Start efforts, a hallmark of the new initiative will be the creation and sustenance of an environment that supports the highest level of partnership with parents, both mothers and fathers. As such, programs will support parents as primary nurturers, educators, and advocates for their children; assure that each parent has an opportunity for an experience that supports his or her own growth and goals, including that of parenting; and provide a policy- and decision-making role for parents. Furthermore, opportunities for parent involvement will encourage independence and self-sufficiency for parents. Special efforts will be made to welcome and support fathers as parenting partners.

¶ *Inclusion:* Program will seek to build communities that respect each child and adult as an individual while at the same time reinforcing a sense of belonging to the group. Programs will support participation in community life by young children with disabilities and their families; families of very young children with significant disabilities will be fully included in all program services.

¶ *Culture:* Children and their families will come to the new programs rooted in a culture which gives them meaning and direction. Programs will demonstrate an understanding of, respect for, and responsiveness to the home culture and home language of every child, thus affirming the values of each family's culture and providing the

context for healthy identity development in the early years of life. Program staff will become aware of their own core beliefs and values and be attuned to the role culture and language play in child development, family development and the surrounding community values and attitudes. Programs will pursue opportunities to support home culture and language, while also recognizing the significance of a common culture shared by all. In building a more harmonious and peaceful community for children to grow in and for families to share, programs will encourage and provide opportunities for families and community members to engage in dialogue about culture, language, cultural diversity and multiculturalism.

¶ *Comprehensiveness, Flexibility, Responsiveness, and Intensity:* Programs will honor and build upon the unique strengths and abilities of the children, families and communities they serve and continually adapt to meet emerging needs. Developmental opportunities provided to each infant and toddler will address the whole child and be continually adapted to keep pace with his or her developmental growth. And just as programs need to be responsive and attentive to the special needs of very young children with disabilities, they also need to be responsive to parents with disabilities. Family development planning and service provision will be grounded in the belief that families, including those whose problems seem overwhelming, can identify their own goals, strengths and needs, and are capable of growth and change. Once these are identified, program resources of varied intensity will be marshaled to support the whole family in an individualized and responsive manner. Barriers which prevent families from accessing needed supports will be overcome through the location, coordination, and assurance by program staff that services are provided and received. Attention will also be given to ensure programs meet the needs and schedules of working parents. Ultimately, each parent's sense of empowerment and ability to identify and address his or her family's needs will be fostered by responsive and caring relationships with program staff.

¶ *Transition:* Programs will be responsible for ensuring the smooth transition of children and their families into Head Start or other preschool programs which are of high quality and provide consistent and responsive caregiving. The Federal government must support both Early Head Start and Head Start programs in carrying out this responsibility. Transition is important

for ensuring continued accessibility to enriching early child development experiences and for providing ongoing family support services that promote healthy family development. To facilitate this transition, parents and caregivers should jointly develop a family and child transition plan, identifying services which will continue and new services and programs which will be accessed. Caregivers from both Early Head Start and the new service programs will share responsibility for coordinating and implementing the plan.

¶ *Collaboration:* Recognizing that no one program will be able to meet all of a child's and family's needs, programs will initiate or become embedded in an integrated community system of service providers and strength building organizations such as churches and other religious institutions, schools and civic groups. These efforts will foster a caring, comprehensive and integrated community-wide response to families with young children, thus maximizing scarce financial resources and avoiding duplication of agency effort. Likewise, the Federal Government will promote systems change and the efficient use of resources through the active pursuit of local, State and Federal partnerships which enhance the capacity of local programs to collaborate and combine financial resources.

Program Cornerstones

The principles outlined above establish the foundation for Early Head Start, a program that meets child development, family development, and health related goals while striving to provide high quality, comprehensive, and individualized support and services. In order to accomplish this, the Advisory Committee recommends that the Secretary of Health and Human Services adopt these key elements as the four cornerstones for Early Head Start: child development, family development, community building, and staff development.

Child Development

Programs will seek to enhance and advance each child's development by providing individualized support that honors the unique characteristics and pace of infant/toddler physical, social, emotional, cognitive and language development, including early education and health care. Critical to this development is the promotion of positive parent-child interactions and the enhancement of each parent's knowledge about the development of their child within healthy, safe environments. An early step for

providing this support to parents will be the provision of home visits to families with newborns to offer early encouragement and support and build bridges for families to other resources in the community. Also critical to the child's development is access to and delivery of comprehensive health and mental health services for children, including regular child health care; screening for health problems such as hearing, anemia, lead poisoning, metabolic problems; immunizations; nutritional assessment; developmental surveillance and anticipatory guidance. All children deserve a medical home that provides these and other prevention and treatment services. To help facilitate this, Early Head Start programs will collaborate with a variety of organizations and disciplines to ensure health supervision for children and their families.

It is particularly important that Early Head Start ensure coordination and continuity of services for infants and toddlers with or at risk of a disability, who are eligible for services through Early Head Start and Part H of the Individuals with Disabilities Education Act. These two service systems should be coordinated and integrated so that families and their children experience a seamless system of services, as identified in their family development plan or individualized service plan.

As programs provide child development services, they must ensure that infants and toddlers who need child care receive high quality part- and full-day services. Such child care can be provided directly or in collaboration with other community providers as long as the Early Head Start program assumes responsibility for ensuring that all settings meet the Early Head Start performance standards.

In general, the setting where these services are delivered is left to local option and the preferences of families as identified through their individual family development plan. Settings can represent a range of options including home visiting; family support centers; family child care homes; child care centers; centers where families are engaged in education, training, or employment; community health centers; and others.

Family Development

Programs must recognize that the key to optimal child development and family development is the empowerment of parents in goal setting for themselves and their children. Therefore, families and staff will collaboratively design and update individualized family development

plans which ensure that service delivery strategies are rooted in the foundation principles and are responsive to the goals and ideals of the families. When families are served by additional programs which also require an individualized family service plan, such as Part H of the Individuals with Disabilities Education Act and family employability plans, then a single coordinated plan should be developed so families experience a seamless system of services. Based on the plan, programs will ensure the provision of a full range of family services which consider the different support and educational opportunities needed by new parents, pregnant women and expectant fathers, and potential parents, as well as by siblings and extended family members who influence the development of the family and very young child.

It is particularly important that parental health is linked to children's health and development. As such, health services for parents need to be included as part of a two-generational model of health care. Health services must be accessible for parents with a special emphasis on women's health that occurs prior to, during, and after pregnancy.

Services which programs must provide directly or through referral, and which local Early Head Start programs must actively ensure are of high quality and appropriately followed up include: child development information; health services, including services for women prior to, during, and after pregnancy; mental health services; services to improve health behavior such as smoking cessation and substance abuse treatment; services to adults to support self-sufficiency, including adult education and basic literacy skills, job training, assistance in obtaining income support, food, and decent, safe housing, and emergency cash or in-kind assistance; and transportation to program services. Programs must provide direct opportunities for parent involvement in the program so that parents can be involved as decisionmakers, volunteers, and/or employees. Additional services not listed above, but identified by families through community needs assessments and mappings, may be provided either directly or through referral at local option.

Community Building

The commitment of programs to high quality care for very young children and their families serves as a catalyst for creating a community environment that shares responsibility for the healthy

development of its children. A program approach that exemplifies openness and caring is the start of community building. Programs should function in communities in a way that mirrors the principles that are the foundation of the program itself: parents become a vital resource for each other and the community at large; staff nurture networks of support; and programs develop relationships of trust with other community institutions, businesses, and with community leaders. By becoming a key actor in the life of the community, programs can serve to mobilize community resources and energies on behalf of children and families.

Essential to community building is ensuring a comprehensive network of services and supports for very young children and their families which are culturally responsive. Programs will be expected to establish collaborative relationships with other community providers and strength-building organizations such as churches and other religious institutions, schools and civic groups. The goal of these relationships will be threefold: increased access to high quality services for program families; assurance that the program's approach to serving families with infants and toddlers fits into the existing constellation of services in the community so that there is a coherent, integrated approach to supporting families with very young children; and systems change which will spark community caring and responsive service delivery for all the families with young children who live there. Thus, all programs will be required to conduct an in-depth assessment of existing community resources and needs and engage in an ongoing collaborative planning process with a range of stakeholders, including parents and residents of the community.

Staff Development

Programs are only as good as the individuals who staff them. This is particularly true of programs which serve young children, since the potential to do harm during the vulnerable years of infancy and toddlerhood is so great. Thus, staff development has been included as a key element in order to underscore its centrality to the success of the initiative.

Programs will be required to select staff who, together, cover the spectrum of skills, knowledge and professional competencies necessary to provide high quality, comprehensive, culturally appropriate, and family-centered services to young children and families. Equally critical will be each program's ability to recognize individuals capable

of entering into one-to-one caregiving relationships with infants and toddlers which support the positive formation of their identities. Likewise, programs will need to identify the capacity of potential staff members to develop caring, respectful and empowering relationships with families and other coworkers. Such individuals will demonstrate characteristics such as high self-esteem, personal strength, and the capacity for being emotionally available. The program directors who make these selections will, themselves, need to possess these characteristics in addition to being highly skilled administrators who exemplify leadership qualities such as integrity, warmth, intuition and holistic thinking.

Ongoing staff training, supervision and mentoring of both line staff and supervisors will be an integral part of staff development. Such training, supervision, and mentoring will reflect an interdisciplinary approach and emphasis on relationship building. Staff training programs will ensure that staff are "cross-trained" in the areas of child development, family development and community building. Particular emphasis will be placed on building skills in the areas of home visiting; caregiving relationships; effective communication with parents; family literacy; healthy/safe environments and caregiving practices; early identification of unhealthy behaviors or health problems; service coordination; and the provision of services and support to diverse populations, including families and children with disabilities and developmental delays. In addition, training efforts and supervision will be designed to develop each staff person's capacity to function as a member of a well-integrated, diverse and mutually supportive team comprised of families and other staff. To this end, training and supervision will support opportunities for practice, feedback and reflection. Another strategy for training is the development of multi-disciplinary teams of caregivers who can engage in team teaching, sharing concerns and problems, exploring different approaches, and learning practical skills for working with participants of the program and service providers from other relevant delivery systems. As such, training will model and reinforce the foundation principles of this initiative.

And finally, staff selection, training and supervision will be grounded in the knowledge that high quality performance and development occurs when they are linked to rewards such as salary, compensation, and career advancement; provided in environments

that spark curiosity, excitement and openness to new ideas; and grounded in best practices revealed by ongoing research, evaluation and monitoring.

Federal Commitment

Both individual programs and the Federal government must work hand in hand to realize the vision, principles, and program concept outlined above the Early Head Start program. The Advisory Committee believes that a Federal commitment to training, monitoring, research and evaluation, and partnership building which respects and supports local program responsibility, initiative, and flexibility is paramount for the programs' success. In addition, Federal commitment is also needed to support and learn from existing Federal programs serving families with infants and toddlers so that they will have the opportunity to achieve excellence and meet the standards that will be set forth for this initiative. With this commitment, we feel the initiative for families with infants and toddlers will be able to serve as a national laboratory both testing and exemplifying quality child development and family development programs.

Training

Clearly the quality of programs is contingent upon the ongoing support and development of program staff who are trained in the various disciplines which support the principles of family-centered services. As described earlier, program staff need to be able to facilitate both the development of very young children and the development of families. But in too many communities, staff who can play this dual role are few or nonexistent.

The Advisory Committee urges the Secretary to engage in public-private partnerships aimed at establishing a cadre of highly trained practitioners and trainers who will be able to support the development of very young children and their families. Such an effort should extend beyond the scope of the new initiative for families with infants and toddlers, so that children cared for in a variety of settings will benefit from this commitment to enhancing the quality and quantity of caregivers. An example of such a partnership would be a commitment on the part of the Federal government to work with institutions of higher learning to ensure multi-disciplinary pre-service education and field work experience is available for students who wish to work in family-focused programs serving very young children and their families. Another example would be partnering with the foundation or philanthropic community

to develop scholarship programs for low-income students desiring but unable to enter the field. A further example is coordinating with organizations of professional trainers to ensure they have the skills, resources and supports needed to work with programs providing early, continuous, intensive and comprehensive services and support to very young children and their families.

When designing the specific training and technical assistance plan for Early Head Start, the Federal government must focus on the whole spectrum of support and services that are needed for developing and advancing high quality staff, from pre-service and in-service training to supervision and monitoring. These supports and services must be provided in a continuous, holistic, responsive manner with the goal of building and nurturing the highest quality caregiving in all programs.

In addition to the focus on training, the Federal government also needs to take the lead in modeling a commitment to and respect for the importance of the caregiving profession. Given this, the Advisory Committee urges the Secretary to implement the Early Head Start program so that it models appropriate competencies, institutionalization of career ladders for staff working within the programs, and provision of staff salaries that are comparable to the importance of the job.

Monitoring

All programs need support and guidance to engage in continuous improvement. As directed by the legislation, the Secretary of the Department of Health and Human Services must provide this support and guidance through ongoing monitoring of the operation of these programs, evaluating their effectiveness, and providing training and technical assistance tailored to the particular needs of such programs.

The Advisory Committee reminds the Secretary that performance standards must be developed and issued in order to set forth the expectation of high quality services and environments for programs serving families with infants and toddlers. It is recommended that there be consistency in the principles and framework of the Early Head Start and Head Start performance standards, with the goal being a seamless approach to Federal performance standards for children from birth to age five. While the goal should be a seamless approach, clearly the content of the standards will vary to reflect the differences in development of children during this age span. Once these are issued, monitoring

should become a tool for both measuring progress toward these high quality standards and for engaging in continuous improvement.

Research and Evaluation

Evaluation of Early Head Start is essential for determining the effectiveness of the initiative and for advancing our understanding about which services work best for different families under different circumstances. Evaluation data and information collected at the local level as part of management information systems and ethnographic research are helpful to provide ongoing feedback to programs and support staff in packaging and delivering a comprehensive array of services which are responsive to and reflective of the individual needs of very young children and their families.

The Advisory Committee believes that the Secretary must approach evaluation not just as a mechanism for producing summary statistics and reports about the changes in child and family development as a result of these new efforts, but as a tool for individual programs so that they can continuously refine their practices based on feedback from their own program evaluation. This feedback is essential to identify the particular conditions and activities that enable parents and other caregivers to most successfully support children's development. It is also essential to test and refine as appropriate the quality of planning, training, staff selection, supervision and program management that is crucial to program success. These lessons learned will benefit local Early Head Start programs, add new knowledge to the fields of child and family development, and will help shape future efforts at the Federal level for very young children and their families.

In keeping with the Head Start national laboratory role, we encourage research that examines variations in Early Head Start experiences on child development to learn more about the effectiveness of different interventions for very young children and their families. Accordingly, we encourage the testing of new models which might focus on linkages between this initiative and welfare reform, special coordination with Part H of the Individuals with Disabilities Education Act, or efforts to support teen parents who are either in school or training. Equally important will be research that identifies features of intervention which optimize relationship building, and research that examines variations in caregiving experiences as they influence child development.

We also recommend that research and evaluation for this initiative be part of an overall research agenda for Head Start which places Head Start in the broader context of research on young children, families, and communities; ensures a commitment to ongoing themes; and has the flexibility to respond to new and emerging developments in the broader early childhood and family development fields.

Partnership Building

Just as local programs will be required to coordinate services in the State and community to ensure a comprehensive array of services, the Federal government must also build partnerships across programs, agencies and departments to facilitate effective integration and coordination of resources and services.

The Advisory Committee points out that it is especially important that the Head Start Bureau work with the U.S. Maternal and Child Health Bureau and the Medicaid program to enhance the availability of and access to comprehensive health services for pregnant women, and very young children and their families. The Advisory Committee particularly recommends Federal leadership in the development of services that are scarce in communities, such as mental health services that meet the needs of families with infants and toddlers. It is equally important that linkages be made with the U.S. Department of Education, Office of Special Education and Rehabilitative Services and the Federal Interagency Coordination Council so that there is a clear message from the Federal government about the importance of partnership around early intervention at the Federal, State and community levels, especially between this initiative and Part H of the Individuals with Disabilities Education Act. The formation of a single Federal Interagency Coordination Council to address services for families with infants and toddlers who are served by Head Start and/or by Part H is recommended. Further, the Head Start Bureau is advised to develop partnerships with the National Institute of Child Health and Development and the National Institute of Mental Health so that programmatic and research activities can be coordinated and the results benefit and influence the work of all institutions.

Beyond coordination and partnership building among the many programs, agencies, and departments of the Federal government, the Advisory Committee advises the Head Start

Bureau to continue consultation with professional organizations from relevant child and family development disciplines. Such consultation will help staff of the Head Start Bureau learn about emerging knowledge and apply this to the planning, implementation, and evaluation of this and other programs.

Finally, it is equally important that the Head Start Bureau re-evaluate its own regulations and procedures to support local creativity and responsiveness to the needs of very young children and their families. As a first step, the Advisory Committee recommends that the Secretary explore opportunities for Early Head Start programs to combine these resources with other public and private funding sources in order to serve more very young children and their families who might benefit from Early Head Start services and support. This is especially important as many Advisory Committee members feel that all children within a very low income community should be afforded access to these services. By allowing and encouraging Early Head Start communities to partner with other funding streams, it may be possible in some communities to provide access to most or all families with very young children.

Funding

All of the above issues—from the principles to the program concept and Federal commitments—are moot when there are not adequate resources to develop and sustain high quality in each program. Advisory Committee members see the role of Early Head Start as a national laboratory and catalyst for change. The members point out that a Federal commitment is needed to ensure that resources are available in the short- and long-term to support the provision of high quality, well-integrated services.

Conclusion

Early Head Start represents a new era of support for America's youngest children and their families. It sets forth a vision that honors the unique strengths of very young children, their families and communities, and the staff who work with them. It calls for programs to provide family-centered and community-based services and supports that are individualized, of highest quality, and that promote positive health and development. And it commands significant attention at the Federal level for training, technical assistance, monitoring, and research and evaluation to ensure these programs can flourish.

The members of the Advisory Committee on Services for Families with Infants and Toddlers are proud to set forth this vision and implementation design for Early Head Start. We call on the Secretary and the nation to move ahead rapidly with a series of steps to make this vision a reality. So much is at stake for our youngest children and their families.

References

- Administration on Children, Youth and Families (1994). *Comprehensive Child Development Program—A national family support demonstration. Interim Report to Congress*. Washington DC: U.S. Department of Health and Human Services.
- Ainsworth, M.S.B., Belhar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Booth, C.L., Barnard, K.E., Mitchell, S.K. & Spieker, S.J. (1987). Successful intervention with multi-problem mothers: Effects on the mother-infant relationship. *Infant Mental Health Journal*, 8-3 288-206.
- Brooks-Gunn, J., Klebanov, P.K., Liaw, F. & Spiker, D. (1993). Enhancing the development of low birth-weight, premature infants: Changes in cognition and behavior over the first three years. *Child Development*, 64, 736-753.
- Bruner, J.S. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Campbell, F.A. & Ramey, C.T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. *Child Development*, 65-2, 684-698.
- Carnegie Corporation of New York (1994). *Starting points: Meeting the needs of our youngest children*. New York: Carnegie Corporation.
- Crnic, K.A., Greenberg, M.T., Robinson, N.M. & Ragozin, A.S. (1984). Maternal stress and social support: Effects on the mother-infant relationship from birth to eighteen months. *American Journal of Orthopsychiatry*, 54, 224-235.
- Crockenberg, S. (1981). Infant irritability, mother responsiveness, and social support influences on the security of infant-mother attachment. *Child Development*, 52, 656-665.
- Department of Health and Human Services (1989). *Caring for our future: The content of prenatal care*. Washington, DC.
- Dix, T. (1991). The affective organization of parenting: Adaptive and maladaptive processes. *Psychological Bulletin*, 110, 3-25.
- Drillien, C.M., Thomson, A.J.M., & Bargoyne, K. (1980). Low birth weight children at early school-age: A longitudinal study. *Developmental Medicine and Child Neurology*, 22 26-47.
- Egeland, B., Jacobvitz, D., & Sroufe, L.A. (1988). Breaking the cycle of abuse: Relationship predictions. *Child Development*, 59, 1080-1088.
- Elicker, J., Englund, M., and Sroufe, L.A. (1992). Predicting peer competence and peer relationships in childhood from early parent-child relationships. In R. Parke & B. Ladd (Eds.), *Family-peer relationships: Modes of linkage*. Hillsdale, NJ: Erlbaum.
- Emde, R.N. (1989). The infant's relationship experience: developmental and affective aspects. In A.J. Sameroff & R.N. Emde (Eds.), *Relationship disturbances in early childhood: A developmental approach*. New York: Basic Books.
- Emde, R.N., Biringen, Z., Clyman, R.B., & Oppenheim, D. (1991). The moral self of infancy: Affective core and procedural knowledge. *Developmental Review*, 11, 251-270.
- Glasgow, L.A. & Overall, J.C., Jr. (1979). The fetus and neonatal infant: Infections. In V.C. Vaughan, R., J. McKay & R.E. Behrman (Eds.), *Nelson textbook of pediatrics* (11th ed.) (pp. 486-496). Philadelphia: W.B. Saunders.
- Hall, L.A., Gurley, D.N., Sachs, B. & Kryscio, R.G. (1991). Psychosocial predictors of maternal depressive symptoms, parenting attitudes and child behavior in single parent mothers. *Nursing Research*, 40, 214-226.
- Howes, C. & Hamilton, C.E. (1992). Children's relationships with child care teachers: Stability and concordance with parental attachments. *Child Development*, 63, 867-878.
- Isabella, R.A. & Belsky, J. (1991). Interactional synchrony and the origins of infant-mother attachment: A replication study. *Child Development*, 62, 373-384.
- Lally, J.R., Mangione, P.L. & Honig, A.S. (1987). Long-range impact of an early intervention with low-income children and their families. *Parent education as early childhood intervention: Emerging directions in theory, research, and practice*. Norwood, NJ: Ablex Publishers.
- Kirschner Associates. (1970). *A national survey of the impacts of Head Start Centers on community institutions*. Washington, DC: Office of Health, Education and Welfare.
- Kochanska, G. (1991). Socialization and temperament in the development of guilt and conscience. *Child Development*, 62, 1379-1392.
- Kopp, C.B. (1989). Regulation of distress and negative emotions: A developmental view. *Developmental Psychology*, 25, 343-354.
- Olds, D.L., Henderson, C.R., Tatelbaum, R., & Chamberlin, R. (1988). Improving the life-course development of socially disadvantaged mothers: A randomized trial of nurse home visitation. *American Journal of Public Health*, 78-11, 1436-1444.
- Olds, D.L., Henderson, C.R., Tatelbaum, R., & Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation. *Pediatrics*, 77, 16-28.
- Osofsky, H.J. (1975). Relationships between nutrition during pregnancy and subsequent infant and child development. *Obstetrical and Gynecological Survey*, 30, 227-241.
- Ramey, C.T., Bryant, D.M., Wasik, B.H., Sparling, J.J., Fendt, K.H., & LaVange, L.M. (1992). Infant Health and Development Program for low birth weight, premature infants: Program elements, family participation, and child intelligence. *Pediatrics*, 89, 454-465.
- Ramey, C.T. & Campbell, F.A. (1984). Preventative Education for high risk children: Cognitive consequences of the Carolina Abecedarian Project. *American Journal of Mental Deficiency*, 88-5, 515-523.
- Sameroff, A.J., & Emde, R.N. (Eds.) (1989). *Relationship disturbances in early childhood: A developmental approach*. New York: Basic Books.
- Suess, G.J., Grossman, K.E., & Sroufe, L.A. (1992). Effects of infant attachment to mother and father on quality of adaptation in preschool: From dyadic to individual organization of self. *International Journal of Behavioral Development*, 15, 43-65.
- Tronick, E.Z., Winn, S., & Morelli, G.A. (1985). Multiple caretaking in the context of human evolution: Why don't the Efe know the western prescription for child care? In M. Reite and T. Field (Eds.), *The psychology of attachment and separation*. Orlando, FL: Academic Press.
- Whitebook, M., Howes, C. & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America*. Oakland, CA.
- Zahn-Waxler, C. & Radke-Yarrow, M. (1990). The development of concern for others. *Developmental Psychology*.

Zigler, E.F., & Lang, M.E. (1991). *Child care choices*. New York: Macmillan, Inc.

Zuckerman, B. & Brazelton, T.B., (1994). Strategies for a family-supportive child health care system. In Kagan, S.L. & B. Weissbourd (Eds.) *Putting families first: America's family support movement and the challenge of change*. San Francisco, CA: Jossey-Bass, Inc.

[FR Doc. 95-6545 Filed 3-16-95; 8:45 am]

BILLING CODE 4184-01-M