Early Head Start and the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T) Program

How the DECA-I/T supports Early Head Start Guiding Principles, Performance Standards, and selected Part C Requirements: Working together to promote resilience in infants, toddlers, families, and staff

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Rationale for this Crosswalk:

The DECA-I/T Program is a well-fitted match for Early Head Start Programs looking for a social emotional assessment that is:

- high quality,
- strength-based,
- standardized,
- reliable and valid

Additionally, the DECA-I/T Program includes a research based planning system for supporting infant and toddler social and emotional development and the resilience and mental wellness of all caregivers involved in these children's lives. This crosswalk will show how the DECA-I/T Program helps support and enhance Early Head Start program practices and meet required performance standards, as well as the needs of children with disabilities.

The DECA-I/T Program and all resources created by the Devereux Early Childhood Initiative (DECI) are resilience-based. Resilience is a concept and characteristic that benefits every individual it touches. Through decades of research, we have learned…

> **"Resilient youngsters…teach us that competence, confidence and caring can flourish, even under adverse circumstances…From odds successfully overcome springs hope - a gift each of us can share with a child."**
> **~ *Overcoming the Odds*, Werner and Smith, 1992**

The DECI hopes that every child, family and caregiver involved in Early Head Start has the opportunity to develop strong protective factors and resilience. These true and priceless gifts make a huge difference in the futures of the littlest members of society.

About the DECA-I/T Program:

The DECA-I/T Program is an integrated, comprehensive five-step system to promote healthy social and emotional growth in infants and toddlers through strengthening their protective factors. Central to the DECA-I/T comprehensive system are two assessment instruments, the DECA for Infants (DECA-I) spanning the age range of 4 weeks up to 18 months, and the DECA for Toddlers (DECA-T) spanning the age range of 18 months up to 36 months. Both the DECA-I and DECA-T contain the protective factor scales of Attachment and Initiative. The DECA-T also has a protective factor scale of Self-Regulation. Assessment results are linked to a planning framework and research based strategies to be implemented in the group and/or home environment.

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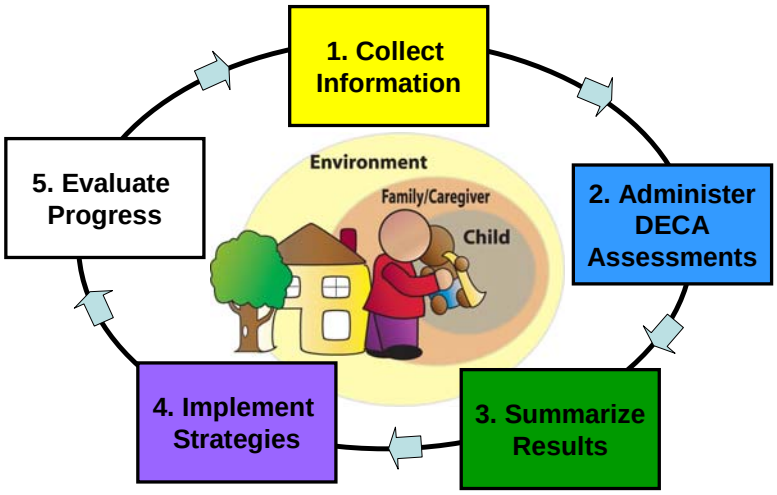
The DECA Comprehensive System



Through the five steps, at both the individual child and group levels, social and emotional development is reflected upon and observed, assessed, planned for, and evaluated for growth and further needs.

Important to the DECA-I/T Program are the key components that influence resilience: healthy environmental factors, a nurturing and structured relationship with caregivers, and within-self strengths of the child. This model, known as the Ecological Model (Bronfenbrenner, 1998), is at the core of the supporting resources in the DECA-I/T Program.

The following DECA-I/T Program resources will be referenced throughout this crosswalk, supporting all three levels within the Ecological Model: the Environment, the Caregivers, and the Child.

- DECA-I and DECA-T (the assessment forms for infants and for toddlers)
- *Infant Toddler Strategies Guide* (research-based strategies for the home and group settings)
- *For Now and Forever* (family guide for building resilience)
- *Building Your Bounce* (adult resilience journal for staff members or family)
- *The DECA-I/T User's Guide and Technical Manual* (data on development of the assessment instruments, instructions on scoring and interpretation of the assessment, as well as validity and reliability studies)

Each of the resources found in the DECA-I/T Program Kit are developed out of the same six underlying principles that guide all resources created out of the DECI. Not surprisingly, the DECA-I/T Program philosophy and underlying principles are directly in line with the Cornerstones of Early Head Start.

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The Six Underlying Principles of the DECA-I/T Program are as follows:

The DECA-I/T Program…

1.) is a **child-centered** system offering resources and support efforts to respond to infant's and toddler's individual characteristics and acknowledge the role of families and communities in child development. A universal approach to building quality is a key focus of the DECA-I/T Program, with additional supports for children at-risk or with areas of need;
2.) is **strength-based**, identifying the positives in infants and toddlers, and working through early care and education providers and families to develop individualized plans for achieving goals and using strategies to build on each child's strengths;
3.) **encourages partnerships between early care and education staff and families** by promoting team approaches to assessment and planning in both the home and group-care settings;
4.) **fosters collaboration** between early care and education providers, families, and the specialists that are sometimes involved in helping set goals and implement plans for young children;
5.) **recommends strategies that fit within current program practices** by offering developmentally appropriate, culturally sensitive, strength-based strategies that occur in the child's natural setting; and
6.) **supports data-driven professionals** in their quest for both the qualitative and quantitative outcomes for children and programs. Accountability and outcome measurement is of utmost importance, as well as helping to show that we are making a positive difference in the lives of the infants and toddlers with whom we work.

Finally, the DECA-I/T Program addresses the needs of children at all levels of intervention, primarily at the level for prevention and promotion, but also at the targeted planning and tertiary/expanded service levels.

Universal Interventions: These strategies and practices are our primary and group-wide efforts to promote healthy social and emotional skills in ALL children. "Prevention" is synonymous with Universal Interventions.

Targeted Interventions: Children who are either at-risk, or are identified as needing additional internal program supports by teachers and/or parents in the form of planning efforts are included in this smaller sample of children.

Expanded Interventions: Children with identified special needs, mental health concerns or disorders, or, children who need additional services beyond what parents and local program staff can offer are included in this smallest sample of children.

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The Nine Guiding Principles of Early Head Start and the DECA-I/T Program

Early Head Start Guiding Principle 1: High Quality

All resources available through the Devereux Early Childhood Initiative are of high quality, rooted in best practice, and research-based. The DECA-I/T is a reliable, valid instrument for measuring infant and toddler protective factors that was developed using rigorous guidelines for high quality assessment and planning programs. All assessment items and accompanying strategies are supported by well-respected research in the areas of resilience, as well as infant and toddler mental health. Central to the DECA-I/T Program are four reliable and valid checklists (CARE) that allow caregivers to reflect upon current program practices of quality in the areas of Connecting with Families, Activities and Experiences, Responsive Caregiving, and the learning Environment. A variety of tips and activities are offered in the *Infant Toddler Strategies Guide* to help implement each best-practice strategy on the CARE checklists. In addition, each strategy is backed with relevant research, supporting not only HOW to implement the strategy, but WHY the strategy is important in the lives of infants and toddlers.

Early Head Start Guiding Principle 2: Prevention and Promotion

The DECA-I/T Program resources support the system levels of promotion and prevention. The DECI philosophy and mission are strongly rooted in helping ALL children develop resilience, as well as those already identified as having special needs or those children considered "at-risk". When educators, families, programs, and communities are focused on promoting health social and emotional development, everyone benefits. The DECA-I and DECA-T can be used at the *promotion* level with all children to help caregivers and families learn about their child's social and emotional health and to plan for overall practices that support every child's unique strengths and needs. Furthermore, the For Now and Forever Guide can be used with families to promote knowledge on social and emotional behavior. The resources for Adult Resilience can promote caregivers knowledge about the importance of their own healthy relationships, beliefs about themselves, initiative and self-control. For the early care and education environment, the DECA-I/T Program promotes knowledge of quality social-emotional practices by introducing the CARE checklists. The DECA-I/T Program supports prevention as tools provided can be used to plan for and evaluate progress for the child, the adult caregiver and program practices.

Early Head Start Guiding Principle 3: Positive Relationships and Continuity

At the heart of a successful plan for a child to strengthen resilience and social and emotional health are caring adults in his or her life. In the DECA-I/T Program, there are many opportunities for partnerships between important adults in a child's life. *Building Your Bounce* is a resource in the DECA-I/T Program that was created specifically to help assure that the adult relationships surrounding the child are healthy and nurturing, and provide consistency in the child's life. This adult resiliency journal is full of reflection opportunities as well as easy-to-use, effective tips and strategies to support the mental wellness and resilience of all adults who help care for the child. When the adults in a child's life are mentally healthy, there are more consistent routines and expectations around the child, allowing for more continuity of caring involvement and relationship-building.

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Early Head Start Guiding Principle 4: Parent Involvement

An underlying principle encompassing the DECA I/T Program, is that parents are partners every step of the way on the journey to resilience for the child, the program, and the family. With a strong focus on parent education, at-home strategies, and parent goals for each child, the family is involved from observation and assessment, through planning, all the way to evaluating success and outcomes. One of the key aspects of the DECA-I/T assessment is that rater comparisons can be conducted between the parent and teacher results. This aspect of the DECA-I/T Program helps open the lines of communication between the varying environments in which the child spends most of his or her time.

A key resource in the DECA-I/T Program is *For Now and Forever*. This guide was created to provide a helpful source for families to understand and support their child's resilience in the home setting. Through simple definitions and clear examples, the three DECA-I/T Protective Factors of Attachment/Relationships, Initiative (for infants and toddlers and Self-Regulation (for Toddlers) are outlined. Strategies are suggested to help families start on the path to promoting these important protective factors in themselves as well as in their own children. In addition, books, music, and helpful websites are offered for families to gain more knowledge and resources on the topic of social and emotional health.

Early Head Start Guiding Principle 5: Inclusion

An important cornerstone of all DECI resources and training programs is to include and support children with special needs and/or challenging behaviors. Although many of these children receive external supports at other more intensive levels of intervention, they are still grounded in the practices of the quality learning environment, and will benefit from a healthy social and emotional home environment as well. For this reason, the DECA-I/T Program offers strategies that can be implemented with ALL children, regardless of ability or special needs, as well as useful adaptations when necessary. When early care and education providers and parents feel they can support every child in their care, they are more empowered in their own resilience and mental wellness. DECI believes that a more resilient adult is a stronger support toward raising more resilient children.

Early Head Start Guiding Principle 6: Culture

Importantly, the children in the sample for the DECA-I/T standardization and norming process matched the same percentage of children in the US population for gender, racial background, social/economic status, and ethnicity. To respect each child's culture and family background and values, the DECA-I/T was carefully designed to assure that the readability and content apply to the large majority of children and families from varying backgrounds. Finally, references to being sensitive to particular cultural preferences, backgrounds, and family preferences are referenced throughout the *Infant Toddler Strategies Guide.*

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Early Head Start Guiding Principle 7: Comprehensiveness, Flexibility, Responsiveness, and Intensity

The DECA-I/T Program is much more than assessment and screening, it is a five step comprehensive system to assist in observing and getting to know each child, through planning and measuring outcomes at the individual and group levels. Due to the great variety of resources and planning tools, the DECA-I/T Program can be easily adapted to meet each program's individual needs, while still maintaining the integrity of the resilience-building program itself. DECA-I/T norms tables are provided to assure each child's results are interpreted with data from their same-age peers. Outcomes can be measured as there are pre post significant tables provided to compare child's progress over time.

The DECA-I/T Program offers both AT-HOME and IN GROUP options for each research-based strategy, allowing for a socially and emotionally healthy child in every area in which he or she may spend time. Finally, with resilience being such an important characteristic, the outcomes that are brought into a child's life have both statistically significant meaning, and most importantly, the ability to set a child up for a lifetime of happiness and success.

Early Head Start Guiding Principle 8: Transitions

Importantly, the DECA-I/T Program is designed to be implemented with children as young as 4 weeks of age. Continuing through the 36th month, the DECA-I/T easily flows into other resilience-based assessment and planning systems such as the Devereux Early Childhood Assessment (DECA) Program for preschoolers (ages 2-5), and the Devereux Student Strengths Assessment (DESSA) for elementary school aged children in grades K-8. In addition, the web-based version of both the DECA-I/T and DECA will allow for easier data-transfer as a child moves within the program, or, from Early Head Start to Head Start. Programs choosing to adopt and implement all three resilience-based assessments and planning tools would have common terminology, concepts, and most importantly a seamless framework in which to observe, assess, and plan for the best outcomes for each child.

Early Head Start Guiding Principle 9: Collaboration

An underlying principle of the DECI and the DECA-I/T Program is to promote collaboration among and between all adults who touch a child's life including family members, mental health and early care and education professionals, health professionals, early intervention, and specialists. The DECA-I/T Program promotes healthy partnerships between all the individuals surrounding the child, including peers, early care and education staff, family members, educational, psychological and medical support professionals, and the surrounding community. With core concepts built around protective factors, a simple language regarding early care and education as well as mental health terms, and strategies that can be implemented in both the home and group care settings, the DECA-I/T Program helps all adults in a child's life come together to build an ongoing partnership focused on helping each child find happiness and success. A variety of tools and resources are offered through the DECA-I/T Program that will facilitate collaboration and effective communication between all caring members of the planning team. Furthermore, because the DECA-I/T is standardized, reliable and valid, scores can assist children across systems (e.g. Community mental health, Part C, Early Head Start, etc.) in getting the supports and services they need in the domain of social and emotional health.

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Head Start/Early Head Start Performance Standard	How the Devereux Early Childhood Infant Toddler Program Helps Meet the Standard
Early Childhood Development and Health 1304.20-1304.24	
1304.20(a) - Determining Child Health Status (1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must: ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. (iv) Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a) (1) (ii) and (iii) so that any needed treatment has begun. (2) Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.	***Determining Child Health Status through the DECA-I/T*** The DECA-I/T is a strength-based assessment related to young children's mental health, resilience, and social/emotional development that can be completed by both parents and teachers after a *4 week observation period*. Allowing for time to get to know the child's social/emotional strengths and areas of need is crucial when completing any assessment based on the child's interactions and relationships involving other children and adults. Due to the fact that this observation period still allows for the DECA-I/T to be completed well within the 45 day deadline is one reason this instrument is a good fit for Head Start and Early Head Start programs. Children identified as needing more support and planning will be exposed to a plethora of strategies and resources that are offered through the DECA-I/T Program to support a comprehensive approach to planning for individual (as well as groups of) children. Even for programs that are required to gather mental health information in the first 30 calendar days of a child's enrollment can still fulfill this need after the required observation period. If programs find this window too narrow, the DECA-I/T can be completed by a parent within this window, as the parents have been with the child for longer than the required 4 weeks of observation, allowing more time for their teaching staff to obtain the necessary assessment information.

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1304.20(b) - Developmental, Sensory, And Behavioral Screening (1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background. (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs. (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.	***Developmental, Sensory, And Behavioral Screening with the DECA-I/T*** The DECA-I/T was carefully designed to factor in the readability and relevance to families with children from a variety of races, ethnicities, and socio-economic backgrounds. The DECA-I/T is appropriate for use as a screening instrument for behavioral and social/emotional development to help identify children with potential concerns. Due to the nature of the DECA-I/T Program as a multi-faceted program for both early care and education AND early intervention/mental health systems, the philosophy, overarching framework, language and strategies offered are widely accepted by both the infant/toddler education and mental health fields. One of the core underlying principles of the DECA-I/T Program is that all caring and important professionals across fields are brought together to team with parents in the planning process to help a child with concerns. Many resources are offered throughout the DECA-I/T Program that would help in collecting necessary information and bringing the team together to create and implement an effective plan to help the child strengthen mental health, resilience, and social/emotional skills.
1304.20(c) - Extended Follow-Up And Treatment (1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan. (4) Grantee and delegate agencies must	***Extended Follow-Up And Treatment with the DECA-I/TProgram*** The DECA-I/T Program offers a planning framework that includes establishing and maintaining communication between all individuals who are helping a child develop healthy social/emotional development. One of the key planning resources, the *Infant and Toddler Strategies Guide*, offers as many strategies for home settings as

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assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).	group-care settings. This dual approach to creating healthy environments, activities, and relationships surrounding the child offers a strong support and aids in the reality of follow-though with the plan. For those children who require the development of an IFSP, the DECA-I/T Program planning strategies and other planning tools will be a useful and insightful addition to other resources used by the IFSP planning team.
1304.20(d) - Ongoing Care In addition to assuring children's participation in a schedule of well child care, as described in section 1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.	***Ongoing Care with the DECA-I/T Program*** One key component to the DECA-I/T is the reflection of keen observation of the child over a period of at least 4 weeks. The DECA-I/T is unique in that it can be completed at any period of time since the 4 weeks prior to administration is an ever-evolving period of time. If a teacher or parent notices sudden changes in a child's behavior, both the DECA-I/T Program observation tools and the assessment itself are valuable resources to help aid in determining what additional supports the child might need.
1304.20(e) - Involving Parents In conducting the process, as described in sections 1304.20(a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must: (1) Consult with parents immediately when child health or developmental problems are suspected or identified; (2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the	***Involving Parents with the DECA-I/T*** One of the underlying principles of the DECA-I/T Program is to establish and maintain healthy partnerships between educators and parents. By involving parents in every step of the assessment and planning process and offering hundreds of strategies for use in the home setting, the DECA-I/T Program helps programs easily welcome and work with families to build their child's resilience and social/emotional skills as needed. With a select amount and simple "terminology", parents aren't likely to feel intimidated by the DECA-I/T information-gathering and result-sharing processes. Avoiding all

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program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents; (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program (4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and	negative language, the DECA-I/T assessment items are written in strength-based language, and the results are categorized in three ways: Strength, Typical, or, Area of Need. Since the DECA-I/T is an assessment based on observation, the child will not be aware of a rating being completed by either the teacher or the parent, allowing for the child to interact and behave as he or she typically would in the natural environment, away from any type of "testing" situation. A key resource of the DECA-I/T Program is that of *For Now and Forever: A Family Guide for Promoting the Social and Emotional Development of Infants and Toddlers*. This resource is specifically designed to help family members be more active partners in understanding social/emotional development and resilience, and planning strategies and ideas to help their own child strengthen these important skills.
1304.20(f) - Individualization of the Program (1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs. (2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that: • (i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service	***Individualization of the Program with the DECA-I/T Program*** The NAEYC program standard on curriculum, assessment, and program evaluation states: ***Program Standard #4****: The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.* www.naeyc.org The DECA-I/T assessment is in line with these important standards, reflecting the

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Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government; • (iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and	use of assessment results in planning. Assessment information can be transferred easily from the instrument itself into a plan to individualize for ***any*** child, with or without areas of need. Since the assessment items are strength-based, an item that is lower for a child than the remainder of the items might be used as a specific area to target in a plan for a child. For example, a child with an "occasionally" on the DECA-I/T item of "shows patience" might have a teacher individualize for that specific child and area of growth by trying to increase the frequency of the child's ability to show patience. The teacher might choose a few strategies from the *Infant and Toddler Strategies Guide* that helped her implement this most effectively. Using the same example of learning to show patience more frequently, the teacher might choose a strategy such as: - "Label toddlers' gestures, linking words to their actions," *Infant and Toddler Strategies Guide, p. 63* - "Remain calm and supportive during toddlers' struggles with independence. Then comment when a toddler follows limits." *Infant and Toddler Strategies Guide, p. 66* Information from the DECA-I/T assessment and planning strategies like the example above would be very useful in the development of an IFSP for a child, as necessary. With the DECA Program (for Preschoolers) assessment and planning program spanning the ages of 2-5, the transition between Early Head Start and Head Start for all children, both with and without disabilities and IFSPs, would be eased through use of a continuous system of supporting children's mental health, resilience and social/emotional development.
1304.21(a) - Child Development And Education Approach For All Children	***Child Development And Education Approach For All Children with the DECA-I/T Program***

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(1) In order to help children gain the social competence, skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must: • (i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles; • (ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 45 CFR 1308.19); • (iii) Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition; • (iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and • (v) Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents. (2) Parents must be: • (i) Invited to become integrally involved in the development of the program's curriculum and approach to child development and education; • (ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and • (iii) Encouraged to participate in	All resources from the Devereux Early Childhood Initiative, including the DECA-I/T Program, are based on the founding principle of the Devereux Foundation, established in 1912: *"Every child is a program."* ~ Helena T. Devereux The DECA-I/T Program celebrates the individual strengths and attributes each child possesses. Resources and strategies in the DECA-I/T Program are appropriate for all infants and toddlers regardless of ability, gender, ethnicity, race, family composition, or socio-economic status. Within the DECA-I/T Program are four checklists of quality entitled, CARE. - Connecting with Families (C) - Activities and Routines (A/R) - Responsive Caregiving (R) - Environment (E) These quality checklists are supported by research and are founded in developmentally appropriate practices. Among the checklist items are several examples directly related to the EHS guidelines stated at the left of this crosswalk, include, but are not limited to: - CARE checklist item E#3: "Create a home-like environment to reflect all of the children's families," *Infant and Toddler Strategies Guide*, p. 81 - CARE checklist item R#5: "Acknowledge and support infants' and toddlers' efforts and accomplishments," *Infant and Toddler Strategies Guide*, p. 66 In *For Now and Forever*, suggestions are offered to help establish and maintain connections between family members and caregivers in the early care and education setting(s). Examples include, but are not limited to: - "Let your child's caregiver know when you are working on a new self-help skill at home… This information will help increase

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staff-parent conferences and home visits to discuss their child's development and education (see 45 CFR 1304.40(e)(4) and 45 CFR 1304.40(i)(2)). (3) Grantee and delegate agencies must support social and emotional development by: • (i) Encouraging development which enhances each child's strengths by: *(A)* Building trust; *(B)* Fostering independence; *(C)* Encouraging self-control by setting clear, consistent limits, and having realistic expectations; *(D)* Encouraging respect for the feelings and rights of others; and *(E)* Supporting and respecting the home language, culture, and family composition of each child in ways that support the child's health and well-being; and • (ii) Planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child's needs. (4) Grantee and delegate agencies must provide for the development of each child's cognitive and language skills by: • (i) Supporting each child's learning, using various strategies including experimentation, inquiry, observation, play and exploration; • (ii) Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue; • (iii) Promoting interaction and language use among children and between children and adults; and • (iv) Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.	opportunities for you and your child's caregiver to work as a team." *For Now and Forever*, p.16 - "Exchange information with your child's caregiver about ways he calms down such as hugs, favorite toys, or music… Sharing these strategies with your child's caregiver will provide consistency and help prevent behavioral problems." *For Now and Forever*, p. 22 Related to supporting ***Social and Emotional Development*** as a key child outcome are the key constructs and core strengths supported through this resilience-based assessment. The DECA-I/T Protective Factors are: - Attachment - Initiative - Self-Regulation (in toddlers) All 33-36 assessment items on the DECA-I/T are written in positive language, related to social/emotional development, and focus on the strengths a child has in the home and group setting(s). Children's ***Social and Emotional Development*** in group and individual routines are supported and encouraged by strategies such as the following: - CARE checklist item A/R#3: "Plan daily routines (such as feeding, diapering, sleeping) around each infant's and toddler's needs and abilities," *Infant and Toddler Strategies Guide*, p. 48 - CARE checklist item C#2: "Support children's home languages and culture(s)," *Infant and Toddler Strategies Guide*, p. 31 Key to a child's readiness for more academic "lessons" and absorption of new material and knowledge are a child's ***Approaches to Learning***. The DECA-I/T supports this key component of successful child outcomes through two main constructs. Assessment items related to ***Approaches to Learning*** include, but are not limited to: *In the past 4 weeks, how often did the infant…*

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(5) In center-based settings, grantee and delegate agencies must promote each child's physical development by: • (i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills; • (ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child's developmental level; and • (iii) Providing an appropriate environment and adult guidance for the participation of children with special needs. (6) In home-based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials.	- 'explore surroundings' - 'keep trying to obtain a toy' - 'show pleasure when interacting with adults' Strategies to promote healthy and productive ***Approaches to Learning*** include (but are not limited to): - CARE checklist item A/R#5: "Invite infants and toddlers to take part in daily routines," *Infant and Toddler Strategies Guide*, p. 50 - CARE checklist item R#10: "Take time to observe each infant and toddler regularly." *Infant Toddler Strategies Guide*, p. 71 Physical development is an important area related to children's ability to explore thoroughly and safely their surroundings using both small and large muscles. For both the group-care setting and home-based environment, the DECA-I/T Program offers many suggestions directly related to encouraging physical movement and activities to stimulate small and large muscle groups. Several examples include (but are not limited to): - CARE checklist item A/R#8: "Ensure time for active and quiet play each day," *Infant and Toddler Strategies Guide*, p. 53 - CARE checklist item R#1: "Hold, rock, and cuddle infants and toddlers," *Infant and Toddler Strategies Guide*, p. 62
1304.21(b) - Child Development And Education Approach For Infants And Toddlers (1) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5) for a definition of curriculum): • (i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an	***Child Development And Education Approach For Infants And Toddlers with the DECA-I/T Program*** Central to the effectiveness of the DECA-I/T Program are caring, trusting reciprocal relationships between caregivers and infants and toddlers. Attachment is one of the three key protective factors measured by the DECA-I/T and supported through implementation of the strategies found in three main resources: *Infant and Toddler Strategies Guide*, *For Now and Forever*, and *Building Your Bounce.* Attachment items on the DECA-I include:

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understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52(g)(2)); • (ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and • (iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.	- 'respond when spoken to' - 'enjoy interacting with others' - 'enjoy being cuddled' - 'show affection for a familiar adult' - 'seek comfort from familiar adults' - 'act in a good mood' - 'make eye contact with others' - 'calm down with help from a familiar adult' - 'smile back at a familiar adult' - 'smile at familiar adults' - 'respond positively to adult attention' - 'act happy' - 'show pleasure when interacting with adults' - 'act happy with familiar adults' - 'accept comfort from familiar adults' Attachment items on the DECA-T include: - 'enjoy interacting with others' - 'show affection for a familiar adult' - 'seek comfort from familiar adults' - 'make needs known to a familiar adult' - 'act happy with familiar adults' - 'show interest in his/her surroundings' - 'respond when spoken to' - 'act happy when praised' - 'make eye contact with others' - 'enjoy being cuddled' - 'smile back at a familiar adult' - 'reach for a familiar adult' - 'respond to his/her name' - 'smile at familiar adults' - 'show pleasure when interacting with adults' - 'make others aware of his/her needs' - 'accept comfort from a familiar adult' - 'express a variety of emotions' Several examples of Attachment-building strategies are offered below: - CARE checklist item R#7: "Use each infant's and toddler's name throughout daily interactions." *Infant and Toddler Strategies Guide*, p. 68 - CARE checklist item E#9: "Have comfortable places to sit with infants and toddlers for one-on-one time." *Infant and Toddler Strategies Guide*, p.87
(2) Grantee and delegate agencies must	Self-awareness, autonomy, and self-

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support the social and emotional development of infants and toddlers by promoting an environment that: • (i) Encourages the development of self-awareness, autonomy, and self-expression; and • (ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.	expression are directly related to Initiative, on of the three key protective factors measured on the DECA-I/T. Initiative items on the DECA-I include: - 'try to do new things' - 'imitate action of others' - 'keep trying when unsuccessful' - 'show interest in what others are doing' - 'notice changes in surroundings' - 'adjust his or her energy level to the type of play' - 'act happy when praised' - 'explore surroundings' - 'express his or her dislikes' - 'reach for a familiar adult' - 'respond to his or her name' - 'keep trying to obtain a toy' - 'react to another child's cry' - 'act in a way to make others smile or show interest' - 'easily go from one activity to another' - 'seek attention when a familiar adult was with another child' - 'look to a familiar adult when exploring his or her surrounds' - 'enjoy being around other children' Initiative items on the DECA-T include: - 'show concern for other children' - 'try to comfort others' - 'participate in group activities' - 'ask to do new things' - 'react to another child's cry' - 'play make-believe' - 'follow simple directions' - 'show preference for a particular playmate' - 'try to clean up after himself or herself - 'play with other children' - 'try to do things for herself/himself' Initiative-building strategies in the DECA-I/T Program include (but are not limited to): - CARE checklist item A/R#1: "Maintain a predictable daily schedule." *Infant and Toddler Strategies Guide*, p. 46 - CARE checklist item R#4: "Support infants and toddlers as they interact with others." *Infant and Toddler Strategies Guide*, p. 65

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(3) Grantee and delegate agencies must promote the physical development of infants and toddlers by: • (i) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and • (ii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.	Related to social/emotional development, but also important in the development of physical/body control is Self-Regulation, the third protective factor found only on the DECA-T. Self-regulation items on the DECA-T include: - 'adjust to changes in routine' - 'easily go from one activity to another' - 'handle frustration well' - 'easily follow a daily routine' - 'calm herself/himself' - 'accept another choice when the first choice was not available' - 'have regular sleeping patterns' Self-regulation and physical development can both be supported through DECA-I/T strategies such as: - "Provide materials that can be used by more than one infant, such as a climber." *Infant and Toddler Strategies Guide*, p. 65 - "Provide items of all sizes to encourage new ways to balance and build." *Infant and Toddler Strategies Guide*, p. 81
1304.22 - Child Health and Safety	***Child Health and Safety and the DECA-I/T Program*** Though a child's physical health is most certainly affected by all aspects of a child's growth and development, the performance standards surrounding a child's mental health are where the DECA-I/T Program has its major focus. In addition, child safety is forefront in every strategy that is offered in the DECA-I/T Program. Only recommendations based on research and developmentally appropriate practices were included in the DECA-I/T resources. Examples of Strategies in the *Infant Toddler Strategies Guide* that directly influence the health and safety of children in an Early Head Start setting include, but are not limited to: - CARE checklist E#1: "Make sure there

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	are enough adults to safely care for infants and toddlers." *Infant and Toddler Strategies Guide*, p. 79 - CARE checklist E#2: "Keep the room and materials clean and safe for infants and toddlers." *Infant and Toddler Strategies Guide*, p. 80
1304.23 - Child Nutrition	***Child Nutrition and the DECA-I/T Program*** The DECA-I/T Program, though not primarily designed to enhance identification of nutritional needs, offers useful strategies related to this important area of child growth and development. When a child's most basic nutritional needs are met and the child is thriving, he or she will be more likely to develop strong protective factors related to healthy resilience, strong social and emotional skills, and developmentally appropriate approaches to learning. DECA-I/T Program strategies related to helping meet and strengthen a child's nutritional growth and development include, but are not limited to: - CARE checklist item C#6: "Listen to and use information from families to individualize care for their child." *Infant and Toddler Strategies Guide*, p. 35 - CARE checklist item R#2: "Respond to the cues (coos, smiles, cries, turning away, etc.) of infants and toddlers." *Infant and Toddler Strategies Guide*, p. 63 In addition, with feeding times and meal times being an opportunity for socialization and relationship-building between the infants and toddlers and adults in the care setting, many related suggestions are offered in the DECA-I/T Program strategies that address areas such as: - Offering a variety of food choices and experiences to broaden a child's exposure and further their food knowledge - Avoiding using food as punishment or reward, and encouraging without forcing a child to taste his or her food - Providing sufficient and interactive times

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	for feedings - Supporting family-style meals, as appropriate - Holding infants while being fed - Meeting and respecting each child's dietary needs and restrictions - Inviting infants and toddlers, as appropriate, to be involved in routines and activities involving food The Responsive Caregiving Chapter of the *Infant and Toddler Strategies Guide* offers the above guidance, and more.
1304.24(a) - Mental Health Services (1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by: • (i) Soliciting parental information, observations, and concerns about their child's mental health; • (ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues; • (iii) Discussing and identifying with parents appropriate responses to their child's behaviors; • (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program; • (v) Helping parents to better understand mental health issues; and • (vi) Supporting parents' participation in any needed mental health interventions. (2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's	***Mental Health Services with the DECA-I/T Program*** The DECA-I/T Program resources are highly relevant to meeting the standards outlined previously in this document for 1304.20(a) and (b) - Determining Child Health Status and Developmental and Behavioral Screening. In addition, other areas where the DECA-I/T Program supports mental health services include: - Parent input and completion of the DECA-I/T from an adult in the home environment is key helping provide a complete picture of a child's resilience and social/emotional development and mental health. - Resources that facilitate the observation process are provided in the DECA-I/T Program resources (*Infant and Toddler Strategies Guide*, p. 148-151. - Behavioral planning guidelines and tools (*Infant and Toddler Strategies Guide, p. 152)* - Supportive and nurturing environments are encourages through use of the CARE checklists and corresponding strategies to strengthen any areas of need (*Infant and Toddler Strategies Guide*, p. 142-145). - *Building Your Bounce* and *For Now and Forever* were specifically designed to help caregivers, including parents and other family members, understand, reflect upon, and plan for resilience-building and mental wellness in their own lives.

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mental health; and (3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to: • (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children; • (ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues; • (iii) Assist in providing special help for children with atypical behavior or development; and • (iv) Utilize other community mental health resources, as needed.	- Parents involvement in any mental health interventions for their child is supported by the at-home strategies offered in both the *Classroom Strategies* guide and *For Now and Forever*. - Chapter 9 in the *Infant and Toddler Strategies Guide* offers many strategies to support individual children's protective factors including: - Floor Time, p. 108 - Primary Caregiving, p. 109 - Transition Routines, p. 110 - Safety Check-up, p. 111 - Scaffolding, p. 112 - Effective Praise, p. 113 - Redirection, p. 114 - Visual Support, p. 115 - Limit Setting, p. 116 Mental health consultation is made easier when early care and education providers and mental health professionals are all using the same, or similar, terminology, resources, and strategies in relation to supporting mentally healthy children. The DECA-I/T Program was developed by experts dually trained and experiences in the fields of infant/toddler education and infant/toddler mental health, using the concepts, terms, and ideas that are most valuable across disciplines. Several resources are offered that can be completed together by all caring adults and other qualified professionals in the child's life including a family questionnaire, child observation forms, behavioral planning resources, and more (*Infant and Toddler Strategies Guide,* p. 142-152). Finally, the Appendices for both the *Infant and Toddler Strategies Guide* and *For Now and Forever* contain further readings, helpful websites, teacher and parent resources, children's book suggestions, music that supports social/emotional development, and more to help promote mental health and wellness.

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Head Start/Early Head Start Performance Standard	How the Devereux Early Childhood Infant Toddler Program Helps Meet the Standard
Family and Community Partnerships 1304.40-41	
1304.40(a) - Family Goal Setting (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process. (2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).	***Family Goal Setting with the DECA-I/T Program*** The Connecting with Families Chapter of the *Infant and Toddler Strategies Guide* offers a wide variety of strategies and guidance for connecting with families and helping map out their goals and dreams for their family. Strategies that help in family goal setting include, but are not limited to: - CARE checklist C#3- "Work together with families to learn about dreams and goals for their child." *Infant and Toddler Strategies Guide,* p. 32 - CARE checklist C#6- "Listen to and use information from families to individualize care for their child." *Infant and Toddler Strategies Guide*, p. 35 As part of the family partnership agreement, *For Now and Forever*, *Building Your Bounce*, and the *Infant and Toddler Strategies Guide* offer many planning ideas that will help promote the families' resilience and mental health. Examples include, but are not limited to: - Reflecting on your Personal Strengths and how you share these with others (*Building Your Bounce*, p. 29) - Asking for Help when Needed (*Building Your Bounce*, p. 66)
1304.40(c) - Services To Pregnant Women Who Are Enrolled In Programs Serving Pregnant Women, Infants, And Toddlers	***Services To Pregnant Women with the DECA-I/T Program*** Though not specifically designed just for pregnant women, the resources offered in the DECA-I/T Program are resilience-building and certainly helpful for women in an at-risk population such as an Early Head Start environment. In particular, the resource, *Building Your Bounce*, would be of use for an expectant mother to reflect and prepare to be as mentally healthy as

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1304.40(d) - Parent Involvement - General (1) In addition to involving parents in program policy-making and operations (see 45 CFR 1304.50), grantee and delegate agencies must provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group. Other community agencies should be encouraged to assist in the planning and implementation of such programs. **1304.40(e) - Parent Involvement In Child Development And Education** (1) Grantee and delegate agencies must provide opportunities to include parents in the development of the program's curriculum and approach to child development and education (see 45 CFR 1304.3(a)(5) for a definition of curriculum). (2) Grantee and delegate agencies operating home-based program options must build upon the principles of adult learning to assist, encourage, and support parents as they foster the growth and development of their children. (3) Grantee and delegate agencies must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff (see 45 CFR 1304.21 for additional requirements related to parent involvement). **1304.40(f) - Parent Involvement In Health, Nutrition, And Mental Health Education**	possible. ***Parent Involvement in Child Development and Education with the DECA-I/T Program*** Many of the DECA-I/T Program resources would be excellent sources to reference and gather ideas for planning family meetings and keeping ongoing communication and interaction with parents throughout the year. In particular, *For Now and Forever, Building Your Bounce*, and the *Infant Toddler Strategies Guide* are resources that both early care and education providers, family services staff, and family advocates can use to inform parents and lead workshops and parent meetings on topics surrounding child development, celebrating strengths in yourself and your child, social and emotional development, resilience, and mental wellness and health. Both the DECA-I/T assessment items and results and many strategies in the various DECA-I/T Program planning resources will help parents to best understand and foster the growth and development of their children, as well as participate as a planning partner in meetings between teachers and parents. As parents become more familiar with the DECA-I/T Program concepts and Strategies associated with Attachment, Initiative and Self-Regulation, they will strengthen their parenting skills and their understanding of how to best support the social and emotional development of their child. ***Parent Involvement In Health, Nutrition, And Mental Health Education with the DECA-I/T*** As stated in the previous segment, the DECA-I/T assessment items and program planning resources are all valuable

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	additions in helping parents understand and support their child's health, nutrition, and mental health.
1304.40(h) - Parent Involvement In Transition Activities (1) Grantee and delegate agencies must assist parents in becoming their children's advocate as they transition both into Early Head Start or Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting. (2) Staff must work to prepare parents to become their children's advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child's participation in the program to enable parents to understand the child's progress while enrolled in Early Head Start or Head Start.	***Parent Involvement In Transition Activities with the DECA-I/T Program*** One of the benefits of implementing the DECA-I/T Program is the easy transition into the preschool aged population through use of the DECA Program, and then on to the school aged population of children through the Devereux Student Strengths Assessment (DESSA) for grades K-8. Parents are partners in the observation process, the assessment process, and planning for their child. This helps empower parents very early to be an active part of their child's support team in both the school and home setting.
1304.41 - Community Partnerships	***Community Partnerships with the DECA-I/T Program*** Though not the primary focus of the DECA-I/T Program, community partnerships are more easily made when an important concept, such as resilience, is at the heart of the initiative. Resilience is of utmost importance in every community, and when resources such as those in the DECA-I/T Program can be used by a variety of organizations and individuals in the community, a stronger knowledge-base and opportunity for growth and enhancement are afforded. The protective factors of Attachment, Initiative, and Self-Regulation could be infused into programs, school-systems, and/or communities. With the DECA-I/T Program as the first step in the DECI system of resilience-based assessment and planning systems and resources, a community could use the DECI resources as a key component of the mental wellness plan for all the individuals who live and work in that area.

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Head Start/Early Head Start Performance Standard	How the Devereux Early Childhood Infant Toddler Program Helps Meet the Standard
Program Design and Management 1304.50-53	
1304.50 - Program Governance	***Program Governance, in particular, Parent Committee responsibilities as related to the DECA-I/T Program*** The DECA-I/T Program is a developmentally appropriate, strength-based assessment and planning system that is research-based, validated and reliable, and is appropriate for children from all backgrounds and ethnicities. When Program Governance is examined for areas of excellence, the DECA-I/T Program is sure to rise to the top of the initiatives and programs implemented by Early Head Start Programs.
1304.51(c) - Communication With Families (1) Grantee and delegate agencies must ensure that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.	***Communication with Families with the DECA-I/T Program*** The DECA-I/T Program includes parents as partners in every aspect of assessment and planning. The DECA-I/T Program results-sharing process is a friendly, strengths-based means of having comprehensive and meaningful conversations and connections with families. The DECA-I/T assessment is implemented, in best practice, 2-3 times per year, and each administration allows a concrete opportunity for teachers and parents to talk together about their child's social and emotional health and resilience.
1304.51(e) - Communication Among Staff Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.	***Communication Among Staff with the DECA-I/T Program*** The DECA-I/T Program, with a focus on children ages 0-3, is also concentrated on helping support the adults in these children's lives. The staff who surround the children in Early Head Start are at their best when they themselves are resilient and mentally healthy. The DECA-I/T Program resources offer many options and

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	strategies for staff to learn about themselves as individuals and as caregivers, and to best strengthen their relationships with other professionals and parents with whom they interact.
1304.51(i) - Program Self-Assessment And Monitoring (1) At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations. (2) Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal regulations. (3) Grantees must inform delegate agency governing bodies of any deficiencies in delegate agency operations identified in the monitoring review and must help them develop plans, including timetables, for addressing identified problems.	***Program Self-Assessment And Monitoring with the DECA-I/T Program*** One component of the DECA-I/T Program that will assist with self-assessment and monitoring is the ongoing completion of the CARE checklists, as well as the Action Planning for improvements in areas of need. The CARE checklists were designed to be completed by the early care and education provider as a reflective and planning tool, but can also be completed by supervisors and consultants as a means of impartial ratings of the quality of early care and education environments. A valuable aspect of the DECA-I/T Program CARE checklists is that each item on the checklist leads to helpful and easy-to-use suggestions and guidance on how to implement or improve that area of the program. For example, a caregiver who rated a "Not Yet" on the CARE checklist item A/R#7 "Encourage infants and toddlers to explore and choose what is interesting to them." *Infant and Toddler Strategies Guide*, p. 52, would find the following suggestions: - Have a selection of stimulating toys available… - Help infants develop a focused interest in play by showing enthusiasm and playing next to them… - When infants grasp a toy, label what they are doing… - Provide infants with toys to experience cause and effect… - Ask toddlers questions about objects they are playing with… - Provide materials that will help toddlers recreate favorite stories or routines… - Provide items that stimulate toddlers' listening skills… - Create cards or other item with different

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	textures that toddlers can explore.
1304.52(e) - Home Visitor Qualifications Home visitors must have knowledge and experience in child development and early childhood education; the principles of child health, safety, and nutrition; adult learning principles; and family dynamics. They must be skilled in communicating with and motivating people. In addition, they must have knowledge of community resources and the skills to link families with appropriate agencies and services.	***Human Resources Management and Home Visitor and Infant Toddler Staff Qualifications with the DECA-I/T Program*** In helping identify and train home visitors and those specialized in the area of infant and toddler care, the DECA-I/T Program strategies that are offered for the both the GROUP and the HOME setting are key. For Home Visitors, guidance for the home setting includes, but is not limited to: - "Offer children a safe place to watch and listen where they do not have to be actively involved, such as a bean bag chair, a soft blanket, or a nest of pillows." *Infant Toddler Strategies Guide*, p. 53 - "Help explain behaviors to toddlers during interactions. For example, if one toddler bumps into another while playing outdoors, say, *'Oops! That was an accident. Sometimes when we are running fast we bump into each other.'" Infant Toddler Strategies Guide*, p. 71.
1304.52(f) - Infant And Toddler Staff Qualifications Early Head Start and Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential that addresses comparable competencies within one year of the effective date of the final rule or, thereafter, within one year of hire as a teacher of infants and toddlers. In addition, infant and toddler teachers must have the training and experience necessary to develop consistent, stable, and supportive relationships with very young children. The training must develop knowledge of infant and toddler development, safety issues in infant and toddler care (e.g., reducing the risk of Sudden Infant Death Syndrome), and methods for communicating effectively with infants and toddlers, their parents, and	***Infant And Toddler Staff Qualifications with the DECA-I/T Program*** For those staff members involved with Infant Toddler care, specific guidance is offered in Chapters 2 and 9 of the *Infant Toddler Strategies Guide*, which focus on the important Protective Factors in Infants and Toddlers, as well as the individualizing strategies that can be successfully implemented with this population of very young children.

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other staff members. **1304.52(i) - Staff Performance Appraisals** Grantee and delegate agencies must, at a minimum, perform annual performance reviews of each Early Head Start and Head Start staff member and use the results of these reviews to identify staff training and professional development needs, modify staff performance agreements, as necessary, and assist each staff member in improving his or her skills and professional competencies. **1304.52(k) - Training And Development** (2) Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 45 CFR 1306.23.	***Staff Performance Appraisals with the DECA-I/T Program*** Regarding Staff Performance, as stated in the program self-assessment and monitoring standard above, a key component of the DECA-I/T Program that will assist with staff performance appraisals is the ongoing completion of the CARE checklists, as well as the Action Planning for improvements in areas of need. The CARE checklists were designed to be completed by the early care and education provider as a reflective and planning tool, but can also be completed by supervisors and consultants as a means of impartial ratings of the quality of an early care and education environment. ***Training And Development with the DECA-I/T Program*** All of the training sessions offered through the DECI are based on resilience theory and are strengths-based in nature. The majority of training sessions offered through the DECI, including the DECA-I/T Program Implementation Training, offer CEUs for program staff to help meet the requirements for training throughout the year. This DECA-I/T Program Implementation Training Session provides staff with important background information on the social and emotional development of infants and toddlers, resilience in children and adults, as well as how to complete and score the DECA-I/T assessment and plan using the results. For more information on training, please contact: deca@devereux.org
1304.53(a) - Head Start Physical Environment And Facilities (1) Grantee and delegate agencies must provide a physical environment and facilities conducive to learning and reflective of the different stages of	***Facilities, Materials, And Equipment with the DECA-I/T Program*** The DECA-I/T Program promotes an environment conducive to learning by suggesting strategies to optimize the social and emotional development of all children.

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development of each child. (2) Grantee and delegate agencies must provide appropriate space for the conduct of all program activities (see 45 CFR 1308.4 for specific access requirements for children with disabilities). (3) The center space provided by grantee and delegate agencies must be organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions. **1304.53(b) - Head Start Equipment, Toys, Materials, And Furniture** (1) Grantee and delegate agencies must provide and arrange sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults. Equipment, toys, materials, and furniture owned or operated by the grantee or delegate agency must be: • (i) Supportive of the specific educational objectives of the local program; • (ii) Supportive of the cultural and ethnic backgrounds of the children; • (iii) Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities; • (iv) Accessible, attractive, and inviting to children; • (v) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore; • (vi) Safe, durable, and kept in good condition; and • (vii) Stored in a safe and orderly fashion when not in use.	In order for children to be able to engage in healthy social interactions, there must be enough space for routines and activities to be conducted, and this space must be organized in a way that children can learn where things go and how to access what they want or need. Strategies that encourage an organized, learning-efficient space include, but are not limited to: - CARE checklist item E#6: "Have cozy spaces where infants and toddlers can safely take a break from the group." *Infant Toddler Strategies Guide*, p. 84 - CARE checklist item E#8: "Display toys within reach so infants and toddlers can see what is available and make choices." *Infant Toddler Strategies Guide*, p. 86 The materials and equipment available for children must be safe, developmentally appropriate, and inviting/interesting in order to stimulate open-ended and productive learning experiences through play. This type of play is central to the development of healthy social and emotional skills, and thus the DECA-I/T Program offers a variety of suggestion about the types of materials a center or home would need toward this end. Examples of materials suggested by the DECA-I/T strategies include, but are not limited to: - CARE checklist item A/R#7: "Encourage infants and toddlers to explore and choose what is interesting to them." *Infant Toddler Strategies Guide*, p. 52 - CARE checklist item E#4: "Provide materials children can explore with their senses (seeing, hearing, touching, tasting, and smelling)." *Infant Toddler Strategies Guide*, p. 82

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1305 - Eligibility, Recruitment, Selection, Enrollment, and Attendance In Head Start	***Eligibility, Recruitment, Selection, Enrollment, and Attendance In Head Start with the DECA-I/T Program*** Though not specifically designed to determine Head Start or Early Head Start eligibility, the DECA-I/T assessment can help identify which children are at higher risk for social and emotional areas of need, thus providing one more resource to help determine which families will be best served in the program.

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Part C as it relates to Children in Early Head Start identified or in the process of being identified as having special needs	How the Devereux Early Childhood Infant Toddler Program Helps Meet the Standard
To best serve children with disabilities ages 0 to 2, Part C standards and policies span the population of children served by Early Head Start http://www.nectac.org/idea/303regs.asp#SubA	
Due to the depth and breadth of the Part C Guidelines, a few key areas particularly applicable to the DECA-I/T Program have been included in this crosswalk. **Definitions: Sec. 303.16: Infants and toddlers with disabilities** (a) As used in this part, infants and toddlers with disabilities means individuals from birth through age two who need early intervention services because they-- (1) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: (i) Cognitive development. (ii) Physical development, including vision and hearing. (iii) Communication development. (iv) Social or emotional development. (v) Adaptive development. **Evaluation and Assessment: Sec. 303.322: Evaluation and assessment.** (a) General. (1) Each system must include the performance of a timely,	To talk with someone in more detail about using the DECA-I/T Program with children with disabilities, please contact deca@devereux.org ***Infants and toddlers with disabilities and the DECA-I/T Program*** The DECA-I/T spans the age of 4 weeks through 36 months. For this reason, children who are 2 and the time of first DECA-I/T administration would receive a DECA-T, while, when possible and resources are available, children who are already 3 at the time of first assessment would receive the preschool-aged version, the DECA, which spans the ages of 3 years through age 5. The DECA-I/T is a universal assessment tool to be administered to all children in the relevant age range. Programs may decide to use the DECA-I/T as a tool to help identify infants and/or toddlers who are at-risk or in need of further evaluation in the realms of social and emotional development and/or behavioral and adaptive skills. The DECA-I/T is a valuable addition to any information-gathering and assessment plan for an individual child or a group of children. Results will help determine the best plan of action to promote resilience, social/emotional development, and mental health. ***Evaluation and assessment with the DECA-I/T*** The DECA-I/T is completed in 5-10 minutes after a 4 week observation period

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comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child. (2) The lead agency shall be responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the State. (b) Definitions of evaluation and assessment. As used in this part-- (1) Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities" in Sec. 303.16, including determining the status of the child in each of the developmental areas in paragraph (c)(3)(ii) of this section. (2) Assessment means the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify-- (i) The child's unique strengths and needs and the services appropriate to meet those needs; and (ii) The resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability. (c) Evaluation and assessment of the child. The evaluation and assessment of each child must-- (1) Be conducted by personnel trained to utilize appropriate methods and procedures; (2) Be based on informed clinical opinion; and (3) Include the following: (i) A review of pertinent records related to the child's current health status and medical history. (ii) An evaluation of the child's level of functioning in each of the following developmental areas: (A) Cognitive development.	of the child. This time-frame allows for a quick, yet thorough, assessment of the child's strengths and needs related to the important protective factors of Attachment, Initiative, and Self-Regulation (for toddlers). Family members and early care and education providers are considered the most appropriate DECA-I/T raters, requiring no special training in any aspects of this assessment before administering the rating. When scoring and interpreting the DECA-I/T, an individual with an understanding of raw scores, percentiles, T-scores, and descriptions of each scale is necessary. In some cases, this individual may be the early care and education provider who completed the rating. In other situations, this individual who assists in the analysis and interpretation of the DECA-I/T may be a supervisor, consultant, or manager in the program, a specialist with an outside contracted organization. In addition to providing vital information on the child's strengths, the DECA-I/T Program also offers tools to help gather and synthesize information garnered from observations, family questionnaires and behavioral plans.

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(B) Physical development, including vision and hearing. (C) Communication development. (D) Social or emotional development. (E) Adaptive development. (iii) An assessment of the unique needs of the child in terms of each of the developmental areas in paragraph (c)(3)(ii) of this section, including the identification of services appropriate to meet those needs. (d) Family assessment. (1) Family assessments under this part must be family-directed and designed to determine the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child.	
Content of an Individualized Family Service Plan: Sec. 303.344: Content of an IFSP.	***Content of an Individualized Family Service Plan with use of the DECA-I/T Program***
(a) Information about the child's status. (1) The IFSP must include a statement of the child's present levels of physical development (including vision, hearing, and health status), cognitive development, communication development, social or emotional development, and adaptive development. (2) The statement in paragraph (a)(1) of this section must be based on professionally acceptable objective criteria. (b) Family information. With the concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child. (c) Outcomes. The IFSP must include a statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and timeliness used to determine-- (1) The degree to which progress toward achieving the outcomes is being made; and (2) Whether modifications or revisions of the outcomes or services are necessary. (d) Early intervention services. (1) The IFSP must include a statement of the	The DECA-I/T Program provides information on: - The child's current status in relation to social and emotional development and resilience-based protective factors; - Family information garnered from the DECA-I/T in the home setting, as well as gathered through the family questionnaire recommended for users of the DECA-I/T Program; - Outcome information to measure if infants and toddlers had statistically significant outcomes by referring to tables in the *DECA-I/T User's Guide*: Appendix C; - Strategies for both the group and home settings to help a child strengthen social and emotional development as well as behavioral and adaptive skills; and - Smooth transitions and continuity of services through use of the DECA for preschoolers, and eventually, the DESSA for school-aged children (both are strength-based assessment tools completed by parents and teachers that measure resilience, social and emotional development, and mental health).

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specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section.	For more information on other assessment resources and training provided through the DECI, please contact: deca@devereux.org

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