

Assuring Quality Care for Infants and Toddlers in Migrant Head Start

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Since 1969, Migrant Head Start (MHS) programs (Region XII) have been providing services to infants and toddlers. These services provide appropriate care and developmental opportunities for children from birth through compulsory school age, and function as an alternative to young children spending their days in labor camps, cars, or in fields and orchards where their parents work.

erty, unavailable or unaffordable child care, and lack of regular access to health, social, and other services. Therefore, the development of "continuity of care" systems is an asset to MHS children and their families, as well as program staff.

Quality care for MHS infants and toddlers requires special attention to issues of cultural appropriateness. MHS programs support culturally responsive care by hiring staff who are representative of the languages and cultures of enrolled children and by incorporating information from parents on specific care practices, such as feeding or diapering, into daily routines.

Parents of infants and toddlers are typically eager for information and involvement opportunities. MHS staff work to inform migrant parents of training and other opportunities for involvement, and get parental input in the development of these offerings. Examples of parent requests for training include: making a first-aid kit and preventing bottle mouth tooth decay, as well as practical information such as taking temperatures and techniques for nurturing. To accommodate parents' work schedules, training experiences and meetings are generally scheduled in the evenings in the migrant camps.

Additionally, MHS programs must provide services quickly and efficiently. Program plans may require that developmental screenings be completed within the first two weeks of enrollment, and that all screenings take place within the first 30 days of enrollment. Or referrals for further evaluations may be required in as little as two days.

Head Start became a model of comprehensive, interdisciplinary preschool services decades ago. In expanding its service provision to infants and toddlers, Head Start is well positioned to repeat the success of its Migrant Head Start programs by responding effectively to the needs of families of infants and toddlers in Early Head Start. ▀

Photo courtesy of Michele Launay de Santos



Gabriele de Santos, age 6 months, Beltsville, MD

At present, MHS programs in 34 States enroll more than 35,000 children annually, of whom 41 percent, or approximately 14,350 children, are ages birth through 3 years. Program operations, including the location of center sites, and the length of operating periods (ranging from 6 weeks to 9 months) are guided by the locations and times of seasonal agricultural work. To accommodate the needs of migrant families, centers usually operate 5 to 7 days per week and 10 to 12 hours per day.

To build and maintain optimal caregiving relationships, low staff-child ratios are essential. Programs typically assign one staff person as the primary caregiver for three to four children. Management systems aim at keeping staff assignments stable to promote attachment and security in children.

As with older children, infants and toddlers deserve individualized services which support their comprehensive development. Access to indoor and outdoor play opportunities, experiences with art and music, and learning experiences which engage large and fine motor functions and cognitive skills, and social-emotional development, may all be part of their daily curriculum. The curriculum must also support children's native language, cultural identity, and self-esteem.

Mobility is the primary characteristic of migrant farm workers. With frequent moves from state to state to find work, families are faced with the multiple conditions of irregular employment and possibly pov-

Photo courtesy of Stacy Edmonds



Chloe Edmonds, age 2 1/2 years, E. Greenwich, RI