

Health Manager's Orientation Guide



School readiness begins with health!

Health Manager's Orientation Guide

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After you have completed the checklists in the Health Topics Self-Reflection Checklist section, this is one of the places you can go to find out more information on completing your health manager tasks. Here you will find out in greater detail about the responsibilities for each of the health areas your program supports. Each health topic includes several tasks, their corresponding HSPPS, descriptions, timelines, people who can help, resources, and other related tasks.

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How to Use This Guide

Whether you are new to Head Start, are new to the role of health manager, or have been a health manager for a while, this guide was developed to be a resource tool for you.

When you begin any job, you often need guidance about how to start understanding

You bring your own unique background, training, skills, and strengths to the role of health manager.

the day-to-day responsibilities of your job. You need to figure out what should be done first and who, what, or where to go to for answers to questions

you may have. This guide has been designed to help you with these tasks.

If you have been in your job for a while, this guide will help you connect with new resources and provide you with information that may give you fresh ideas for how you do your work.

Each of us comes to the role of health manager with our own unique backgrounds, training, and strengths. What works for your program or you may not work for someone else or for another program. Some of this material may be brand new to you while you may be very familiar with other parts already.

This guide provides you with tools, resources, and information no matter if you are brand new to your job as health manager or have been in the position for a while. It is designed to be a starting point to help you determine what needs your attention, how to structure your work, and ways to continue to grow and learn.



It is a compilation of training and technical assistance (TTA) resources, planning tools, and strategies to help you in your role as health manager. You are encouraged to make these materials and tools your own.

Wherever you are starting from is the perfect place for you.

Getting Started

First, take a deep breath and know that you are not alone. There are plenty of resources, technical assistance, program specialists, colleagues, Head Start staff, and others to help you in your role as health manager.

Second, remember you do not need to know everything at once. This guide is designed to help you along the way. If you do not know the answer to something, or are uncertain about what to do, there is always someone or something available to help you.

As stated before, you have your own unique skills and knowledge that you bring to the role of health manager. The following is a suggested starting point to help you in the use of this guide.

1. Briefly review the glossary (see page 161).

This will help you get a sense for some of the terms you may not be familiar with. Do not worry about needing to know them all or remembering them in detail.

2. Get to know who is part of your health services team and their roles.

This section provides you with information on key staff including your Health Services Advisory Committee (HSAC).

3. Take some time to read the section on the foundation of successful health services (Chapter 2). This

will give you an idea of how what you do fits into the larger picture of Head Start and what systems are in place to support you.

4. Fill out the health topic self-reflection checklists. This will give you a starting point for figuring what information you need to know. Especially pay attention to the time-sensitive HSPPS.

5. Delve deeper into the health topics. The Health Topics: Delving Deeper section (Chapter 4) goes into greater detail about each of the health tasks and the related HSPPS. It also provides you with resources and strategies to help you complete your health tasks.

6. Go to the section Key Tasks for Delivering Health Services and Ways to Get You Started (Chapter 5). Use the information from the self-reflection checklists you completed along with the information here to help you develop a plan for completing your tasks as well as learning more about your role as health manager.

7. Find out about more ways to continue to grow and learn as a health manager in the section What Next? Continuing to Grow as a Health Manager.

8. Look at the Appendices for more tools and resources available to assist you.

Remember you do not need to know everything at once. If you do not know how to do something, there is always someone available to help you.

Introduction: Welcome to Head Start Health Services Management

Welcome to Head Start Health Services Management! As a health manager you are part of a community of people devoted to preparing children for success in school and helping families build better lives for themselves and their children.

Every year, Head Start programs across the country help families get their children ready for school, later learning, and life through health, education, family, and community engagement activities. As a health manager, your job is to make sure children are healthy and safe so they can engage in learning. Regardless of each person's responsibilities, all Head Start staff members strive to be a positive influence on the children and families they serve.

You Are Not Alone: Health as a Part of Comprehensive Services

Health is one of several Head Start service areas—in addition to education, family and community engagement, and disability services—that support the children and families enrolled in your program. These service areas often overlap. Together, they provide a strong and comprehensive community-based approach to helping children and families get the support they need.

Any Head Start staff member who addresses the physical, mental, or oral health needs of

Head Start children is providing health services. Health is everyone's business. It is central to children's overall growth and development.

Guidelines for Excellence: The Head Start Program Performance Standards

"The Head Start Program Performance Standards have played a central role in defining quality services for low-income children and their families for almost 30 years. The performance standards were created to advance the primary goal of Head Start to increase social competence

of children. Head Start defines social competence as 'promoting each child's everyday effectiveness in dealing with his or her present environment and later responsibilities when beginning school!'"¹

The HSPPS are the regulations that guide all of your work. There are over 100 individual standards related to health in the HSPPS. They are found throughout each section of the regulations. Each standard defines the scope of work for

*For more information
on the Head Start
Program Performance
Standards, go to
<http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps>.*



your program. As a health manager you will get to know them and understand how to meet them through your health activities. This is best accomplished through program planning, coordination with other service areas, and strong leadership. When your Head Start program's systems and services work together, you are able to support children and families' health and wellness.

As stated earlier, you do not work alone. Health managers work with their management team, and use their expertise to bring the HSPPS to life in their program. These standards define high-quality services for children and families. As you become more familiar with the HSPPS and the way your program works, you

*Ultimately, each child's physical and mental health "is influenced by his or her cognitive capacity and skills, by the environment, the community, and the family, just as all of these factors will in turn be influenced to some degree by the child's physical and mental health."*¹

can add more research-based practices to build upon the HSPPS and further strengthen your services.

Throughout this guide, specific HSPPS will be referenced using their regulatory numbers, which will link to the appropriate section of the regulations. Seeing each specific standard in context will help you determine how to meet each regulation. You will also be able to see how the different standards work together to structure your work with children and families.

"Health in the earliest years—actually beginning with the future mother's health before she becomes pregnant—lays the groundwork for a lifetime of well-being."²

Helping Children and Families Become and Stay Healthy

Supporting Lifelong Success

Every community has health needs that influence a child's readiness for school and life. Health managers work with program staff and community leaders to identify the needs of children and families in their program and connect them to appropriate services so that children transition into schools healthy, safe, and ready to learn [45 CFR 1304.20].

See Promoting Health: More Ways Head Start Supports Children on page 204 for more information.

Head Start health services do not just focus on identification and treatment. Head Start places equal importance on health promotion and prevention activities [45 CFR 1304.40(f)]. Your program addresses health disparities by

helping families access health information they can understand. Health education encourages children and families to avoid unhealthy behaviors and engage in healthy lifestyles.

Setting the Stage for School Readiness

Over the years, research has shown that Head Start programs reduce the effects of poverty for the children, families, and communities they serve.³ Head Start programs offer comprehensive services to promote children's healthy development and school readiness.

The Office of Head Start's (OHS's) approach to school readiness includes preparing children to succeed in school and in life. School readiness is defined as "children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life" and families "engag(ing) in the long-term, lifelong success of their child."⁴

All Head Start programs develop written and measurable school readiness goals as required by 45 CFR 1307, Chapter XIII Head Start Regulation Part 45 CFR 1307.2

To learn more about Head Start, you may want to review these resources:

- [History](#)
- [Head Start Stories](#)
- [What You Should Know About Head Start](#)
- [1st National Birth to Five Leadership Institute, Plenary Session Video Presentations](#)
- [Making the Link Between Health and School Readiness](#)

and 45 CFR 1307.3 (b)(1)(i) as amended. School readiness goals clearly define desired outcomes for children and families. These goals are developed within the following Head Start frameworks:

The Child Development and Early Learning Framework (http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach/pdf/OHSApproach-to-School-Readiness_Early-Learning-Framework.pdf)

Quick Reference

The HSPPS include requirements for health services for children, families, and staff. Services must address the following areas of health:

- Physical health [[45 CFR 1304.20](#)]
- Oral health [[45 CFR 1304.20](#)]
- Child health and safety [[45 CFR 1304.22](#)]
- Nutrition [[45 CFR 1304.23](#)]
- Mental health [[45 CFR 1304.24](#)]
- Health Promotion and Education [[45 CFR 1304.40\(f\)](#)]
- Family services [[45 CFR 1304.20\(e\)](#)] and [45 CFR 1304.40\(f\)](#)] and services to pregnant women and expectant families [[45 CFR 1304.40\(c\)](#)]
- Staff health and wellness [[45 CFR 1304.52\(k\)](#)]

- Children with special health care needs and/or disability [infants and toddlers - [45 CFR 1304.20\(f\)](#) and preschool - [45 CFR 1308](#)]

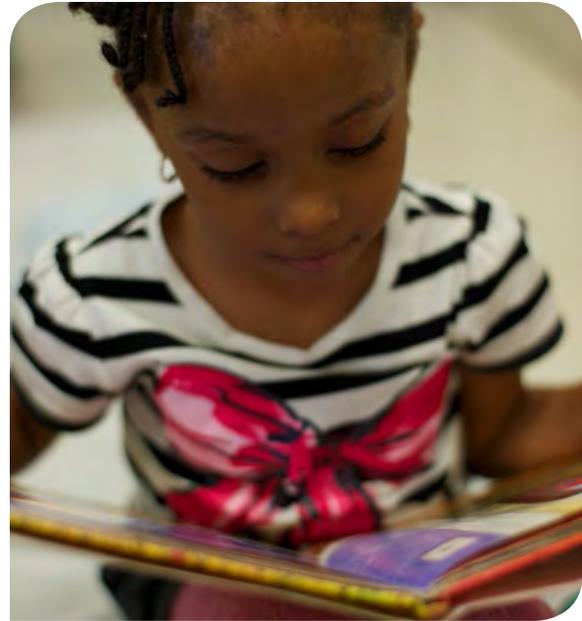
The Head Start Management Systems listed in 45 CFR 1304, Subpart D of the HSPPS structures how you plan, implement, and evaluate health services in your program. As a health manager you will get to know the health services requirements for each program option used by your program, including [center-based](#), [home-based](#), [family child care](#), [combination](#), or [additional program options](#). If your program provides [transportation](#) services, you will also help bus staff ensure that all children travel safely between their homes and the program.

The Revised Framework for Programs Serving Infants and Toddlers and Their Families (http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach/pdf/OHSApproach-to-School-Readiness_Infant-Toddler-Framework.pdf)

The Parent, Family, and Community Engagement Framework (http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach/pdf/OHSApproach-to-School-Readiness_complete.pdf)

Your program's school readiness goals are also built on the knowledge that culture and home languages are essential to providing effective Head Start services as outlined in: [Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf). (http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf)

Health services are critical to children meeting your program's school readiness goals. As described in [Healthy Children are Ready to Learn](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/physical-health/individual-wellness-plans/HealthyChildren.htm) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/physical-health/individual-wellness-plans/HealthyChildren.htm>), all the services you oversee as health manager



support the belief that school readiness begins with health.

You help your program understand how these services support school readiness when your program's management team is developing or monitoring progress on your program's school readiness goals. Your knowledge of child and family health and safety will help your program to reach its school readiness goals!

References

1. Head Start Bureau. (2000). *Head Start 101: History, Values, and Regulations*. Head Start Moving Ahead: Competency-Based Training Program. Washington, DC: Head Start Bureau.
2. Center on the Developing Child at Harvard University, National Scientific Council on the Developing Child, National Forum on Early Childhood Policy and Programs. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Boston, MA: Center on the Developing Child at Harvard University. Available at: http://developingchild.harvard.edu/resources/reports_and_working_papers/foundations-of-lifelong-health/. Accessed February 10, 2014.
3. Puma M, Bell S, Cook R, Heid C. (2010). *Head Start Impact Study: Final Report*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services.
4. Office of Head Start. (2011). *The Head Start Approach to School Readiness—Overview*. Washington, DC: Office of Head Start. Available at: <http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach>. Accessed February 10, 2014.

School Readiness Resource:

[Making the Link Between Health and School Readiness](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/link-between) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/link-between>)



CHAPTER 1

Getting to Know Who Is Part of Your Health Services Team and Their Roles

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Getting to Know Who Is Part of Your Health Services Team and Their Roles

Your Health Services Team

This section provides you with an overview of your health services team and their roles.

As a health manager, you do not work alone. You work together with many people to strengthen all areas in Head Start. Understanding the connections between health services and the other service areas will help you develop health leaders in your program.

Understanding the connections between health services and other services will help you develop health leaders in your program.

A good place to start to get to know your health services team is by looking at your program's organizational chart. You will find many of the positions described below. Think about how you can work with these people and share the message that everyone plays an important role in making sure Head Start children and families are healthy.

Program Director, Deputy Director, and/or Executive Director

Many health managers report directly to one of these directors. Your director can help you find professional development opportunities and other resources to learn about Head Start and your grantee. Get to know your director and his or her vision for the program. Find out how you can work together to make health a priority for everyone in your program. One way to do this is to share data about the health needs of children, families, and staff. It is also important to share the successes and challenges that you have delivering health services. Your director can help you integrate health throughout all program activities.

Other Content Managers

Other content managers have expertise in content areas such as education or family engagement. They are part of your program's management team. Your work will often overlap with the work of other content managers and their staff. By collaborating with the rest of your management team, you can help connect health services to the other program services.

When working with other content managers, look for ways to support healthy behaviors in all areas of your program.

Look for ways to support healthy behaviors and evidence-based health practices in all areas of the program.

As part of the management team, you work to do the following:

- Create program and school readiness goals
- Implement effective management systems that support services
- Develop a program plan that incorporates health services
- Collect and use data to inform all program decisions
- Train staff to be responsive to the needs of individual children and families



- Engage families in supporting their children's healthy development

A team approach shows all staff and families that Head Start values working together to create positive child and family outcomes.

Your Work with the Disabilities Manager

As mentioned at the start of this guide, you are not alone in your work as health manager. One great example of this is how disabilities managers and health managers can work together.

Note that in some cases, health managers also hold the position of disabilities manager [45 CFR 1308.18].

Below are a few examples of ways in which health managers and disabilities managers may work together:

- Working with special education partners to develop children's individualized education programs (IEPs) or individual family service plans (IFSPs).
- Coordinating with the disabilities manager on how to implement any health accommodations for children in your program.
- Individualizing the program's services to meet the needs of children with disabilities that require health services [45 CFR 1304.20(f)].
- Working to define individualized plans to ensure that children with disabilities receive necessary accommodations as specified in their IEP or IFSP. This includes recommendations from health care providers or family members.
- Planning accommodations for a child with disabilities who uses special equipment such as a wheelchair, crutches, feeding tube, etc.
- Coordinating medication administration for children with disabilities who need regular medication for their condition or disability.
- When reviewing your tasks in the Health Topics: Delving Deeper section of this guide, make note of when you need to coordinate with the disabilities manager.



Health Staff

Some programs hire health staff to perform required health activities. In these programs, the health manager usually serves as their supervisor. Your program may hire licensed or certified clinical staff (e.g., nurses, registered dietitians, social workers, or mental health counselors) to provide specific health services, or aides and paraprofessionals who can perform more basic tasks (e.g., safety checks, recordkeeping and reporting, or administrative duties). As health manager, you must know the background, skill, knowledge, and experience of health staff to guide their work. Any tasks that require specific expertise (e.g., health procedures, nutrition, mental health) must be executed by a licensed or certified professional [45 CFR 1304.52(d)(2-4)].

Health Consultants

Depending on the needs and resources within your program, you may work with consultants to complete specific activities. For example, you may hire a health consultant to help you review and revise your safety policies

and procedures if your data demonstrate an increase in injuries and incidents. Or you may contract with health consultants to support your program in ongoing health services (e.g.,

Health Consultant Contracts

Contracts for health consultants should clearly define your expectations and include the following details:

- Consultant's scope of work, including:
 - Products to be developed (e.g., parent handouts, written policies and procedures)
 - Services or deliverables (e.g., training, playground consultant) to be completed
- Timelines for completion of each task
- Number of hours and rate of pay
- Program staff who will monitor and support the consultant's work
- Evaluation strategies to determine the consultant's effectiveness

Resources for Working with Consultants

- Office of Head Start National Center on Program Management and Fiscal Operations (PMFO). *Resource on Strategic Use of Consultants: A Guide for Head Start and Early Head Start Leaders*
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/consultants>
- The Center for Early Childhood Mental Health Consultation at the Georgetown University Center for Child and Human Development
<http://www.ecmhc.org/>

nutrition, oral health, or mental health) if you do not have licensed or certified professionals on staff. You may contract with an organization that employs certified or licensed health professionals, or you may hire individual contractors with specific expertise. You are responsible for managing any consultant's work and ensuring that a current (updated yearly) contract is in place.

You will manage consultants who work with your program on an ongoing basis differently from how you will manage consultants who work on specific tasks. Some consultants may serve your program on an ongoing basis as a licensed or certified mental health professional; registered nurse, dietitian, or nutritionist; or a medical or oral health professional. Contracts with these consultants may need to be adapted to accommodate changing needs within your program. For example, if your ongoing monitoring process reveals increased concerns about challenging behaviors in a particular center, you may want to ask your mental health consultant to spend more time at this center to address these concerns. In the Health Topics: Delving Deeper section of this guide, you will see how specific tasks relate to supervising these consultants.

Other Program Staff

Because health is everyone's business in Head Start, all program staff—including bus drivers, cooks, teachers, family service workers, and home visitors—have opportunities to address health issues in their work with children and families. Part of your job is to encourage staff to model healthy behaviors for families and build their confidence in how to discuss a range of health topics with families. Staff members often must act as 'brokers,' that is, the person who links families and children to health resources or to health care delivery.¹ You and the management team can help staff understand how their work connects to the health and safety of everyone in the program. You can also help them manage any challenges they may face.

All Head Start program staff—including bus drivers, cooks, teachers, family service workers, and home visitors—have opportunities to address health issues in their work.



Another way you promote health is when you address staff health and wellness issues such as initial and periodic examinations, screenings, and mental health information. For more information, see the Staff Health section in the Health Topics: Delving Deeper section of this guide.

Volunteers

Programs may receive support from a wide range of volunteers, including parents, retired health professionals and educators, and others. Former health and education professionals can offer guidance on menu design, culturally and linguistically responsive health education, health fair activities, field trips, and more. They also may be able to connect you with community organizations that can help you acquire resources for your program. Volunteers may be able to help you organize food or clothing drives to support families in your program. These individuals may have a range of skills and knowledge so you will want to choose activities for them that match their abilities.



Governing Body and Policy Council

The governance system in Head Start is unique among early childhood programs. Each Head Start program has two governance bodies: (1) a governing body that has legal authority for the



Head Start program, and (2) a Policy Council that works with the governing body to make financial, human resource, and policy decisions for the program. Parents or family members of enrolled children (and pregnant women in Early Head Start programs) are elected to the Policy Council to represent their classroom, center, or other program options. Together these two bodies review and approve a program's annual grant application, budget, program plan, policies and procedures, and annual self-assessment. Your program director will talk with you about what kinds of information and reports you will need to share with these bodies and how you can engage them in your health initiatives.

Health Services Advisory Committee (HSAC)

HSACs consist of parents, staff, managers, local providers, and community partners who are interested in the health and wellness of Head Start children and families. HSACs meet regularly, and may meet in a variety of settings, both at local programs and at community locations to accommodate providers' schedules.

Invite your HSAC to attend some of your key health events.

Depending on the size of your service area, some programs may schedule HSAC meetings in different or multiple locations. Some programs have also used video conferencing to make it easier for providers to participate. HSACs are a resource for Head Start programs. They can help identify emerging local health issues and health trends affecting low-income families. HSAC members can also identify local resources that programs need and can participate in ongoing monitoring and self-assessment activities to support programs. HSAC members may give you advice, help you problem-solve issues, share or guide your analysis of data, offer solutions and resources, and collaborate on program activities. Share successes with your HSAC and invite them to attend some of your key health events.

You will find more specific information about your HSAC in the section Health Services Advisory Committee (HSAC): Building a Community Health Approach to Delivering Services (see page 34).

Other Community Partners

As you review your Community Assessment you may find there are organizations in your community that could provide needed services to your program. They may not have representatives that participate in your HSAC, serve on the policy council, or volunteer in your program. You may or may not have a formal, written agreement regarding shared work. Understanding who these partners are and creating opportunities for new collaborations can help you meet some of the requirements in the HSPPS. For example, a local organization supporting homeless women and children may offer depression screening to the women it serves. These women and children also may be enrolled in your program. Developing a formal, written collaborative agreement with such an organization could help you support the identification and treatment of maternal depression among mothers in your program.

Every community is different and has its own unique resources. Get to know your local community and explore opportunities to recruit volunteers, HSAC members, and partners who can help you address barriers to health services that affect many low-income families.

Helpful Hints

- The Staff Responsibilities (see page 217) document in the appendices provides information on staff responsibilities. This checklist can be used to help you determine how required health services are being fulfilled in your program.
- By reviewing your program's community assessment, you may find additional community partners that could provide services for your program.

Connecting Health Services...

Find out how your program connects health services to each of the other service areas. Listed below are some questions that will help you think about how your work overlaps with the work of other members of your management team. As you read through this guide, you will learn more about how to collaborate with your team to support health services.

Health and Education Services

Does your program:

- Include health in school readiness goals?
- Plan daily routines and other educational experiences for children that encourage healthy behaviors?
- Consider health data when planning and analyzing child assessments?
- Support individualization for children with special health care needs and/or disabilities with individualized education programs (IEPs), individualized family service plans (IFSPs), and section 504 plans (as a part of the Americans with Disabilities Act)?
- Ensure staff conducts environmental safety checks before using a classroom, playground, or socialization space? (For home visitors, this includes home safety checks with families.)

Health and Family Services

Does your program:

- Invite families to share their observations, interpretation, and beliefs about their children's health?

- Invite families to partner with you to become health champions for their child and family?
- Integrate health into family partnership agreements (FPAs)?
- Address health and safety issues during home visits?
- Coordinate mental health support for parents?
- Support health needs of pregnant women?
- Conduct awareness activities about environmental health issues, including lead, pests, household chemicals, and tobacco exposure?

Health and Community Services

Does your program:

- Develop and maintain a system to communicate with providers and share health data on enrolled children and pregnant women?
- Provide consistent messages to families served by many community organizations?
- Coordinate a community-wide approach to health services?

References

1. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; II-12.



CHAPTER 2

The Foundation of Successful Health Services

CHAPTER 2

The Foundation of Successful Health Services

This part of the guide is designed to help you understand the foundations of Head Start as outlined in the Head Start Program Performance Standards (HSPPS). Knowing how your daily work builds on these foundations will help you devel-

Your program's management systems help you do your job. They organize how people communicate, collect information, make and evaluate decisions, and support one another. They are the foundation for successful health services.

op health services that meet the needs of enrolled children and families. Your program's management systems, data, and leadership will help you integrate health throughout your program and meet all of the Head Start health requirements. Your program's management systems help you do your job. They organize how people communicate, collect information, make and evaluate decisions, and support one another.



The information or data that you collect and analyze helps you know if your program is meeting its overall program and school readiness goals. The data also help you understand if the services you provide are improving outcomes for the children and families. Finally, program staff make your program work. They bring management systems to life. Becoming an effective leader will help you do your job well.

Illustration 1

A Summary of the Systems, Data, and People in Head Start Health Services: A Quick Reference to This Section

Community Assessment

Community Assessment, the tool programs use to understand their community's strengths and needs, helps you understand the people, partners, and resources in your community.

Head Start Management Systems

The ten Head Start management systems structure each program's work. Understanding how to use each system will help you meet and exceed the HSPPS requirements.

The Head Start Program Planning Cycle

The planning cycle helps programs to develop goals, implement action plans, and monitor and evaluate progress using data to inform a continuous program improvement process.

Leadership

Health managers work with children, families, and staff to promote individual child and adult health and family wellness. As a leader, you can help everyone embrace healthy habits.

Health Services Advisory Committee

The Health Services Advisory Committee (HSAC) brings staff, families, and providers together to problem-solve community-wide health concerns. Your work to build a strong HSAC creates local partnerships to support vulnerable families.

Case Management

Case management is an approach to coordinate services for each individual child and family. Together, staff and management from each service area develop a comprehensive plan so every child is healthy and ready to learn.

Family Engagement and Cultural/Linguistic Responsiveness

A family-centered, culturally and linguistically responsive approach to health services is at the core of Head Start. You can help managers and staff to build relationships with families that respect their home language, culture, and beliefs.

The preceding chart shows you the basic elements of health services in Head Start. Understanding what these are will help you learn about your work.

Community Assessment: Meeting Your Communities Where They Are

Head Start requires Community Assessment (CA) to be the beginning of all program work [45 CFR 1305.3(c)]. Your program starts its planning process by gathering data about the

To learn more about developing your program's community assessment, review [Five Steps to Community Assessment](#).

needs, gaps in services, and resources within the community or service area. To gather this information, your program conducts an in-depth needs assessment of the community at the start of each funding cycle. The information collected

through this process helps your management team determine how to structure your program. This includes how to plan health services for the children and families you enroll.

The HSPPS [45 CFR 1305.3(c)] require that "each Early Head Start and Head Start Grantee must conduct a community assessment within its service area once every three years." The HSPPS require that your CA include data and information on community demographics, other child development and child care programs, children with disabilities, the needs of eligible children and families (including education, health, nutrition, and social services needs), and available resources in the community that address identified needs [45 CFR 1305.3(c)] but do not specify the data you must collect.

Best practices to provide the most complete picture of your community may include health data about:

- Children's physical and nutritional health status
- Children's oral health status
- Family health status
- Child and adult mental health status, including maternal depression
- Adult substance use
- Pregnant mothers and expectant families
- Families without health insurance
- Health care providers who accept Medicaid
- Community health centers
- Community resources for food (e.g., grocery stores, the Special Supplemental Nutrition

How Community Assessments Can Help You Identify Partners

Your CA identifies valuable information about the needs and resources in your area. This information can help you identify partners by providing:

- Information about why services are needed
- Knowledge about how the community feels about an issue
- Detailed information about individuals directly experiencing a problem

Sharing this information with service providers can help them address problems. Sharing your

CA findings with community leaders can help them address community concerns by giving them a stronger knowledge base to make decisions, write grants, and advocate for the community.

Adapted from: Developing a Plan for Identifying Local Needs and Resources at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/planning/manage_art_00102a_070605.html

Program for Women, Infants, and Children [WIC] offices, food pantries)

- Children with special health care needs/ disabilities
- Reported cases of child abuse and neglect
- Domestic and community violence
- First responder and emergency room use
- Other local health concerns

The compiled data for your service area are used to determine program goals, types of services, recruitment area, and selection criteria [45 CFR 1305.3(d)]. To do this you will look at all of your data to understand the needs, gaps in services, and resources in your community.

Knowing the findings from your CA gives you a helpful context for your work as health manager. It will also help you understand your community. This can guide your work with your management team, staff, and Health Services

Advisory Committee (HSAC) to develop strategies to meet the needs of low-income children and families. See Best Practices to Help You Meet Your Community Assessment (CA) Requirements in the appendices.

Head Start Management Systems: A Systematic Approach for Health Services

Head Start management systems support the work of programs. Health managers use these systems in their day-to-day activities. Knowing how these systems support your work will help you to be an effective health manager.

The HSPPS [45 CFR 1304.50, 45 CFR 1304.51, 45 CFR 1304.52, 45 CFR 1304.53, 45 CFR 1305] define each of the following 10 Head Start management systems (see Illustration 2):

Illustration 2
Head Start Management Systems





This section looks at each management system, its role in health services, and how it supports your work.

Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

Your program uses the results of its CA to develop ERSEA policies. Your program selection criteria prioritize children and families with the greatest needs for enrollment [45 CFR 1305.3(d)(6)]. ERSEA defines:

- How your team recruits eligible children (your recruitment plan) [45 CFR 1305.5]
- What criteria the program uses to enroll over-income children if vacancies remain after the program has enrolled the income-eligible children who have applied [45 CFR 1305.4(b)]
- How your team prioritizes applicants (especially for waiting lists) [45 CFR 1305.6]
- How children and families will be enrolled (your enrollment plan) [45 CFR 1305.7]
- How your program promotes consistent attendance to make sure enrolled children and families are fully engaged in all program activities [45 CFR 1305.8].

Note that the HSPPS require that at least 10 percent of a program's annual enrollment include children with disabilities who have an individualized education program (IEP) or individualized family service plan (IFSP) receiving services from the local education agency or early intervention program. [45 CFR 1305.6(c)]

Whom you work with:

Work with your program's disabilities and education managers to help ensure that your program is prepared to provide individualized support to accommodate the education and/or health needs of children. For more information about content managers, see the chapter on getting to know your health services team on page 7. As a health manager, you help make sure that your program considers children's health needs from the CA data and uses its ERSEA policies and procedures.

Use Five Steps to Community Assessment as a guide for determining the health needs of your program.

What you need to know:

Consider the following:

- Do eligibility criteria include low-income children who need access to health resources (including physical health, mental health, oral health, nutrition, and safety)? [45 CFR 1305.3(4)(5)]
- Do recruitment procedures include outreach strategies to identify families with health issues who may be difficult to reach because of cultural beliefs, language barriers, or social isolation? [45 CFR 1305.5]
- Do selection criteria prioritize children with special health care needs, limited access to health services, or environmental risk factors such as inadequate housing or unsafe living conditions? [45 CFR 1305.6(b)]

- Is your enrollment process culturally responsive? During enrollment do you gather health information from families (including family history)? Does the information include children’s access to medical and dental homes as a best practice?
- Do attendance policies include gathering data about why children and families do not attend program activities? (If health issues are identified as a reason, you can use this information to plan strategies to improve attendance.) [45 CFR 1305.8]

As a best practice, you should also evaluate whether your ERSEA policies and procedures meet the health needs of children and families in your program and community health issues identified through discussions with your HSAC.

Self-Assessment

Self-assessment is a system your program uses at least once every year to examine the overall direction and impact of its systems and services. It helps you determine how effective you are in meeting program goals and objectives [45 CFR 1304.51(i)]. Self-assessment provides an opportunity in your annual planning cycle to take an in-depth look at the services you have provided over the program year [45 CFR 1307.3(b)(2)]. It may identify program strengths and challenges that may not be easy to see in the short-term results of your ongoing monitoring. Looking at a year of data and comparing your findings to self-assessment data from previous years will help you identify trends over time.

Whom you work with:

The National Center on Program Management and Fiscal Operations has a useful [tip sheet](#) on self-assessment that includes information on who should be involved. It includes the following information:

- It is required that your policy council be involved in the annual self-assessment.
- Governing body members can be asked to take part. In particular the early childhood

expert can review the educational services. The fiscal expert can review the financial systems.

- It is recommended that programs involve community members. Parents and community partners can give new insights as they examine data with program leaders.

It is also best practice to include HSAC members to make sure that health systems and services are assessed.

What you need to know:

You may want to look at your health-related data over a 1-, 3- and/or 5-year period to see how your program’s health services are performing relative to:

- Child needs (including physical health, mental health, oral health, nutrition, physical activity, and safety) [45 CFR 1304, 45 CFR 1306.30(c), 45 CFR 1306.32(a), 45 CFR 1306.33(b)(c), 45 CFR 1306.35, 45 CFR 1307, 45 CFR 1308, and 45 CFR 1310]
- Child outcomes (including program attendance rates) [45 CFR 1307]
- Family health
- Family outcomes
- Gaps in services that might affect child and family outcomes [1304.51(i)(3)]

The annual self-assessment is part of a cyclical planning process. That means the end of one year’s assessment marks the beginning of next year’s planning.

Source: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/self-assessment-tip-sheet.pdf>

Your program’s self-assessment system is a comprehensive, program-wide approach to analyzing program data to identify areas of strength and gaps in services. All of the recommendations from the annual self-assessment should support future program plans across *all* program service areas.

Planning

Planning [45 CFR 1304.51(a)] is an ongoing, systematic process that guides your program's services. The planning system defines how

Your program plan is the blueprint for high-quality services for all of the children and families you serve. The program plan describes what your program will do. It tells how your staff will provide services.

your program makes decisions about its goals based on data from the CA [45 CFR 1304.51(a)(1)(i)], self-assessment, and other relevant data sources.

Programs develop short-term and multi-year program goals [45 CFR 1304.51(a)(1)(ii)], financial objec-

tives [45 CFR 1304.51(a)(1)(ii)], and specific plans for all service areas [45 CFR 1304.51(a)(1)(iii)].

Your program plan or service area plan is the blueprint for high-quality services. It describes what your program will do and how your staff will do it. During the planning process your program will also develop a plan of action, choose the program options it will offer, and decide how it will deliver services. Your program plan should reflect your program philosophy, vision, and mission.

Whom you work with:

To properly plan health services, you will need input from families; staff, especially health staff; other program managers; the program director; and the HSAC [45 CFR 1304.51(a)(1)]. Your program's governing body and policy council must approve all plans, policies, and procedures [45 CFR 1304.51(a)(2)].

What you need to know:

To understand your program's planning system, you need to know:

- What process is used for making long- and short-term decisions?
- What process is used for gaining approval from the program's governing body and policy council?
- How do you coordinate work with other community organizations that serve Early Head Start and Head Start families or other low-income families with young children?
- Which management team members and staff need to be involved in the decision-making process?
- How are plans communicated to staff, families, and community partners?
- How are revisions to plans made?

Your program plan should show how health is integrated in all program service areas. The plan should include health-related objectives, policies, and procedures. It should have milestone charts or calendars that have been created from your program's health data.

To find out how your current program plan integrates health services, complete the worksheet entitled Questionnaire to Assess Health Components of Your Program Plan on page 206 in the appendices. If you have health staff, completing



this questionnaire can be a good activity to do together. You can also talk with your management team about how each service area supports your health services planning. The questionnaire can be a helpful tool for thinking about ways in which you can strengthen health services in your program. Be sure to use findings from the CA (your planning recommendations) to revise your current program plan, if needed.

Your program's management team will use the planning cycle to regularly review and revise your program plan. Because the planning cycle is ongoing, you will always have an opportunity to review and revise the plan.

Program Governance

All health services plans, budgets, policies, and procedures must be approved by your program's governing body and policy council [45 CFR 1304.50(d)(1) *Head Start Act, Sec. 642*]. Understanding your program's governance system is critical to successfully manage health services. Section 642 of the Head Start Act provides requirements for establishing a formal structure for program governance that your program uses for making decisions and approving budgets, plans, and policies. Program governance includes the policy council or policy committee for delegate agencies [45 CFR 1304.50] and the governing body [45 CFR 1304.50(a)].

Whom you work with:

As health manager, you work with your program director, chief financial officer, and management team to figure out how to prepare and submit this information to the policy council and governing body throughout the program year [45 CFR 1304.51(a)].

Review your job description to make sure you understand your own roles and responsibilities. Make sure you know who your supervisor is and that you get clear directions from him or her about the expectations for your work. Also make sure that you know which staff members report directly to you and that you are

informed about any staff performance issues you may need to monitor and address in the annual performance appraisal.

What you need to know:

Your job is to help your program governance make decisions. Find out the following so that you can share this information:

- The plan for health services that you have developed.
- The data sources that you use for your plan, including:
 - The CA
 - Ongoing monitoring findings
 - Results of the annual self-assessment (self-assessment gives you an opportunity to take an in-depth and big-picture look at the services you have provided over the program year) [45 CFR 1307.3(b)(2)]
 - HSAC discussions on community issues that affect child health and family wellness
 - [Program Information Report \(PIR\)](#) data about the physical, mental, and oral health and family service needs of enrolled children, families, and pregnant women
- How your plan meets the HSPPS and other applicable federal, tribal, state, and local requirements.
- Your current budget, including expenses to date and all sources of revenue.
- The rationale and justification for your budget for health services.
- If applicable, your efforts to identify additional sources of revenue to supplement your budget.

Human Resources

Your agency's human resources (HR) system [45 CFR 1304.52] is designed to make sure that your program builds a team that has the knowledge, skills, and abilities to meet your program goals and deliver Head Start services. HR provides support to:

- Define the duties and responsibilities assigned to each staff person [45 CFR 1304.52(a)(1)]

- Create job descriptions
- Determine staff qualifications for each position, including any that are required by federal, tribal, state, or local regulations or certification [45 CFR 1304.52(d) and other regulations
- Make sure that all staff are qualified for their position [45 CFR 1304.52(a)]
- Define the process for staff supervision, professional development, and annual performance appraisals [45 CFR 1304.52(j)]
- Define the role and requirements for program volunteers and consultants [45 CFR 1304.52(i)(k)]
- Distribute the agency’s standards of conduct [45 CFR 1304.52(i)]

Whom you work with:

Review your job description to make sure you understand your own roles and responsibilities. Make sure you know who the supervisor is for your position. Get clear directions about the expectations for your work. Also make sure that you know which staff members report directly to you. Find out about any staff performance issues you may need to monitor and address in the annual performance appraisal.

As a best practice you may want to work with the HR manager and your management team to review all staff job descriptions. This can help you ensure that they include health tasks.

The staff responsibilities checklist on page 217 of the appendices can help you think through possible health tasks for different staff. Make sure that they include all duties required by the HSPPS.

Health managers work with their management team to create an annual professional development calendar. This calendar includes health services topics for all children and families including special populations [Head Start Act of 2007, Sec. 648(b)(2)]. The professional development requirements for Head Start staff are in the box below.

As a best practice you may want to work with the human resources manager and your management team to review all staff job descriptions.

What you need to know:

Every Head Start program is organized differently. Reviewing your program’s organization chart with your management team will help you better understand the relationship between each manager and staff member. It will help you get to know each person’s roles and responsibilities. Once you know the other managers in your program and your relationship to

Professional Development Requirements

<p>Additional Support – The Secretary shall provide, either directly or through grants, contracts, or other arrangements, funds from section 640(a)(2)(C)(i)(II)(cc) to support training for personnel to:</p> <p>(A) provide services to limited English-proficient children and their families (including services to promote the acquisition of the English language)</p> <p>(B) provide services to children determined to be abused or neglected or children referred by or receiving child welfare services</p>	<p>(C) help children cope with community violence</p> <p>(D) recognize common health issues, including mental health problems in children, for appropriate referral</p> <p>(E) address the needs of children with disabilities and their families</p> <p>(F) address the needs of migrant and seasonal farmworker families</p> <p>(G) address the needs of homeless families</p>
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them, a best practice is to strategize with them about ways in which they can support health services. Think about the following issues as you develop relationships with your program staff:

Definition of the roles and responsibilities of Head Start health workers is complicated by the fact that so many functions are interrelated and a variety of coordinators and consultants may be active in different areas.

Every Head Start program is organized differently. Reviewing your program's organization chart with your management team will help you to understand the relationship between each manager and staff member.

The role of a health manager is to ensure that information and resources are shared among the health staff and that all health services are completed in a high-quality and timely fashion ... Accurate, realistic job descriptions must be provided for all health-related staff personnel.

Coordinators and contracted consultants also need a clear understanding of duties, roles, and functions with respect to Head Start.¹

Health managers also provide health services-related professional development for staff [45 CFR 1304.52(l)]. More information can be found in Staff Health: Task 1 (see page 129 of the Delving Deeper section).

Responsibility for coordinating in-service training for staff usually rests with the health manager. This training may be conducted by program staff, local consultants, health care providers, or statewide training and technical assistance providers. It may take the form of orientation for new staff, safety and first aid training, and teaching how to perform



developmental screening, how to manage food services, etc. Previous evaluation of the health service program will uncover areas where performance should be improved and training is needed.²

As part of the planning process, your program develops a training and technical assistance plan and a calendar of ongoing professional development opportunities. Professional development for staff is a key quality improvement strategy. Be sure you think about what every staff person needs to know about each service area. Collaborating with other service area managers on a program-wide approach to professional development will help staff gain knowledge and skills to work effectively with children and families.

Facilities, Materials, and Equipment

Facilities, materials, and equipment systems [45 CFR 1304.53] ensure that Head Start programs provide safe environments and optimal opportunities for learning.

Whom you work with:

Health managers work with their management team to ensure that all program environments meet safety requirements. They make sure staff use injury prevention strategies to keep children and families healthy and safe.



What you need to know:

The HSPPS contain many requirements regarding environmental health and safety. You should review and learn all of these requirements and any tribal, state, or local licensing requirements that relate to facilities, materials, and equipment. You are required to conduct a safety inspection at least once annually [45 CFR 1304.53(a)(10)]. Working with your management team, you can use, develop, or revise checklists that serve as a best practice to identify safety and environmental health concerns. You can also provide ongoing training for staff on how to use checklists (e.g., each time children go to outdoor play areas) to improve safety. You will find examples of these in Safe Environments: Task 4 (see page 79 in the Delving Deeper section).

As part of your recordkeeping and reporting, and ongoing monitoring systems, regularly review all of your safety and injury prevention data [45 CFR 1304.51(i)(2)]. As a best practice, include data from checklists, injury and incident reports, and anecdotal reports from staff and family members. Share this information

with other managers as a part of the communication system [45 CFR 1304.51(b)] to make sure issues are reported in a timely manner and repairs are promptly completed.

As a best practice, if your Head Start program conducts home visits, you can include home safety checklists as part of the curriculum you use with families. Helping families understand how to create and maintain a safe environment for children and other family members is a key part of the facilities, materials, and equipment management system for home-based programs [45 CFR 1306.33(b)].

Recordkeeping and Reporting

Your program uses recordkeeping and reporting systems [45 CFR 1304.51(g)(h)] to record, track, and report accurate and timely information on children, families, and staff to meet federal, tribal, state, and local requirements. Recordkeeping and reporting includes:

- Ongoing data entry [45 CFR 1304.51(g)]
- Tracking health data [45 CFR 1304.20(a)(1)(ii)(C)]

- Timely reporting [45 CFR 1304.51(h)]
- Ongoing monitoring to check how well your systems are working [45 CFR 1304.51(i)(2)]

Whom you work with:

Your recordkeeping and reporting systems support planning and continuous program improvement. As a best practice, work with your management team and, when applicable, your health services team to determine which data are most helpful to you.

What you need to know:

Your health tracking system supports all health-related activities in your program. Use your program’s health tracking system to maintain program records including:

- Individual child health records [45 CFR 1304.51(g)]
- Staff and volunteer health records [45 CFR 1304.52]
- Programmatic information (for example, menus [45 CFR 1304.23(c)], lesson plans [45 CFR 1304.21(a)], injury and incident reports [review state and local regulations], environmental checklists [review state and local regulations], and program-wide training plans [45 CFR 1304.52(l)]).

As a best practice, work with your management team and, when applicable, your health services team to determine which data are most helpful to you.

If gaps exist in your recordkeeping and reporting systems, consider making changes in what data you collect and how and when you collect and report data. Your recordkeeping and reporting systems are part of your accountability to your funders and community. They also help you and your management team plan and support your program’s continuous improvement process.

To help you do your job, identify all of your health data sources. Use the Program Health Data (page 200) worksheet to list all of the health-related data your program collects. Your recordkeeping system will dictate how health information is entered into your system.

Collect and record health data that you need to monitor health-related programs.

As part of ongoing monitoring and self-assessment [45 CFR 1304.51(i)], your recordkeeping and reporting systems not only help individualize services for children and families, but also look at program operations. They inform your work at every level.

The Head Start Program Planning Cycle: Using Data to Plan, Implement, and Evaluate Health Services section of the guide (see page 31) helps you consider whether the data you collect in your recordkeeping and reporting systems are appropriate and sufficient for your needs.

See “Using Your Program’s Health Tracking System and Recordkeeping Systems” on page 221 of the appendices for more information.



Communication

Communication is a core component of your program's health services. Your program uses its communication system [45 CFR 1304.51(b)-(f)] to make sure that timely and accurate information is provided to parents, governing body and policy council, program staff, and the general public. Knowing how your program shares information is important.

Whom you work with:

As a best practice, work with your management team to determine when and how to share health information. Use the communications guidelines worksheet on page 158 in the appendices to ensure that your communication systems address all the HSPPS health requirements including 45 CFR 1304.20, 45 CFR 1304.22, 45 CFR 1304.23, 45 CFR 1304.24, 45 CFR 1304.40(f), and 45 CFR 1304.51(c).

Talk to your HSAC about best practices for sharing health information. Talking with HSAC members gives you a chance to learn from them. It also can be a time to help community partners understand some of the challenges many low-income families experience.

What you need to know:

Always keep your audience in mind when you are communicating. Think about the words you

Take the time to understand cultural beliefs and practices about health.

use to share information. For example, a health care provider or public health partner will be comfortable with technical terms for health issues. However, a parent may not use the same words that you use. Some may not understand technical terms. Take time to understand cultural beliefs and practices about health. It can help you communicate better. Most important, find ways to talk that make people feel comfortable asking questions and sharing information.



Provide health-related information to families in their home language. [45 CFR 1304.51(c)(2)]. For more information about communication with families, review Family Engagement and Cultural/Linguistic Responsiveness: Taking a Family-Focused, Culturally and Linguistically Responsive Approach on page 39.

Ongoing Monitoring

Ongoing monitoring is a series of procedures used to determine whether your program is meeting applicable federal, tribal, state, and local regulations including the HSPPS [45 CFR 1304.51(i)]. Ongoing monitoring is part of the planning cycle that programs use throughout the year to make sure that they are meeting program and school readiness goals [45 CFR 1307.3(b)(2)]. Programs evaluate the progress toward their goals using their ongoing monitoring systems, and make changes in program activities when needed.

Just as an ongoing source of continuous, accessible health care helps children stay healthy by providing early diagnosis and treatment of any health problems [45 CFR 1304.20(a)], ongoing monitoring activities are a way for programs to check throughout the year that their management systems are working well.

Programs that deliver high-quality services have effective management systems that help them meet the goals that they have set.

Whom you work with:

As a best practice, programs may work with staff, managers, families, the HSAC, or community partners to make sure that standards and regulations are being met. For example, pro-

“Throughout the year, program leaders and staff track the effectiveness of program operations and progress towards goals through their ongoing monitoring system.”

Source: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/self-assessment-tip-sheet.pdf>

grams may ask parents to ride the bus to help check that children travel safely from home to school and back. Or staff may complete first-aid supply checklists to make sure that first aid bags are fully stocked.

Your program’s ongoing monitoring system supports you as you work with your HSAC, your

management team, staff, families, and other health partners to improve the quality of your program services. Ongoing monitoring helps you make a difference in the lives of children and families who need the most support.

What you need to know:

Ongoing monitoring is a critical part of the planning cycle and your program’s continuous improvement process. [45 CFR 1307.3(b)(2)].

As a health manager, you develop the ongoing monitoring plan for health services that includes a checklist or form to track the following (you can use your health services milestones chart in the appendices to do this) [45 CFR 1304.51(i)]:

- What type of activities to conduct

- How often to schedule them
- Who will complete them
- What kind of report you will develop to document observations and data collected for your recordkeeping and reporting systems
- How you will share the results with your program director and members of your management team

To help you figure out how your monitoring systems can be used, review page 3 of “Ongoing Monitoring for Head Start and Early Head Start” (<http://caheadstart.org/2012PLConf/NewMD6.pdf>).

Using the schedule from your plan, review the data you collect and compare it with previously collected data to make sure the following is happening:

- Children and families are receiving required health services (including physical health, mental health, oral health, nutrition, physical activity, and safety) [45 CFR 1304, 45 CFR 1306.30(c), 45 CFR 1306.32(a), 45 CFR 1306.33(b)(c), 45 CFR 1306.35, 45 CFR 1307, 45 CFR 1308, and 45 CFR 1310]

- The health services being delivered are keeping children healthy, safe, and ready to learn [45 CFR 1307]
- The program is meeting applicable federal, tribal, state, and/or local requirements (check other federal, tribal, state, and local requirements)

Programs use ongoing monitoring to ask, “Are we doing things right (and on time)?” They use the annual self-assessment to ask, “Are we doing the right things?”

Source: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/self-assessment-tip-sheet.pdf>

- Program and staff have the resources they need to deliver health services [45 CFR 1304.52(l) and 45 CFR 1304.53(b)]
- Determining if additional or different resources are needed that might improve health outcomes (your HSAC can advise you on these best practices)
- Seeing if new or different strategies might be more successful at meeting children and families' health-related needs (again, your HSAC is a resource for these best practices)

Fiscal Management

Fiscal management is closely tied to the planning system and is part of your program's planning cycle. Essentially, the fiscal management system makes sure that your program has the money to deliver the services it has planned. The financial management system also ensures that grant funds are spent in accordance with federal and other funding requirements and responsible fiscal practices.

Effective financial management [45 CFR 1301.32] helps to make sure that your Head Start program complies with the terms and conditions of your grant. Your program management uses this system to create and implement financial controls and administrative procedures to operate your program.

Whom you work with:

Your program's chief financial officer or program director supports your efforts to deliver health services within the budget that the governing body and policy council have approved. "A budget may be characterized as a series of goals with price tags attached. Since funds are limited and have to be divided in one way or another, the budget becomes a mechanism for making choices among alternative expenditures."³ You will need to monitor your program budget and communicate regularly about how you are managing the fiscal resources allocated for health services [45 CFR 1301.32(3)].



What you need to know:

As part of your program's annual self-assessment [45 CFR 1304.51(i)(1)], your health goals are analyzed.

Find out:

- What are the tasks you must accomplish to meet your goals?
- What are the resources required?

Using the budget form and the categories:

- Find out how your program is partnering with other community programs to make sure families are receiving comprehensive health services. If you have exhausted all outside available resources for financial support, talk with your management team about how to support the remaining health services-related costs [45 CFR 1304.20(c)(5)].

Summary

Together, the 10 Head Start management systems are critical to the work you do. For a health manager these management systems provide the organizational framework from which to build and improve health services. You may want to use the worksheet entitled Do Your Systems Support Health Services? Questions to Consider on page 175 (located in the appendices) during your self-assessment to help you evaluate if each of your management systems is effectively supporting the delivery of high-quality health services for the children and families in your program.



The Head Start Program Planning Cycle: Using Data to Plan, Implement, and Evaluate Health Services

The Head Start program planning process is a predictable planning process that programs use during the five-year project period. New programs begin with the CA. Existing programs begin with self-assessment, using the results of their most recent self-assessment and CA data.

At the beginning of the project period, programs set broad, long-term goals and develop a plan of action with short-term objectives and expected, measurable outcomes, as well as actions steps they will take. Your program collects data to evaluate your progress toward your goals. It uses the ongoing monitoring system to know when course corrections are needed.

At the end of the year you will assess:

- Whether your planning system and other Head Start management systems are effective
- Whether your program was able to meet its short-term objectives

- Your progress in meeting the long-term goals and outcomes you expected to accomplish

Your goal is to continuously improve systems and services and develop innovative practices that improve the lives of the children and families in your program.

The HSPPS [45 CFR 1307.3\(c\)\(2\)](#) requires programs to use:

- (i) Child-level assessment data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and

to direct continuous improvement related to curriculum, instruction, professional

The Head Start program planning process is a predictable planning process that programs use during the five-year project period. New programs begin with the Community Assessment. Existing programs begin with Self-Assessment, using the results of their most recent Self-Assessment and Community Assessment data.

development, program design, and other program decisions

(ii) Analyzing individual ongoing, child-level assessment data for all children birth to age 5 participating in the program and using that data in combination with input from parents and families to determine each child's status and progress with regard to, at a minimum, language and literacy

development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development, and to individualize the experiences, instructional strategies, and services to best support each child.

To make program improvements that have a positive impact on children and families, you need information or data. You also need a process for collecting, analyzing, and using it. When you have meaningful data, you can use it to figure out ways to help your program strengthen the services it provides. A planning cycle is a process for organizing your management systems to make informed decisions. Some refer to the planning cycle as "data-driven decision-making."

More information on the Head Start Program Cycle is available at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/data/planning-cycle.pdf> and on The National Center on Program Management and Fiscal Operations website.

Always remember to share your successes with others in your program. Even small successes are worth celebrating.

A planning cycle is a process for organizing your management systems to make informed decisions.

Illustration 3

Program Planning Cycle

The inner circle of this graphic represents the ongoing monitoring that is part of the larger cycle of continuous improvement. The outer circle represents key aspects of the self-assessment.



Source: Program Planning in Head Start: The Program Planning Cycle
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/planning-cycle.pdf>

Leadership: Making Health Everyone's Business

Anyone can be a leader—you, your staff, your HSAC, and your families. Some people are natural leaders. Some take on a leadership role in response to a challenge they have to master. Meeting the health needs of Head Start children and families requires leaders who have a vision, take charge, and work well with others.

Leading health services in Head Start begins with you, the health manager. You set the tone in your program by showing everyone how to embrace healthy behaviors. Understanding your role and how you work with each of your colleagues to support Head Start children and families will help you promote the message that school readiness begins with health.

What Is Your Leadership Role?

Which of these categories describes your job?

- I am the health manager, and I oversee all health activities in my program.
- I am the health, nutrition, and/or mental health manager, but I also supervise all components of health while performing these duties.
- I am the health, nutrition, and/or mental health manager, or another manager who works on health issues within the health services management team. I supervise my own health area and work with others to provide health services to children and families.

Depending on which category describes your job, think about how you work with others and who can support you. Ask yourself:

- Do I want to do all of the tasks myself and communicate my work to others?
- Do I want to figure out who might be working on similar tasks and find ways to collaborate?
- Do I want to assign some of my tasks to others and supervise their work? (You will need to work with your program director to determine whether this is an option for you.)



Your answers will depend not only on your own workload, but also the staffing structure and workload of others in your program. You will need to determine what you can do, what others can do, and what will be the best way to deliver high-quality health services to children and their families.

Empowering Health Leaders

As a leader in health services, you need to think about how to encourage others to embrace health. You can use a formal survey or talk with families, staff, volunteers, and partners to understand their attitudes, perspectives, and concerns regarding health issues. Develop a plan to empower them to be health leaders. Consider the following:

- What components of health affect them most closely?
 - Do they or someone they are close to struggle with specific illnesses or health issues?
 - Are they currently using specific strategies to improve their own health and safety?
 - Have they had experiences with health care and/or public health providers that have affected their attitude about health?
- How do their responsibilities in the program relate to the health services your program delivers?

- Do they work directly with children, and regularly assess child health and safety?
- Do they promote child wellness, prevent injuries, and engage children in a healthy, active lifestyle?
- Do they work directly with families, and engage in supportive, responsive conversations about preventing and treating illness and injury and promoting child health and wellness, while respecting families' cultural beliefs?
- Do they provide health services such as screening, examination/evaluation, treatment/intervention, and follow-up that support program activities?
- Do they maintain and use child data, understanding how each data element relates to another to provide a picture of the whole child?
- Do they support staff, and know the requirements for staff health and the training staff needed to provide health services?
- Do they maintain indoor or outdoor facilities, and know how to keep the spaces safe, clean, and easy to observe?
- Do they prepare or serve food, and understand nutrition and food safety and sanitation?
- Do they work as a bus monitor or drive a bus, supervising children and preventing injuries so they are safely transferred between their home and the program?
- What do they think are the strengths and challenges of your program's health services?
 - What does your program do really well?
 - What are some areas that your program could improve?
 - What kind of support do you need from others to make your program stronger?

Thinking through these questions will help you to figure out how to engage people in your program. You may find that teachers are aware of the health services. At the same time you

may find that managers may not be as clear about how they can support health services. Working with others helps promote health among staff and your families.

Health Services Advisory Committee (HSAC): Building a Community Health Approach to Delivering Services

One of the resources that supports your work as a health manager is your HSAC. Your program is required to "establish and maintain a Health Services Advisory Committee." Your HSAC advises and guides your work in health [45 CFR 1304.41(b)]. Often programs view the HSAC as a way to educate community health partners about Head Start and the HSPPS. Yet the potential for what HSACs can accomplish is much broader.

Your program's HSAC can help you build relationships within your community that will improve the health, wellness, and safety of the children and families you serve, when they are at home or at your program. The HSAC formalizes your program's partnerships with family members, staff, and health partners in the community. Your CA along with feedback from your HSAC can help you identify community health needs, new resources, and opportunities to use your HSAC to influence community health issues.

Your HSAC is a bridge to community partnerships and engagement.

The best orientation to the HSAC can be found in [Weaving Connections](#) on the [National Center on Health webpage](#). This Head Start resource introduces you to:



- Defining the HSAC's action plan
- Identifying and recruiting HSAC members
- Engaging and orienting HSAC members
- Determining HSAC tasks
- Setting a schedule for HSAC meetings and work
- Working from a distance
- Evaluating the effectiveness of your HSAC

As you get to know your HSAC and its work, you may want to examine the effectiveness of your HSAC and possible changes to its membership or structure. It is important to evaluate meeting locations, times, and schedules. You may want to look at alternative approaches such as virtual meetings to help you recruit and retain providers. If needed, you can make changes to your HSAC's organization that can be integrated into your planning cycle.

HSAC Effectiveness

Every program should have a record of recent HSAC meetings. These records describe issues discussed and actions taken during meetings. You may find meeting notes, action plans, correspondence (emails or notes from phone calls), and other documentation. Begin by reviewing all of these materials. As you get to know your HSAC, consider these questions:

- What is the action plan?

- Does it align with the program goals?
- How often does the HSAC meet?
- Where do they meet?
- Who are the HSAC members and how often do they attend?
- What topics were discussed?
- What decisions or recommendations were made?
- Were any action plans completed?
- Was any follow-up or completion of activities proposed?
- Did the activities or discussion help the group support the program in meeting goals?
- Are there program health issues or problems that the group did not address, but should?

These questions will help you determine whether your program's HSAC has been an effective source of support for health services in your program. Once you have answered the questions, think about these components of an effective HSAC:

• Purpose

- Do the HSAC action plans meet the needs you have identified in your program?
- Why or why not?
- Does each HSAC member have a clear understanding of the program and school readiness goals selected by the HSAC?
- Why or why not?

• Membership

- Does the HSAC have the right membership to address the health issues or problems they have identified?

• Meetings

- Does the HSAC meet frequently enough?
- Are the meetings effectively managed to accomplish action plan steps?
- What could be done better?
- Should we consider alternate locations or virtual meetings to recruit and retain providers?

- **Work**

- Is the HSAC focused on discussing program issues instead of defining and accomplishing health tasks?
- What would help the committee meet their goals?
- What would help you do your job?

- **Follow-up**

- Are action planning and follow-up activities effectively managed?
- Are the HSAC's agendas and meeting structure sustaining the interest and continued involvement of its members?

Work with your program director and others in your program who have interacted with the HSAC to make sure you have a clear understanding of the history of your HSAC. Once you have considered these factors, you may decide to make changes to your HSAC.

Making Changes to the HSAC

The HSAC is a bridge to community partnerships and engagement. Making changes is best accomplished in collaboration with current HSAC members. Provide a way for members to

evaluate the HSAC and to get their feedback. Make sure that the HSAC members know that you want to make the experience of serving on the HSAC valuable for them as well as for the program. Discuss member recommendations and develop a plan together to move forward.

Here are some changes you might discuss with the group:

- **Purpose**

- Use the program and school readiness goals as a starting point for all HSAC action plans
- Find common goals across community health partners and HSAC members
- Engage all HSAC members in the discussion so that they take part in making decisions about the group's action plan
- Align action plans to results from program data about health service needs
- Create a written document that defines the HSAC's action plan and have each member sign it to indicate their agreement

- **Membership**

- Recruit new members who represent partners not already on the HSAC





- Determine whether all current members need to continue serving as members or whether there are other ways some may partner with your program
- Collaborate with current members to address recruitment challenges
- Consider different ways to engage HSAC members (telecommunications, meeting locations and times, common interests/ purposes)
- **Meetings**
 - Meet more often or use telecommunication options to gather the group for shorter check-in meetings
 - Assign roles that suit people's engagement level in the HSAC (chairperson, deputy chairperson, secretary, meeting coordinator, timekeeper)
 - Use agendas, protocols, and other organizing tools to keep the committee focused during meetings
 - Provide notes to each HSAC member even when they are unable to attend, and review these notes at the beginning of each meeting

- **Work**
 - Consider whether you need advice or support in completing tasks to better serve children and families in your program; for example, you may need advice in accommodating a child with a feeding tube (discussion) or you may need support to collect child health status records from health and oral health care professionals (task)
 - Use HSAC action plans to structure discussions or tasks
 - Develop agenda items based on the amount of discussion and the need for support in accomplishing tasks
 - Use the level of participation of members to decide who can support the completion of tasks and who can provide feedback and discussion
- **Follow-up**
 - Decide on follow-up activities or action plans
 - Determine how each member will be accountable for completing agreed-upon activities and tasks
 - Assign one person responsibility for supporting follow-up and maintaining a record of completion
 - Define how HSAC activities will be evaluated
 - Hold an HSAC celebration when activities are complete, and review how activities have affected children and families that the HSAC serves

Your efforts to build an effective HSAC will show that you understand how your HSAC has the potential to serve as an important community resource for low-income children and families. It will also help you engage the HSAC in more in-depth work. This will improve program health services.

Case Management: Gaining a Comprehensive Picture of a Child and His or Her Family

As noted in the “Recordkeeping and Reporting Systems” section, you plan services at the child and family level as well as the program level. Case

Effective case management supports programs’ efforts to assure that children are always monitored for health-related, educational, or other concerns and that those concerns are addressed in collaboration with each child’s family.

management is a best practice or strategy that allows you to use data to meet the needs of individual children and families. “Case management is necessary to make sure Head Start’s efforts [on] behalf of the child’s health really pay off. The goal is to make

sure that all children receive timely, competent and continuing care for all health problems.”⁴

Effective case management supports programs’ efforts to ensure that children are always monitored for health-related, educational, or other concerns. It helps to make sure that concerns are addressed in collaboration with each child’s family. Case management begins with the information you collect from the developmental, behavioral, and sensory screenings that take place within the first 45 days of a child’s enrollment [45 CFR 1304.20(b)]. In addition, within the first 90 days of enrollment, you determine whether the child has access to health services, is up-to-date on a schedule of well-child care, and has any health issues that require follow-up and treatment [45 CFR 1304.20(a)]. Ongoing observations of a child help to develop a clear picture of a child’s strengths as well as areas where he or she needs support.



For children with health concerns, you and your staff will serve as the case managers. You will make sure that the child and family have access to the health services they need. Your team serves as the family’s support by helping them:

- Understand why health services are needed
- Access the health services they need
- Understand the benefits of those health services for their child.

Working closely with the child and family, you will create a supportive relationship that builds on the family’s values, culture, and language. To begin this process, consider using the worksheet in the appendices on page 156, Case Management Summary, for each child you serve. This summary will help your team understand data about the family:

- Health history
- Culture, especially health-related beliefs and practices
- Home language(s)
- Specific health concerns
- Family and child goals
- Access to resources
- Support systems within the family and community

Use the family partnership agreement (FPA) and the child’s health record to access some

Examples of case management communication

- A child who has been identified with “failure to thrive”: The Early Head Start staff, a nutritionist, a pediatrician, early intervention service staff, and the family can work together to devise a nutrition plan that provides a consistent approach and messages that are responsive to the family’s culture and preferences.
- A child who has asthma: The Head Start staff, health care providers (including specialists), and family develop an individualized health plan [1304.20(f)] for the child so that he or she always has access to necessary medical equipment (for example, an asthma inhaler) and can participate in all program activities.

of this information. Some of the information will also need to be gathered directly from the family. Gathering this information can help staff build relationships with families. Staff or managers who conduct health interviews with families need training on family engagement and cultural and linguistic responsiveness. This helps staff talk with families in an appropriate and respectful way. You may need to use translation or interpretation services to make sure there is mutual understanding between families and staff.

Services are most helpful to families when all service providers know what the others have to offer, share consistent messages with family members, and reinforce each others’ work. Health managers work directly with health care providers to make sure information is being shared among all professionals working with the child and family. Use your program’s communication system to gather information from staff and partners. This is key to keeping a complete summary of services for each child.

Use the case management summary worksheet in the appendices on page 156 to list all

of the health care providers who are providing services to a child and family. This can include descriptions of their services and the schedules for service delivery. The summary sheet tells you and your staff:

- What services have been delivered and by whom
- When services are received
- Messages shared by each professional
- Additional steps/follow-up activities that need to be conducted

All of the information in the case management summary will be part of your recordkeeping and reporting system. Review reports on an ongoing basis to ensure that the necessary services are being delivered. You may also need to figure out new strategies to meet child and family needs. If new issues arise through your ongoing monitoring activities, the case management summary worksheet may be updated to include this information.

Family Engagement and Cultural/Linguistic Responsiveness: Taking a Family-Focused, Culturally and Linguistically Responsive Approach

The family has always been at the center of all Head Start work. Head Start recognizes that the family is the first educator and best advocate for every child. As you see in the family and community engagement tasks, working with families in culturally and linguistically responsive ways is critical to health services in Head Start. Research has led to a shift over the years in how programs work with families, from “participation” (as described in the HSPPS) to “engagement.”

Parent and family engagement in Head Start/ Early Head Start (HS/EHS) is about building relationships with families that support family well-being, strong relationships between

parents and their children, and ongoing learning and development for both parents and children.⁵

The resource [Family Engagement as Parent Involvement 2.0](#) explains how family engagement, like health services, is everyone's business.

The family has always been at the center of all Head Start work. Head Start recognizes the family is the first educator and best advocate for every child.

As a health manager, you always work in partnership with families. Family engagement is most effective when it is responsive and respectful of both the language and culture of each family. "Effective Head

Start programming requires understanding, respect, and responsiveness to the cultures of all people, but particularly to those of enrolled children and families."⁶

As discussed in the section "Leadership: Making Health Everyone's Business," health managers work with others in their program to ensure that health services are family-centered and engage families in culturally responsive ways. The following best practices support you in delivering health services that will best meet children and families' needs.

Engage in a Family-Centered Approach

A family-centered approach means that you are focused on the child's family as well as the child. This is done in many ways, including:

- Learning about family values, culture, and traditions as part of the enrollment process
- Providing information in families' home languages whenever possible
- Offering orientation activities so that family members clearly understand the services you

offer and how you will work with them to support their children

- Developing the Family Partnership Agreement (FPA) to individualize health services for each family
- Sharing information with and getting consent from parents or guardians before conducting any screening, evaluation, treatment, or follow-up activities
- Co-creating individualized child health plans
- Engaging families in child assessments by including their observations and insights into their child's interests, activities, and behaviors
- Implementing strict confidentiality policies to protect health information and build trusting relationships
- Engaging families in planning curriculum activities for children in your program
- Training staff in appropriate ways to share information about child health and development with family members
- Recruiting family members for the HSAC, policy council, and volunteer activities
- Getting ongoing feedback from families for continuous monitoring and self-assessment activities

The resource [Using the Head Start Parent, Family, and Community Engagement Framework in Your Program: Markers for Progress](#) is designed to help you assess if your program is effectively integrating family engagement.

Ensure All Health Services Are Culturally and Linguistically Responsive to Families

Head Start families come from a broad range of cultures and traditions and speak many different languages. You will encounter many different types of families, from multigenerational households to single-parent families. Each family has its own process for learning how to parent, support, and be an advocate for its children.



To ensure culturally and linguistically responsive health services, first understand your own perceptions about families, culture, and languages. Conduct an assessment of your team (management and staff) to understand how each of you feels about different family types, beliefs, and practices. The following tools may be useful:

- [Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth to Five](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf) ([http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting Multicultural Principles for Head Start_English.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/Revisiting%20Multicultural%20Principles%20for%20Head%20Start_English.pdf))
- [Cultural Competence Health Practitioner Assessment](http://nccc.georgetown.edu/features/CCHPA.html) (<http://nccc.georgetown.edu/features/CCHPA.html>)
- [Promoting Cultural & Linguistic Competency Self-Assessment Checklist for Services and Supports in Early Intervention and Early Childhood Settings](http://nccc.georgetown.edu/documents/ChecklistEIEC.pdf) (<http://nccc.georgetown.edu/documents/ChecklistEIEC.pdf>)
- [Program Preparedness Checklist, Version 5.0](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/ProgramPreparedn.htm) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/center/ProgramPreparedn.htm>)

When you and your staff are aware of your own perspectives and potential biases, you are in a better position to identify ways to reflect the diversity among the families in your program and embrace all families' cultures and languages. You may want to work with local partners to understand and support the cultural values and traditions of the families in your community, especially beliefs and traditions regarding health. You can do this in the following ways:

- Review program data (CA, enrollment data, FPAs, and other relevant data) to identify the cultures and traditions of the families you serve.

When you and your staff are aware of your own perspectives and potential biases, you are in a better position to identify ways to reflect the diversity among the families in your program and embrace all families' cultures and languages.

- Build and maintain partnerships (formal and informal) with cultural and religious organizations in your community that serve the families in your program. They can provide information and advice on the best ways to work with these families. For example, they can help with staff training, reviewing menus and curricula, finding translators, understanding cultural traditions, and sharing information with families in appropriate ways.
- Routinely request feedback from staff and families to make sure that people feel supported. This may involve family and staff satisfaction surveys or discussions. It might mean ongoing monitoring activities to determine whether services are meeting family goals, and opportunities for informal feedback on an individual basis.

You will be most successful if you are able to build mutually respectful partnerships among families, staff, and providers to support Head Start children and families. Additional resources from the [National Center on Cultural and Linguistic Responsiveness](#) are available to help you.

Remember:

Everyone has a culture, language, and traditions. Respecting each family's uniqueness will help you build strong collaborative relationships and best meet each family's needs.

References

1. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; II-2.
2. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; II-7.
3. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, US Department of Health and Human Services; I-23.
4. Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families, US Department of Health and Human Services; VI-22.
5. National Center for Parent, Family, and Community Engagement. (2011). *The Parent, Family, and Community Engagement Framework*. Boston, MA: National Center for Parent, Family, and Community Engagement; 1.
6. Administration for Children, Youth, and Families. (1991). *Information Memorandum: Multicultural Principles for Head Start Programs*. Log No. ACYLIM9103. Washington, DC: Administration for Children, Youth, and Families, U.S. Department of Health and Human Services; 5.



CHAPTER 3

Health Topic Self-Reflection Checklists

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Health Topic Self-Reflection Checklists

Managing health services means knowing and understanding the details of health service delivery. Head Start health services involve a wide range of activities.

Head Start Program Performance Standards

The Head Start Program Performance Standards (HSPPS) are the regulations that guide all of your

For more information on the Head Start Program Performance Standards, go to <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss>.

work. There are over 100 individual standards related to health in the HSPPS. They are found in each section of the regulations. Each of the standards defines the scope of work for your program.

To help you with your work, this guide brings the health-related HSPPS together in one place. It organizes them in 7 health priority areas:



- Physical Health
- Oral Health
- Safe Environments
- Healthy Active Living
- Mental Health
- Family and Community Engagement
- Staff Health



As a health manager, you need to know and understand how to meet the standards in all of your health activities. This is accomplished in a number of ways including:

- Program planning
- Coordinating with other service areas
- Becoming a health leader
- Working together with your Head Start program's systems

The key is to remember that you are not alone. Many people work with you to accomplish these

tasks. This guide was developed to assist you in your work.

The first step is to get a basic idea of what your tasks are and what you need to do. The self-reflection checklists will

help you do this. Complete each checklist. This will help you figure out what health services activities or tasks you need to do first.

Do not worry if you first go through the checklists and find yourself checking “unknown.” This is part of the process. The information at the end of this section will help you figure out what you need to do next.

The Health Topics: Delving Deeper section will also go into greater detail to help you find out what you need to know, who can help, and what to do next.

Time-Sensitive Tasks

One of the first things to do is to figure out if time-sensitive tasks are being completed in your program(s). Although most activities are ongoing, some tasks must be completed within the first 45 or 90 days of a child's enrollment [45 CFR 1304.20] except as noted below.*

More detailed information on these tasks can be found in the Health Topics: Delving Deeper section. It is important to figure out where your program stands on these tasks because of the limited number of days you have to complete them.

- According to [45 CFR 1304.20(a)(2)] “Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes... within 30 calendar days from the child's entry into the program.

Ask yourself the following as you look at each chart below:

- Does my program(s) have current policies and procedures in place?
- Has/have the task(s) been completed?

Refer to the columns in the chart as you think about each task:

Policy & procedures are in place and up-to-date: This means that you know the policy, it is in place and being used, and does not need revision for this program year.

Policy & procedures need revision: This means you know this policy, but either it needs to be updated for this program year

or it does not reflect what currently happens or needs to happen. Or, it can mean that the process is not working.

Unknown: You have not found information on this policy or procedure and might need

to ask others in your program for information. Or, you do not know because you have not had time.

Task complete: Policy and procedures are in place and the task is currently complete.

Time-Sensitive Tasks Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
<p>Physical Health Task 2: Ensure that each child receives age-appropriate and culturally and linguistically responsive screening for developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. (45 calendar days*)</p>				
<p>Physical Health Task 1: In partnership with parents or legal guardians, determine the child’s health status and support families in accessing treatment and follow-up services for identified health conditions. (90 calendar days*)</p>				
<p>Oral Health Task 1: In partnership with parents or legal guardians, determine the child’s oral health status and support families in accessing treatment and follow-up services for identified health conditions. (90 calendar days*)</p>				

Physical Health

When children are physically healthy it is easier for them to grow, learn, and succeed. By keeping children on a schedule of well-child care, health care providers can help children to be physically healthy and ready to learn.

Building on education and family services, your program’s daily activities help to promote physical health and identify concerns. These activities help to identify and address health concerns that might make it more difficult for a child to participate, grow, and learn from the opportunities offered by your Head Start program.

Physical Health Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
In partnership with parents or legal guardians, determine the child’s health status, make referrals, and support families in accessing treatment and follow-up services for identified health conditions. (Note: This task is also listed in the time-sensitive list above.)				
Ensure that each child receives age-appropriate and culturally and linguistically responsive screening for developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual and emotional skills. (Note: This task is also listed in the time-sensitive list above.)				
Conduct and record periodic observations of each child’s developmental progress, changes in physical appearance, and emotional and behavioral patterns to identify any new or recurring medical, dental, or developmental concerns.				
Develop procedures to track child health status, including screening, examinations/ evaluations, treatment, follow-up, and ongoing health.				

Safe Environments

Children need clean, well-maintained environments to stay healthy and safe. Injury and illness can lead to missed school days, lack of focus, challenging behaviors, and delays in meeting

school readiness goals. They can also cause severe physical and emotional trauma or death.

To create safe environments, programs have policies, procedures, and education plans that support injury- and illness-free spaces.

Safe Environments Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
Prevent illness by maintaining healthy environments.				
Prevent childhood injuries by identifying and reporting child abuse and neglect and implementing injury prevention strategies.				
Provide education for staff, volunteers, children, and families on injury prevention practices.				
Conduct inspections of all facility, equipment, and materials used by the program to ensure compliance with federal, tribal, state, and local licensing, certification, and regulation requirements.				
Develop, practice, and use emergency plans.				

Oral Health

Oral health is an important part of a child’s health and a pregnant woman’s overall health and well-being. It also plays a key role in making sure that children are ready to learn when they start school. Head Start programs can promote oral health; prevent and treat oral diseases; and improve overall health for children and pregnant women.

To promote optimal oral health for children and pregnant women enrolled in your Head Start program, oral health policies and procedures need to be in place. Programs also need plans for educational activities to promote oral health for children and pregnant women.

Oral Health Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
In partnership with parents or legal guardians, determine the oral health status.				
Ensure children and families receive treatment and follow-up of needs identified in oral examinations.				
Provide oral health education to Head Start staff, families, pregnant women, and children.				
Develop oral health promotion and prevention activities.				

Healthy Active Living

Healthy active living is important! Research tells us that the way young children eat and move can affect their weight now and in the future.^{1,2} Early childhood is an ideal time to start healthy habits.

The following tasks will help you develop policies, procedures, and plans to support your program's nutrition services and physical activity.

Healthy Active Living Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
Partner with families to: (1) provide individualized culturally and linguistically responsive nutrition assessments for children and (counseling if needed) for pregnant women, (2) develop program menus with family input, (3) meet USDA nutrition requirements, and (4) implement and/or support family-style meals.				
Provide nutrition education for families and staff.				
Include children with special health care needs (including special dietary needs).				
Provide developmentally appropriate daily physical and motor activity for all children.				

Mental Health

Mental health helps people positively engage with the world. The relationships that your staff build with children and families create a nurturing environment for children. When children have positive relationships and can express their emotions appropriately, they are better able to explore and learn.

Promoting the mental health of young children and their families has been a key part of Head Start since it started. Your role as health manager is to work with the mental health staff and/or consultants and other team members to create and maintain a plan that promotes the mental health of each child, family, and staff member.

Mental Health Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
Support children's social and emotional development in partnership with members of your program's management team.				
Work with the mental health manager, specialist, and/or consultant to partner with families in mental health services.				
Secure the services of a mental health professional or professionals.				
Assist pregnant women in accessing mental health interventions and follow-up care.				

Family and Community Engagement

Families come to programs with diverse experiences, cultures, and knowledge about health and child development. You engage families when you listen to, acknowledge, and support their values, preferences, and needs. Head Start has always viewed the family as a child's

first teacher and advocate. When you make sure health services are built on families' ideals for their children's health and well-being, you help families find ways to meet their own needs.

The tasks below help to make sure that health services are a team approach and that health messages are part of your ongoing work with families and the community.

Family and Community Engagement Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
Support and engage families as they identify their own health strengths, needs, and interests through an assessment and goal-setting processes.				
Ensure that families benefit from access to the community health services and resources.				
Provide ongoing family engagement and health education opportunities based on the expressed needs and interests of families as individuals and group members and/or the assessed needs of their child.				
Assist pregnant women and expectant families enrolled in Early Head Start (EHS) to access comprehensive prenatal and postpartum care.				

Staff Health

Your program staff create a stimulating, nurturing, and safe environment for the children and families they serve. Staff may include health professionals/paraprofessionals, educators, family service workers, facilities personnel, nutrition and meal service staff, or transportation staff.

They may also include volunteers who provide direct support to children and families.

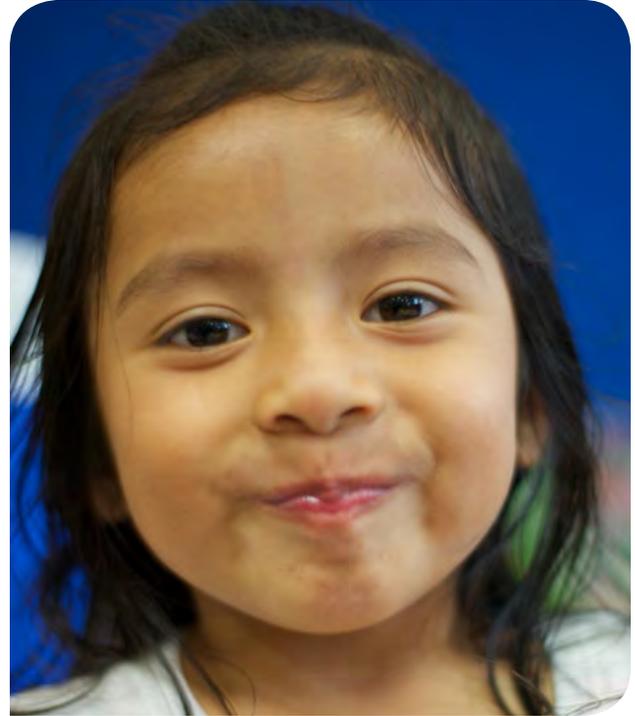
To meet their many responsibilities, staff members must be at their best physically and emotionally. The tasks below help to make sure that your staff members are healthy, safe, and supported.

Staff Health Self-Reflection Checklist

Tasks	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Task is complete
Develop a schedule of professional development and staff support regarding (1) sanitation, hygiene, standard precautions, and injury prevention; and (2) mental health.				
Ensure all staff members and volunteers have initial and current health examinations that include screening for tuberculosis (TB) and periodic reexaminations as recommended by their health care provider or mandates by state, tribal, or local laws. Volunteers must also be screened for TB in accordance with state, tribal, or local laws (or as recommended by the HSAC).				
Provide a healthy, safe, and accessible environment for staff.				

What Next?

After you have completed the self-reflection checklists as best as you can, your next step is to go to the Health Topics: Delving Deeper and Key Tasks sections of this guide. The content in these sections will help you figure out what to do next. It will help you develop a plan and find information and will give you strategies for prioritizing what needs to be done.



References

1. National Research Council. (2011). *Early Childhood Obesity Prevention Policies*. Washington, DC: The National Academies Press.
2. Dattilo AM, Birch L, Krebs NF, Lake A, Taveras EM, Saavedra JM. Need for early interventions in the prevention of pediatric overweight: A review and upcoming directions. *J Obes*. 2012; Article ID 123023.



CHAPTER 4

Health Topics: Delving Deeper

CHAPTER 4

Health Topics: Delving Deeper

Head Start health services involve a wide range of activities to help ensure that all Head Start children are healthy and ready to learn.

As noted earlier in this guide, the Head Start Program Performance Standards (HSPPS) form the foundation of health service delivery tasks.

To help you with your work, this section is also organized around the seven health priority areas. These are the same health priority areas that are used in the Health Topic Self-Reflection Checklists section:

- Physical Health
- Oral Health
- Safe Environments
- Healthy Active Living
- Mental Health
- Family and Community Engagement
- Staff Health

Each health priority area has checklists with steps for completing tasks. Each checklist has places for you to record the following information:

Policy & procedures are in place and up to date: This means that you know the policy, it

is in place and being used, and does not need revision for this program year.

Policy & procedures need revision: This means you know this policy, but either it needs to be updated for this program year or it does not reflect what currently happens or needs to happen. Or, it can mean that the process is not working.

Unknown: You have not found information on this policy or procedure and might need to ask others in your program for information. Or, you do not know because you have not had time.

Step is complete: Policy and procedures are in place and this step is currently complete.

This part of the guide gives you a chance to delve deeper into each of the health priority areas. It provides more information about health service delivery activities that will help you address the health-related HSPPS.

As you explore this part of the guide, you will find out about your responsibilities for each of the health areas. Each health priority section provides you with the following:

- A description of the health topic
- HSPPS



- A checklist of tasks or activities for helping you determine what you need to do
- Strategies, best practices, and other information to guide you
- Resources for more information
- A timeline
- People who can help
- Related tasks

As you read this section, use the links, tip-boxes, and glossary of terms to gather more

information. Use the checklists to make notes that you can refer back to as you work.

At the end of each health topic section, there is also a place for you to

list key contacts and note where information is found. There is also space to add your own notes. Make this document your own by adding information you find useful.

Time-Sensitive Tasks

Just like the Health Topic Self-Reflection Checklists section, we have separated out the tasks that must be completed within the first 45 or 90 calendar days of a child’s enrollment [45 CFR 1304.20], except as noted below. More detailed information about each is available in the specific health task sections. We list them here as a reminder that these need to be completed within a certain timeframe.

These tasks are as follows:

Within 45 calendar days:

- Physical Health Task 2: Ensure that each child receives age-appropriate and culturally and linguistically responsive screening for developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills.

Within 90 calendar days:

- Physical Health Task 1: In partnership with parents or legal guardians, determine the child’s health status and support families in accessing treatment and follow-up services for identified health conditions.
- Oral Health Task 1: In partnership with parents or legal guardians, determine the child’s oral health status and support families in accessing treatment and follow-up services for identified health conditions.

For Early Head Start programs, within 2 weeks of an infant’s birth:

- Within 2 weeks of an infant’s birth, someone from the program must provide (alone or in collaboration with program staff or a public health nurse) a visit to each newborn. [45 CFR 1304.40(i)(6)]
- According to [45 CFR 1304.20(a)(2)] “Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes ... within 30 calendar days of the child’s entry into the program.”

Physical Health

When children are healthy it is easier for them to grow, learn, and succeed in school. Children who have an ongoing source of continuous, accessible health

If the health manager has exhausted all possible funding sources, they are required as “payor of last resort” to pay for costs [45 CFR 1304.20(c)(5)].

care, receive preventive care to stay healthy and treatment when they get sick.

Your program partners with health care providers from each child’s ongoing source of continuous, accessible care (medical

home) to assess and track child health [45 CFR 1304.20(a)]. Health care providers support families by regularly checking each child’s physical development and offering care, follow-up, and/

or referrals when health problems or issues are found. By keeping children on a schedule of well-child care, health care providers help children to be physically health and ready to learn. Your program works with health care providers to offer a network of support to children. This promotes ongoing and regular health care.

Task 1: In partnership with parents or legal guardians, determine the child’s health status, make referrals, and support families in accessing treatment and follow-up services for identified health conditions.

Related HSPPS:

45 CFR 1304.20(a); 45 CFR 1304.20(c); 45 CFR 1304.20(e); 45 CFR 1304.20(f); 45 CFR 1304.41(a)-(f); 45 CFR 1304.51(i)(2)

Your policies and procedures provide details about how your program ensures that the following steps are completed:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Determine if each child has an ongoing source of health care [45 CFR 1304.20(a)].				
Help families of children who are uninsured to identify a source of insurance [45 CFR 1304.40(f)(2)(i)(ii)].				
Obtain written documentation of each child’s health status [45 CFR 1304.20(a)(1)(ii)].				
Determine if each child is up to date on a schedule of preventive and primary health care using state EPSDT service, the latest <i>(continued on next page)</i>				

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
<p><i>(continued)</i> immunization recommendations from the CDC (http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html), and any additional recommendations from your HSAC based on community health problems [45 CFR 1304.20(a)(1)(ii)].</p>				
<p>Make sure that families continue to follow the recommended schedule of well-child care [45 CFR 1304.20(a)(1)(ii)(B)].</p>				
<p>Obtain or arrange further diagnostic testing, examination, and treatment for each child with an observable, known, or suspected health or developmental problem [45 CFR 1304.20(c)].</p>				
<p>Develop and implement a follow-up plan [45 CFR 1304.20(c)] to ensure all treatment is delivered in a timely, effective way.</p>				
<p>Review and if needed revise program confidentiality policies (http://cfoc.nrckids.org/StandardView/9.4.1.3) and adhere to them when requesting and storing child and family health information [Head Start Act, Section 641A(b)(4)].</p>				
<p>Establish ongoing collaborative relationships with health care providers, such as clinics, health centers, physicians, dentists, mental health professionals, and other health professionals [45 CFR 1304.41(a)].</p>				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Individualize services for children with special health care needs [45 CFR 1304.20(f)].				
Use health tracking [45 CFR 1304.20(a)(1)(ii)(C)] and ongoing monitoring [45 CFR 1304.51(i)(2)] to determine whether the policies and procedures are being implemented effectively and supporting families in keeping their children healthy.				

Tips and strategies:

- As a best practice, during the enrollment process or through the family partnership agreement (FPA) process, collect information on each child’s source of ongoing medical care on your intake forms.
- For children who do not have access to a medical home, your Health Services Advisory Committee (HSAC) may help you identify providers who accept [Medicaid](#), [State Children’s Health Insurance Program \(SCHIP\)](#), or other health insurance used by children in your program.
- Your HSAC and Head Start Collaboration Office may be able to help you identify sources of insurance for uninsured.
- As a best practice, support families in following their recommended schedule of well-child care by doing the following:
 - making appointments
 - transporting families to and from appointments
 - assisting families with obtaining rides
 - reimbursing transportation expenses for an eligible appointment (check with your state Medicaid program for more information and applicable forms)
 - offering translation services at appointments
 - negotiating appointment times that fit into family work schedules
- Work with your HSAC and other health partners to discuss strategies that may reduce wait times or make it easier for families to schedule and keep appointments.
- As a best practice, your program can develop a protocol or format for individualization plans to support children who need additional accommodations. Some programs use [Section 504 plans](#) (<http://www.hhs.gov/ocr/civilrights/resources/factsheets/504ada.pdf>) or develop individualized child health plans. These plans do not take the place of an individualized family service plan (IFSP) or an individualized education program (IEP) for a child with a disability and cannot be used to count a child as having a disability for enrollment purposes.

Timeline:

90 calendar days from the child’s entry into the program (30 calendar days for programs operating 90 days or less)

People who can help:

- HSAC
- Family services manager

- Doctors, nurses, and other health care professionals

Related tasks:

- Healthy Active Living Task 1
- Oral Health Task 1 and 2
- Family and Community Engagement Task 1, 2, and 3

Related resources:

- [Child “Catch-Up” Immunization Schedules](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)
http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html
- [Bright Futures Health Care Professional Tools and Resources \(periodicity schedule for preventive pediatric health care, early childhood visit information\)](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)
http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html
- [Immunization Schedules for Infants and Children in Easy to Read Formats](#)

<http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

- [National Center for Medical Home Implementation: How to Partner with Your Physician](http://www.medicalhomeinfo.org/families/partner_with_physician.aspx)
http://www.medicalhomeinfo.org/families/partner_with_physician.aspx

Task 2: Ensure that each child receives age-appropriate and culturally and linguistically responsive screening for developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills.

Related HSPPS:

45 CFR 1304.20(a); 45 CFR 1304.20(b); 45 CFR 1304.20(e); 45 CFR 1304.40(c)

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Strategies for working with families to gain parental consent to conduct screening and share results with staff and partners working directly with the child [45 CFR 1304.20(e)].				
Communication protocols for sharing information with families in ways that are respectful, sensitive, and culturally and linguistically responsive [45 CFR 1304.40(c)]. These protocols guide how staff members explain the benefits of screening and early identification, the screening process, the screening results, and next steps for children and families (including <i>(continued on next page)</i>)				

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
<i>(continued)</i> referrals for further evaluations and examinations, if appropriate [45 CFR 1304.20(e)(2)].				
Processes for selecting and implementing screening protocols.				
Ways to determine if each child is up to date on a schedule of preventive and primary health care using your state EPSDT program (http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt), the latest immunization recommendations from the CDC (http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html), and any additional recommendations from your HSAC based on community health problems [45 CFR 1304.20(a)(1)(ii)].				
Confidentiality policies, including how child screening and other health records are stored, maintained, and shared with parental consent [Head Start Act, Section 641A(b)(4)].				
Strategies for gathering family feedback to learn more about each child [45 CFR 1304.20(e)].				
Strategies to use ongoing assessment results to supplement screening results and impact recommendations for further evaluation or examinations [45 CFR 1304.20(b)(3)].				



When thinking about each of the tasks, keep in mind any special populations you serve and ways you can individualize services.

Find out more about providing culturally effective care at the National Center on Cultural & Linguistic Responsiveness website.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>

Tips and strategies:

- Information you learn from families may affect your analysis of screening results. It may lead you to collect more assessment information about the child before making recommendations.
- As a best practice, work with your management team and your HSAC to write, revise, implement, and evaluate policies and procedures for screening children in a timely and effective manner.
- For examples of a policies and procedures, see [Umatilla Morrow Head Start's Hearing Screening Policy and Procedures](http://www.umchs.org/umchsresources/administration/workplan/Health/H%2005%20Hearing%20Screen%20Policy/hearing_screening_policy_procedure.pdf) (http://www.umchs.org/umchsresources/administration/workplan/Health/H%2005%20Hearing%20Screen%20Policy/hearing_screening_policy_procedure.pdf).

Timeline:

45 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)

People who can help:

- HSAC
- Education manager
- Family services manager
- Doctors, nurses, and other health care professionals

Related tasks:

- Healthy Active Living Task 1
- Mental Health Tasks 1 and 2
- Family and Community Engagement Tasks 1 and 2

Related resources:

- [Centers for Disease Control and Prevention Developmental Monitoring and Screening \(includes a fact sheet on developmental screening\)](http://www.cdc.gov/ncbddd/childdevelopment/screening.html)
<http://www.cdc.gov/ncbddd/childdevelopment/screening.html>
- [Easter Seals Make the First Five Count Developmental Milestones Screening \(online screening tool\)](http://www.easterseals.com/site/PageNavigator/ntlc10_mffc_homepageasq.html)
http://www.easterseals.com/site/PageNavigator/ntlc10_mffc_homepageasq.html
- [Screening and Assessment in Head Start](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/assessment/screening/screeningandass.htm)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/assessment/screening/screeningandass.htm>
- [National Center for Medical Home Implementation: Early Hearing Detection and Intervention by State](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention-by-State.aspx)
<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention-by-State.aspx>

- [Prevent Blindness in Your State](http://www.preventblindness.org/prevent-blindness-your-state)
<http://www.preventblindness.org/prevent-blindness-your-state>
- Resource for Selecting and Implementing Screening Protocols (<http://ectacenter.org/topics/earlyid/screeneval.asp>) This resource provides information on selecting staff to conduct the screenings, developing schedules for implementing, screening, analyzing results and making recommendations, and sharing findings and recommendations with appropriate staff and families (as a best practice).

Task 3: Conduct and record periodic observations of each child’s developmental progress, changes in physical appearance, and emotional and behavioral patterns to identify any new or recurring medical, dental, or developmental concerns.

Related HSPPS:

45 CFR 1304.20(d); 45 CFR 1304.20(e)

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Protocols for conducting and recording daily health checks (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/physical-health/education-activities/health_fts_11038_030606.html) [45 CFR 1304.20(d)].				
Processes for ongoing observation of child health [45 CFR 1304.20(d)].				
Training for staff on how to conduct the daily health check and how to individualize the response [45 CFR 1304.20(d) and 45 CFR 1304.52(l)(2)].				
Communication protocols for how staff will notify you, health staff, and families [45 CFR 1304.51(i)(3) and 45 CFR 1304.20(e)(1)].				

Tips and strategies:

- For center-based and family child care programs implementing best practices, daily health checks are often conducted as part of the arrival routine. This helps staff to identify sick children and respond appropriately.
- Best practices for daily health checks in home visiting programs include:
 - conducting a health check as part of each home visit or socialization group
 - providing an ongoing status check on children the program does not serve every day
- As a best practice, observations of a child's health may include anecdotal notations

How a child feels affects his or her ability to learn. Daily health checks and ongoing observations help staff understand and accommodate child behaviors and development.
45 CFR 1304.20(d)

from staff about changes in children's behavior and appearance. Your program may maintain a [checklist of behaviors and appearance](#) where staff can record their observations.

- As a best practice, staff may also need to know about [specific child](#)

[symptoms](#) they may observe. This helps to easily identify and report health concerns.

- Your program's mental health professional can offer support to staff. They can help staff identify mental health concerns that need further evaluation.
- Make sure your program policies and procedures are clear and describe what actions staff should take if they have concerns about a child's health or wellness.

Timeline:

Ongoing

People who can help:

- Education manager and staff
- Family services manager and staff
- Mental health professional
- HSAC

Related tasks:

- Healthy Active Living Task 1
- Oral Health Task 4
- Mental Health Task 3
- Family and Community Engagement Task 1, 2, and 3

Related resources:

- [Centers for Disease Control and Prevention Development Milestones from 2 months to 5 years](http://www.cdc.gov/ncbddd/actearly/milestones/index.html) <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>
- [American Academy of Pediatrics HealthyChildren.org \(information on ages and stages\)](http://www.healthychildren.org/english/ages-stages/toddler/Pages/default.aspx) <http://www.healthychildren.org/english/ages-stages/toddler/Pages/default.aspx>
- [College of Southern Idaho Head Start/Early Start Program Services \(health check forms\)](http://headstart.csi.edu/program/forms/index.asp#health_checks) http://headstart.csi.edu/program/forms/index.asp#health_checks
- A useful resource is [Caring For Our Children, 3rd Edition, Standard 3.1.1 Daily Health Check](#) when working with your program's education manager, family services manager, and HSAC to write or revise, implement, and evaluate policies and procedures to capture periodic observations and assessments of child health.
- Training for education staff to help them consider [health factors that may affect assessment](#).

As a best practice, staff should consider children's health status (including a child's nutritional status, etc.) before scheduling or completing child assessments. This helps to make sure that assessments accurately represent children's knowledge and skills.

Task 4: Develop procedures to track child health status, including screening, examinations/evaluations, treatment, follow-up, and ongoing health.

Your program tracks health data in the record-keeping systems (e.g., PROMIS, ChildPlus) to make sure children’s health concerns are identified and treated in a timely, effective way.

Using your program’s recordkeeping and reporting system, health managers must take the following steps:

Related HSPPS:

45 CFR 1304.20(a)(1)(ii)(C)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Collect information about screening, examination, evaluations, treatments, follow-up, and ongoing health, as appropriate [45 CFR 1304.20(a)(1)(ii)(C)].				
Use your health tracking system to help meet the 45- and 90-day requirements in the HSPPS, as well as the plans you developed for children needing treatment and follow-up support [45 CFR 1304.20(a)(b)].				

Health Tracking

Health tracking helps:

- Identify children and families who need additional support to access well-child care, immunizations, or further evaluations, examinations, treatment, or follow-up [45 CFR 1304.20(a)(b)(c)]
- As a best practice support health care providers in gathering child health histories
- Helps families access examinations, treatment, and follow-up [45 CFR 1304.20(e) and 45 CFR 1304.40(f)(2)(i)(ii)]
- Plan individualized, culturally and linguistically responsive health activities [45 CFR 1304.20(f)]
- Implement individualized health plans [45 CFR 1304.20(f)]
- Report on child health status as required by the policy council and governing body [45 CFR 1304.50(c)], the Program Information Report (PIR) and other applicable federal, tribal, state, and local regulations [45 CFR 1304.51(g)]

Tips and strategies:

- Develop a health tracking system that fits your program’s recordkeeping and reporting system. Your program may use a commercial, electronic, and comprehensive system or may have developed its own paper or electronic system. If your health tracking aligns with this system, reporting is easier.
- As a best practice make sure you can enter, access, and use health data on a regular basis as part of your ongoing monitoring activities.

Timeline:

Ongoing

People who can help:

- Health staff
- HSAC
- Family services manager
- Health care professionals

Related tasks:

- Safe Environments Task 3
- Healthy Active Living Tasks 1 and 4

Early Childhood Hearing Outreach (ECHO) Technical Assistance (TA) Tool

The [ECHO Initiative](#) offers a 3-Minute Planning and TA Tool for all birth-to-3 programs and information on sustaining up-to-date hearing screening practices.

See the [National Center on Health website](#) for more resources.

- Oral Health Tasks 1 and 2
- Mental Health Tasks 2 and 5
- Family and Community Engagement Task 1

Related resources:

- [Office of Head Start: Keeping Up- Tracking Health Services: \[A Learning Activity\]](#)
- [Health Data Tracking System](#) (for paper recordkeeping systems)

Physical Health Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

Other notes and information:

Safe Environments

Children need clean, well-maintained environments to stay healthy and safe. Injury and illness can lead to missed school days, inability to focus, and challenging behaviors. It can cause delays in meeting school readiness goals. At times, illness and injury can lead to severe physical and emotional trauma or death.

Your program may serve children and families in a variety of environments such as centers, homes, playgrounds, and/or on buses. Your classrooms or socializations may be located in a building that offers other services, like a public school, a university, or a community center. No matter where your program provides services, health managers work with their management team to make sure that children

stay healthy, are protected from hazards, and are well supervised. [45 CFR 1304.22, 45 CFR 1306.35, and 45 CFR 1304.51(i)(1)(iii)].

To create safe environments, you need to develop policies, procedures, and education plans that support injury- and illness-free spaces.

Task 1: Prevent illness by maintaining healthy environments.

Related HSPPS:

45 CFR 1304.22(a); 45 CFR 1304.22(c); 45 CFR 1304.22(e); 45 CFR 1304.23(e); 45 CFR 1304.52(l)(3)(i); 45 CFR 1304.53; 45 CFR 1306.35

Steps include having policies and procedures that address the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Short- and long-term exclusion for infectious disease (e.g., cold, flu, fifth disease, lice, ringworm, and hand foot and mouth disease) [45 CFR 1304.22(b)].				
Hygiene, sanitation, and standard precautions including: Handwashing, diapering, contact with blood-borne pathogens and other bodily fluids [45 CFR 1304.22(e)]. Food sanitation that complies with [45 CFR 1304.23(e)] applicable federal, tribal, state, and local laws (including storage and handling of breast milk and formula).				
Environmental protection against exposure to pests and other toxins, mold, cigarette smoking [45 CFR 1306.30(c)].				

To ensure environments stay clean and safe use supervision strategies, such as [environmental inspections](http://www.ihs.gov/headstart/documents/HeadStartFacilitySurveyChecklist.pdf) (<http://www.ihs.gov/headstart/documents/HeadStartFacilitySurveyChecklist.pdf>) [45 CFR 1306.30(c)], supported by recordkeeping and reporting and ongoing monitoring systems [45 CFR 1304.51(g)-(i)].

Tips and strategies:

- As a best practice, your HSAC can help by offering advice, reviewing policies and procedures for comprehensiveness, and offering resources to help implement them.
- Use your recordkeeping and reporting, ongoing monitoring, and self-assessment systems to find out whether your policies and procedures are sufficiently detailed and being implemented effectively [45 CFR 1304.51(g)-(i)].
- Analyze attendance data to help you determine whether absences are due to the spread of illness.
- As a best practice, you can review data by center, classroom, and/or family child care home to assess if the strategies you are using to prevent illness are effective.

Timeline:

Ongoing

People who can help:

- Management team (particularly the facilities manager)
- HSAC
- Injury prevention specialists in your community (these individuals may work at the public health department or hospitals)
- Safety inspectors

Related tasks:

- Physical Health Task 3
- Healthy Active Living Task 1
- Oral Health Task 4
- Staff Health Task 2

Related resources:

- [Caring for Our Children, Chapter 3: Health Promotion and Protection](#)
- [Seasonal Flu Information for Schools and Childcare Providers](#)
<http://www.cdc.gov/flu/school/index.htm>
- [Environmental Hazards and Health Effects](#)
<http://www.cdc.gov/nceh/ehhe/>
- www.healthychildren.org/ChildCareFluPrevention

CDC infectious disease-specific information:

- [Short- and long-term exclusion](#) for infectious disease (e.g., [cold](http://www.cdc.gov/getsmart/antibiotic-use/URI/colds.html) [<http://www.cdc.gov/getsmart/antibiotic-use/URI/colds.html>], [flu](http://www.cdc.gov/flu/) [<http://www.cdc.gov/flu/>], [fifth disease](http://www.cdc.gov/parvovirusB19/index.html) [<http://www.cdc.gov/parvovirusB19/index.html>], [lice](http://www.cdc.gov/parasites/lice/index.html) [<http://www.cdc.gov/parasites/lice/index.html>], [ringworm](http://www.cdc.gov/fungal/dermatophytes/) [<http://www.cdc.gov/fungal/dermatophytes/>], and [hand foot and mouth disease](http://www.cdc.gov/hand-foot-mouth/index.html) [<http://www.cdc.gov/hand-foot-mouth/index.html>])



Task 2: Prevent childhood injuries by identifying and reporting child abuse and neglect and implementing injury prevention strategies.

1304.52(l)(3)(i); 45 CFR 1034.52(l)(4); 45 CFR 1304.53; 45 CFR 1306.35; 45 CFR 1310.11; 45 CFR 1310.16

One of the most critical responsibilities that you and your program have is to identify and report suspected **child abuse and neglect** [45 CFR 1301.31(e), 45 CFR 1304.22(a)(5), 45 CFR 1304.52(l)(3)(i), and 45 CFR 1034.52(l)(4)].

Related HSPPS:

45 CFR 1301.31(e); 45 CFR 1304.22(b); 45 CFR 1304.22(f); 45 CFR 1304.23(e); 45 CFR 1304.52(e)-(h); 45 CFR 1304.52(i)(1)(iii); 45 CFR

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Prioritize child abuse and neglect policies and procedures to ensure all managers and staff understand and implement them correctly.				
Find information on state laws on child abuse and reporting requirements and your role as a mandated reporter.				



Programs help prevent injuries by developing preventive policies and procedures to create safe, developmentally appropriate environments. For sample policies and procedures, review pages 2–3 and 13 of [Model Child Care Health Policies](#).

Tips and strategies:

- Caring for Our Children’s [section on Child Abuse and Neglect](#) is a resource you can use to review your policies and procedures and make sure they are comprehensive.
- Find information on state laws on child abuse and reporting requirements and your role as a mandated reporter at https://www.childwelfare.gov/systemwide/laws_policies/state/can/.
- As a best practice, programs can evaluate their injury-prevention procedures through a detailed recordkeeping system that tracks when, where, how, and to whom injuries occur.

- Your HSAC and management team can help you implement injury prevention strategies to keep children and adults safe.

Injury Prevention and Safety Promotion Activities

You will need to make sure that the environments in which your program serves children are safe [45 CFR 1304.22(f)]. Programs are required to implement injury prevention and safety promotion activities. Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Child supervision [45 CFR 1304.51(i)(1)(iii)].				
Safety checklists for the following: <ul style="list-style-type: none"> • Centers (http://www.ecels-healthychildcarepa.org/tools/checklists/item/255-ecels-health-and-safety-checklist-2011-references). • Homes (http://kidshealth.org/parent/firstaid_safe/home/household_checklist.html). • Playgrounds (http://www.in.gov/fssa/files/PlaygroundChecklist.pdf), and socialization spaces as a best practice. 				
Facilities, materials, and equipment selection, maintenance, and repair [45 CFR 1304.53(a)(7)].				
Playground safety (http://playgroundsafety.org) [45 CFR 1304.53(a)(7)]				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Transportation safety (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/transportation/safety) [45 CFR 1310.11, 45 CFR 1310.12, 45 CFR 1310.13, 45 CFR 1310.14, 45 CFR 1310.15, 45 CFR 1310.21].				
Safe sleep (http://www.healthychildcare.org/sids.html) as a best practice.				
Food safety (http://www.foodsafety.gov) (that complies with 45 CFR 1304.23(e) and applicable federal, tribal, state, and local regulations).				
Medication administration, handling, and storage [45 CFR 1304.22(c)].				
Injury and incident reporting that complies with tribal, state and local regulations.				

Tip and strategies:

- Use best practices by working with your management team and your HSAC to write or revise, implement, and evaluate policies and procedures that address each of the activities listed above.

Training, Policies, and Procedures

Staff members need to know what to do to keep children safe. Training, policies, and procedures should address the following topics:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Staffing patterns for child supervision in each setting, including coverage for teacher breaks, expectations for substitutes, and strategies for maintaining the required adult-child ratios.				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Daily routines that include developmentally appropriate activities to prevent injuries.				
Active supervision to ensure children in each setting are being supervised to prevent injuries and incidents.				
How and when to conduct safety checks on spaces that children and families use.				
Next steps if safety issues are identified either through safety checks or everyday use of materials.				
How to select and use safe and developmentally appropriate materials and equipment in classrooms, homes, playgrounds, and buses.				
The best positions for children to sleep safely.				
What foods are safe and developmentally appropriate to serve children at different ages.				
The person(s) responsible for medication administration, handling, and storage http://nrckids.org/CFO3/HTMLVersion/AppendixAA.pdf (including training for the person(s) and how they can be accessed) [45 CFR 1304.22(c)(2)].				
How your program stores, handles, and administers prescribed medications safely, including PRN (as needed) medication [45 CFR 1304.22(c)(1)(6)].				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
When and how classroom staff or family child care providers administer over-the-counter medications (including sun-screen, moisturizers, and diaper cream) with parental consent [45 CFR 1304.22(c)(1)(6)].				
How staff record administration of all medications (over-the-counter and prescription) [45 CFR 1304.22(c)(5)].				
How staff request immediate support to identify injuries and get appropriate care including when to use CPR and/or first aid and call 911 [45 CFR 1304.22(a)(1)].				
How to report injuries and incidents, particularly the best ways to communicate this information to families [45 CFR 1304.22(a)(1)(4)].				

Tip and strategies:

- Best practices show that injury prevention depends on staff providing quick and accurate reporting of all injuries and incidents.
- Specify which staff members are responsible for filling out [injury](#) and [incident reports](#).
- Make sure your program has systems for tracking communication about injuries to families and next steps for preventing further injury, if appropriate [45 CFR 1304.22(a)(4)]. This information will help you plan and evaluate injury prevention in your program.
- Your ongoing monitoring system will help you track whether staff is implementing your injury prevention plans effectively [45 CFR 1304.51(i)(2)].



Analyzing and Using Injury and Incident Data

There are many ways to analyze and use the injury and incident data your program collects as part of ongoing monitoring and self-assessment [45 CFR 1304.51 (i)]. As a best practice, you may want to review:

- The number of injuries or incidents
- The location of injuries or incidents
- The characteristics (including age and developmental ability) of people involved in the injuries or incidents
- The circumstances of the injuries or incidents
- The way injuries and incidents are communicated to families
- The next steps your program took to prevent further injury

These data will help you determine what kinds of injuries and incidents are most common in your program, what actions have been taken to prevent them, and whether these actions were effective.

- As a best practice, review injury and incident data often to make sure staff are using your program's prevention strategies and that the strategies are working.
- Graphing injury and incident data over time will reveal whether your prevention plans have resulted in a decrease in frequency and severity of incidents and injuries.

Ultimately, your ongoing monitoring activities will help you build safer environments in your program and prevent childhood injuries.

Timeline:

Ongoing

People who can help:

- Management team (particularly the facilities manager, education manager, and program director)
- HSAC

Developing a Hazard Map

A best practice for using data as part of your program's ongoing monitoring [45 CFR 1304.51 (i)(2)] is to develop a hazard map. A hazard map shows where most injuries occur. Make an overhead sketch of the layout of your environment and mark where injuries and incidents happened. When you finish, the map will reveal "hot spots" for injuries and incidents. It will show you where hazards may exist. Working with staff and families, think about the following questions and the "hot spots" you found:

- Is there a maintenance issue?
- Can staff or family members observe children in that location?
- Is the space the right size for the activity that was taking place?

- Are the materials and equipment developmentally appropriate?
- Are there sufficient materials and equipment?
- What are the characteristics of the people involved in the incident?
- How can the environment better support children and adults?

You can do this activity with staff in centers. You can teach home visitors or family service workers to do this with families. The information you collect as a result of the process will help you, your HSAC, and your management team create strategies to prevent further injuries.

- Program staff
- Injury prevention specialists in your community (these individuals may work at the public health department or hospitals)
- First responders (who may be part of your HSAC)
- Safety inspectors

Related tasks:

- Healthy Active Living Task 1
- Oral Health Task 4
- Mental Health Task 3
- Staff Health Task 2
- Family and Community Engagement Task 3

Related resources:

- Every Child Has The Right To Be Safe: Moving from Data to Solutions (NCH Resource) [Caring for Our Children, Standard 9.4.1.9: Records of Injury](#)

- What Head Start Leaders Need to Know: [Record Keeping and Reporting](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/system8.html) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/system8.html>) and [Ongoing Monitoring](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/system5.html) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/system5.html>)

Task 3: Provide education for staff, volunteers, children, and families on injury prevention practices.

Related HSPPS:

[45 CFR 1304.22\(d\)](#); [45 CFR 1304.40\(f\)\(3\)\(iii\)](#); [45 CFR 1310.17](#); [45 CFR 1310.21](#); [45 CFR 1310.17](#)

Staff, families, and children need to understand why and how to keep safe [[45 CFR 1304.22\(d\)](#)]. These activities must include specific training for staff required by the Head Start Act, Section 648(b)(2). Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Identifying and referring children (http://www.apa.org/pi/families/resources/abuse.aspx) suspected of being the victims of child abuse and neglect.				
Supporting children who are coping with community violence.				
Occupational Safety and Health Administration (OSHA) (http://www.osha.gov) requires that staff are trained in how to avoid and respond to contact with blood-borne pathogens and other bodily fluids [28 CFR 1910.1030].				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Train all new staff and volunteers in health and safety policies and procedures [45 CFR 1304.22(d)].				
When your program leadership makes revisions to safety and injury prevention-related policies and procedures, train all staff and volunteers in these changes [45 CFR 1304.22(d)].				
Work with the education manager to ensure staff are integrating safety and injury prevention activities into daily classroom activities and lesson plans [45 CFR 1304.21(a)(1)].				
Use ongoing monitoring and self-assessment to determine whether your program's education activities are helping staff, families, and children implement injury prevention strategies [45 CFR 1304.51(i)].				
Use the injury and incident report data that you track as part of your recordkeeping and reporting system to determine if children are safer [45 CFR 1304.51(g)(h)].				

Tips and strategies:

- As a best practice, you may want to offer experienced staff educational materials and opportunities to refresh their knowledge of health and safety practices.
- As a best practice, you may choose to offer education opportunities for families and staff either as workshops or in individual meetings.
- Find or develop injury prevention materials

that you can share during staff supervision meetings, parent-teacher conferences, socializations, or home visits.

Educational activities:

As a best practice, use your program's community assessment, ongoing monitoring, self-assessment, parent surveys, and staff feedback to prioritize education activities targeted to staff, families, and children.

These activities may address the following topics:

- [Child supervision](#) [45 CFR 1304.51(i)(1)(iii)]
- Safety checklists (in [centers](#), [homes](#) (http://kid-shealth.org/parent/firstaid_safe/home/household_checklist.html), [playgrounds](#) (<http://www.in.gov/fssa/files/PlaygroundChecklist.pdf>), and [socialization spaces](#) as a best practice

Through the education activities your program provides, staff and families can create safe places for children to play and actively supervise them to prevent injuries.

- [Facilities, materials, and equipment selection, maintenance, and repair](#) [45 CFR 1304.53(a)(7)]
- [Playground safety](#) (<http://playgroundsafety.org>) [45 CFR 1304.53(a)(7)]
- [Transportation safety including safe riding, safe walking in the neighborhood, and child supervision while transporting children from one location to another](#)) [45 CFR 1310.11, 45 CFR 1310.12, 45 CFR 1310.13, 45 CFR 1310.14, 45 CFR 1310.15, 45 CFR 1310.21, 45 CFR 1310.17]
- [Food safety and sanitation](#) (<http://www.foodsafety.gov>) (that complies with [45 CFR 1304.23\(e\)](#) and applicable federal, tribal, state, and local regulations)
- [Medication administration, handling, and storage](#) [45 CFR 1304.22(c)] (including use of [epi-pens](#) (<http://www.nationwidechildrens.org/epipen>), asthma medication, as well as routine and emergency medication administration plans)
- [Injury and incident reporting](#) (<http://nrckids.org/CFOC3/HTMLVersion/Chapter09.html#9.4.1.9>) that complies with tribal, state, and local regulations
- [Handwashing](#) [45 CFR 1304.22(e)]
- [Diapering/toileting](#) [45 CFR 1304.22(e)]
- [Emergency preparedness](#) [45 CFR 1304.22(a)]
- [First aid and CPR](#) [45 CFR 1304.22(f)]



Timeline:

Orientation and ongoing

People who can help:

- Management team (particularly the human resources manager, education manager, and family services manager)
- HSAC
- Injury prevention specialists in your community (these individuals may work at the public health department or hospitals)
- First responders (who may be part of your HSAC)

The Office of Head Start National Center on Health web site (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health>) provides information on child safety and prevention including tip sheets and webinars.

Related tasks:

- Healthy Active Living Task 1
- Oral Health Task 4
- Mental Health Task 3
- Staff Health Task 1
- Family and Community Engagement Task 3

Related resources:

- [Injury Prevention](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/11_CCHA_Injury_0506.pdf)
http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHA/11_CCHA_Injury_0506.pdf
- [Vital Signs: Child Injury](http://www.cdc.gov/vitalsigns/ChildInjury/)
http://www.cdc.gov/vitalsigns/ChildInjury/
- [What is Injury Prevention?](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/safety-injury-prevention/safe-healthy-environments/HealthyChildren.htm)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/safety-injury-prevention/safe-healthy-environments/HealthyChildren.htm

Task 4: Conduct inspections of any facility, equipment, and materials used by the program to ensure compliance with applicable federal, tribal, state, and local licensing, certification, and regulation requirements.

Related HSPPS:

[45 CFR 1304.22\(f\)](#); [45 CFR 1306.30\(c\)](#)

Over time, facilities, equipment, and materials may show the wear and tear of use. Programs conduct maintenance on a regular basis [[45 CFR 1304.51\(i\)\(2\)](#)]. However, there may be issues that can only be identified through a comprehensive safety check.

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Participate in a program-wide safety inspection to guarantee your program meets applicable federal, tribal, state, and local licensing, certification, and regulation requirements [45 CFR 1306.30(c)].				
With the facilities manager maintain a record of all of the inspectors’ findings and address any identified problems or violations to ensure that your facilities, materials, and equipment are safe, in good condition, and meet all licensing, certification, and regulations requirements [45 CFR 1306.30(c)] (for tribal programs, the inspector may be an employee of Indian Health Services).				

Tip and strategies:

- As a best practice, your program’s safety checklists should provide ongoing compliance checks to ensure your facilities, materials, and equipment are safe.
- Work with the education manager to make sure staff are trained in conducting these safety checks and understand the process for making maintenance requests.

Timeline:

Ongoing

People who can help:

- Facilities manager

Related tasks:

- Safe Environments Task 1

Related resources:

- [Head Start Facility Survey Checklist: Model Tribal Head Start Health and Safety Code](http://www.ihs.gov/headstart/documents/HeadStartFacilitySurveyChecklist.pdf)
http://www.ihs.gov/headstart/documents/HeadStartFacilitySurveyChecklist.pdf
- [Head Start Design Guide](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/fiscal-mang/)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mang-sys/fiscal-mang/

HeadStart
Design.htm

- [What Head Start Leaders Need to Know: Facilities, Equipment and Materials, National Center on Program Management and Fiscal Operations](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/system2.html#facilities)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/center/navigating/system2.html#facilities

To keep children and families safe during emergencies, you and your management team need to be prepared.

Task 5: Develop, practice, and use emergency plans.

Related HSPPS:

45 CFR 1304.22(a); 45 CFR 1304.40(b)(1)(i); 45 CFR 1306.35(b)(1)

Emergencies often occur when they are least expected. They can have a major impact on the lives of children, families, and staff. Your steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Have a detailed emergency plan in place to reduce the impact of emergencies and help people resume their lives more easily [45 CFR 1304.22(a) and 45 CFR 1306.35(b)(1)].				
Use your ongoing monitoring system to help you track whether emergency plans are being followed and whether they meet the needs of your program [45 CFR 1304.51(i)(2)].				



Tips and strategies:

- As a best practice, consider putting together an emergency preparedness team, including staff, families, and local first responders, to help you write, practice, implement, and evaluate all of your program's emergency plans.
- Have your emergency preparedness team focus on [policies and procedures](#) that address these topics [per [45 CFR 1304.22\(a\)](#)]:
 - [Medical and oral health emergencies](#) (<http://www.bt.cdc.gov/recentincidents.asp>)
 - Fires, including fire drills
 - Weather-related emergencies
 - Technical hazards (chemical spills, electrical hazards, and exposure to environmental toxins)
 - Community violence and random acts of violence
 - Communication protocols for use with families and first responders
 - [Emergency evacuation, shelter-in-place, and facility lock-down](#)
 - Mental health support
 - First aid and CPR
 - Maintaining first aid kits and other emergency supplies

- Once your emergency plan is in place and you have policies and procedures to structure staff work, train all staff and children in these procedures [[45 CFR 1304.52\(l\)](#)].
- Use regular drills to help children and staff learn and implement emergency procedures (check tribal, state, and local requirements).
- As a best practice, drills help staff and children feel more comfortable if an emergency arises. Drills also help you determine whether your emergency plans are effective.
- As a best practice support staff and families in developing their own emergency plans. Adults are better able to focus on the needs of children if their own needs also are met.

Timeline:

Ongoing

People who can help:

- Management team
- Staff
- Families
- First responders
- HSAC

Related tasks:

- Safe Environments Task 2

Related resources:

- [American Academy of Pediatrics Children & Disasters](#)
<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Child-Care-Providers.aspx>
- [The Head Start Emergency Preparedness Manual](#)
- [Is Child Care Ready?](#)
http://www.naccra.org/sites/default/files/default_site_pages/2012/disaster_guide_v02-072706-2_0.pdf

To keep children and families safe during emergencies, you and your management team need to be prepared.

Safe Environments Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

Other notes and information:

Oral Health

Oral health is an important part of the overall health and well-being of a child and pregnant

Left untreated, the pain caused by tooth decay can result in problems with eating, speaking and learning.¹

woman. It is key to ensuring that young children are ready to learn when they start school.

Head Start programs promote oral health, and prevent and treat oral diseases. They

also improve the overall health of children and pregnant women.

Children (including infants and toddlers) who engage in tooth brushing and gum cleaning, get fluoride treatments, and have regular oral health screenings or oral examinations from an ongoing source of continuous, accessible



care (dental home) are less likely to experience oral disease¹ [45 CFR 1304.20(a), 45 CFR 1304.20(c), and 45 CFR 1304.20(d)].

Preventing oral disease also is critical for pregnant women. There is a misperception that oral care is unsafe for pregnant women. In fact, it is an important part of prenatal care.

Your role as a health manager is to focus on policies and procedures and plan educational activities to promote oral health for children and pregnant women enrolled in Head Start. The following tasks will support you in oral health policies, procedures, and education plans.

Task 1: In partnership with parents, determine the oral health status of children and pregnant women.

Related HSPPS:

45 CFR 1304.20(a); 45 CFR 1304.40(c)(1)(ii); 45 CFR 1304.41(a)(2)(i)

Determining oral health status is a critical part of providing services to children and pregnant women. Your program uses early identification activities to reduce the impact of oral health problems. These steps include the following:

If mothers have oral disease, it affects more than just their own health. Mothers are more likely to pass the bacteria that cause tooth decay to their infant, increasing their infant's risk for tooth decay and other problems.

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Determine if each child has an ongoing source of continuous, accessible oral health care (dental home) within the first 90 days of enrollment.				
Review and, if needed, revise program confidentiality policies. Adhere to them when requesting and storing oral health information from oral health professionals.				
Establish collaborative relationships with oral health professionals and other resources.				
Help pregnant women and/or parents of children who are uninsured identify a source of insurance.				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Ensure that your recordkeeping system includes the relevant oral health requirements for each participant in your program [45 CFR 1304.20(a)(1)(ii)(C)] and state EPSDT regulations [http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt or http://www.aapd.org/] advocacy/state_periodicity_schedules/				
Ask oral health professionals to fill out an oral health form (e.g., Head Start Oral Health Form) to document the oral health services the pregnant woman or child received.				
Help pregnant women and/or parents of children without a dental home find one.				
Obtain documentation of each child's oral health status from his or her dental home.				
Determine if each child is up to date on the state's schedule of preventive and primary health care (state EPSDT oral health requirements).				
Work with pregnant women to make sure they receive oral health care, including an oral examination.				

Tips and strategies:

- As a best practice, the easiest and quickest way to determine whether children and pregnant women have a dental home is to include the question in enrollment paperwork or orientation activities. If the child or pregnant woman does not have a dental

home, your policies and procedures will have to include steps to help them find one.

- You may have difficulty finding dentists who accept public insurance, either the Children's Health Insurance Program (CHIP) or Medicaid. [This resource](http://www.insure-kidsnow.gov/state/index.html) (<http://www.insure-kidsnow.gov/state/index.html>) may help you

To make sure Head Start participants have the best oral health possible, use recordkeeping and reporting systems [45 CFR 1304.51(g)(h)], ongoing monitoring of policies and procedures [45 CFR 1304.51(i)], education activities [45 CFR 1304.40(f)(1)], and individualized oral health plans [45 CFR 1304.20(f)] to make sure your program is complying with the Head Start Program Performance Standards related to oral health.

find a dentist near you. Your HSAC also may be able to help.

- Most oral health professionals ask parents of the child to complete a consent form at the initial visit. Your program may consider gathering these forms as part of the enrollment process. Programs must have a recordkeeping system that not only provides accurate and timely information but also ensures that the information is kept confidential. If oral health professionals do not understand why you need information, you can provide them with an explanation of why and how you use the information.
- Building relationships with oral health professionals also means helping them understand Head Start [45 CFR 1304.41(b)]. You may find [these resources](#) helpful when you orient oral health professionals to your program.
- To keep families on track for oral health services, you may partner with your family services manager and/or your mental health consultant to consider what works and what doesn't work for adults attempting to get services for themselves or their children (see page 197 in the appendices for more information).
- Often families have problems making appointments, getting to and from dental visits,

and interacting with oral health professionals. Work with your HSAC, your management team, staff, and families to find strategies to overcome these challenges.

- Using clearly defined policies and procedures for determining the oral health status of children and pregnant women will help identify those in need of follow-up oral health care and treatment [45 CFR 1304.40(c)].

Developing policies and procedures around oral health:

As a best practice, your program's HSAC, health staff, management team,

and other staff members can help with each step in your program's policies and procedures. Your policies and procedures need to have several critical components:

- Determining whether each child has an [ongoing source of continuous, accessible oral health care](#) (dental home) within the first 90 days of enrollment [45 CFR 1304.20(a)]
- Obtaining written parental consent for each child's oral health care [45 CFR 1304.20(a) and 45 CFR 1304.20(e)]
- Making sure each child is up to date on the schedule of age-appropriate preventive and primary care using your [state EPSDT oral health requirements \(state dental periodicity schedule\)](#) (http://www.aapd.org/advocacy/state_periodicity_schedules/) [45 CFR 1304.20(a)]

For a sample oral health policy and procedures, review the Umatilla Morrow Head Start Oral Health Policy (<http://www.umchs.org/umchsresources/administration/workplan/Health/H%2008%20Oral%20Health%20Policy/Oral%20Health%20Policies%20&%20Prodedures.pdf>).



- You will also want to work with pregnant women to make sure they receive oral health care [45 CFR 1304.40(c)]

Timelines:

- 90 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)
- Pregnant women receive an oral examination

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team

Related tasks:

- Physical Health Task 1 and 4

Related resources:

- [Toward a Comprehensive Health Home: Integrating the Mouth to the Body](http://www.aaphd.org/assets/resolution-statements/) (http://www.aaphd.org/assets/resolution-statements/

aaphd%20final%20health%20home%20resolution%20-%20last%20revision%20oct%202011.pdf)

- Ensure that children and pregnant women have an ongoing source of continuous, accessible oral health care (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/oral-health>) (dental home) [45 CFR 1304.20(a)], are up to date on all oral health screenings and oral examinations (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/oral-health>) [45 CFR 1304.20(a)], and build partnerships with oral health providers (dentists and dental hygienists) ([://www.mchoralhealth.org/PDFs/HSRDH.pdf](http://www.mchoralhealth.org/PDFs/HSRDH.pdf)) [45 CFR 1304.41(b)]
- Pediatric Guide to Oral Health Flip Chart and Reference Guide (<http://www2.aap.org/oral-health/PediatricGuides.html>)
- Questions to Ask When Looking for a Dental Office
- Head Start Performance Standards Record-Keeping Requirements ACYF-PI-HS-95-03

Task 2: Ensure that children receive treatment and follow-up of needs identified in oral examinations.

Related HSPPS:

45 CFR 1304.20(c)-(f); 45 CFR 1304.40(c)(1)(ii); 45 CFR 1304.40(f); 45 CFR 1304.41(a)(2)(i)

Identifying an oral health care need is not enough. Your program helps each child and pregnant woman with an identified need receive treatment and follow-up care [45 CFR 1304.20(c)]. The policies and procedures your program develops focus on family support [45 CFR 1304.40(f)], individualization [45 CFR 1304.20(f)], recordkeeping and reporting [45 CFR 1304.51(g)(h)], and ongoing monitoring [45 CFR 1304.51(i)(1)].

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Obtain or arrange further diagnostic testing, examination, and treatment for each child with an observable, known, or suspected oral health problem.				
Make sure that pregnant women and children continue to follow the recommended treatment and/or recall schedule [45 CFR 1304.20(c)].				
Develop individualized oral health plans for pregnant women and children who have identified oral health care needs.				
If needed, provide case management services.				
Track all treatment and follow-up activities, including implementation of individualized oral health plans in the established recordkeeping system.				
Establish clear guidelines for using Head Start funds to pay for oral health care when alternative sources of funding are not available.				
If your program covers oral health care costs, document all of your efforts to gain oral health insurance coverage for the child or pregnant woman who received services [45 CFR 1304.20(c)(5)].				

Tips and strategies:

- As a best practice, your program may need to help find oral health professionals, make appointments, provide transportation, translate at appointments, or coordinate family members' time off from work.
- Sometimes, you may want to work with your mental health staff or consultants to help family members feel comfortable with oral health professionals and procedures.
- Mental health professionals can help you work with families when they deal with difficult emotions associated with past oral health experiences.
- Work with your management team to include culturally and linguistically responsive support for families so that they receive appropriate treatment and follow-up.
- Include steps for [partnering with families](#) in ways that are culturally and linguistically responsive [45 CFR 1304.20(e)]. Families should be engaged in creating, implementing, and evaluating the plan as well as communicating on a regular basis about the child's oral health [45 CFR 1304.40(f)].
- As a best practice, your process for follow-up care may include individualizing oral health



plans for children with disabilities. It may require partnering with your program's disabilities manager to make sure the plan is coordinated with the child's IFSP or IEP [45 CFR 1308.18].

- As a best practice, your family services manager is a great resource as you build relationships with families.
- Try to anticipate the amount of funds you will need from previous work with families.
- Your HSAC can offer you ideas for funding sources or partners who may be able to support oral health services for children and pregnant women not covered by public or private insurance.

Working with oral health professionals:

Because you are part of a larger system of care for oral health, you should have a process for communicating with oral health professionals while maintaining the [child's or pregnant woman's privacy](#) (<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html>). As noted earlier, programs must have a recordkeeping system that provides accurate and timely information and ensures that the information is kept confidential. Working with these oral health partners, you:

- Strategize ways to get parental consent for oral health screenings, oral examinations, or follow-up care [Head Start Act, Section 641A(b)(4) and 45 CFR 1304.20(e)].
- Support oral health professionals in [understanding your program and Head Start requirements](#) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/oral-health>).

Oral health policies and procedures:

Your policies and procedures should include:

- Steps to develop an individualized plan for children or pregnant women with oral health problems identified during an oral health screening or oral examination.

- Culturally and linguistically responsive strategies for partnering with families to support treatment and follow-up care.
- Protocols for communicating with oral health care professionals.
- Confidentiality procedures.
- Tracking and ongoing monitoring of oral health activities to make sure children and pregnant women are receiving timely, effective treatment and follow-up.
- Guidelines for using Head Start funds to pay for oral health care when alternative sources of funding are not available.

Timelines:

Ongoing

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team

Related tasks:

- Physical Health Tasks 1 and 4

Related resources:

- [Family Engagement and Ongoing Child Assessment](#)

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/family-engagement-and-ongoing-child-assessment-081111.pdf>

- [Tools to Strengthen Families and Communities: A Compendium](#)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/Resource_Catalogue_041112.pdf
- [A Guide to Improving Children’s Oral Health Care: Tools for the Head Start Community](#)
http://www.chcs.org/publications3960/publications_show.htm?doc_id=1148362

Task 3: Provide oral health education to Head Start children, pregnant women, families, and staff.

Related HSPPS:

45 CFR 1304.20(e); 45 CFR 1304.21(a)(1)(i); 45 CFR 1304.21(a)(5)(ii)-(iii); 45 CFR 1304.40(f)(1)-(2); 45 CFR 1304.51(c)(2)

Your program helps children, pregnant women, and families embrace oral health care by offering educational activities that are meaningful to them. Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Identify culturally, linguistically, and developmentally appropriate oral health education materials.				
Establish a learning environment that supports the participation of all children, including those with disabilities.				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Communicate with parents in their primary or preferred language or through an interpreter to the extent possible.				
Consult with parents when problems with a child's oral health or oral hygiene skills are identified.				
Provide oral health education, including oral disease prevention, emergency first aid, and oral health safety practices.				

Tips and strategies:

- As a best practice, your family services manager can help collect information about what works and doesn't work for families (see page 197 in the appendices) regarding oral health education.
- Work with your family services manager to develop an oral health education plan that promotes prevention and early intervention in ways that you know will work for families in your program.
- Using a strength-based approach is the best way to help families move forward.

Putting together an oral health education plan:

When you put together your education plan for children and families, think about how you:

- Provide educational materials that are culturally, linguistically, and developmentally appropriate [45 CFR 1304.51(c)].
- Establish a learning environment that supports the participation of all children, including those with disabilities [45 CFR 1304.21(a)(1)(i)].

- Communicate with parents in their primary or preferred language or through an interpreter to the extent possible [45 CFR 1304.51(c)].
- Consult with parents when problems with a child's oral health or oral hygiene skills are identified [45 CFR 1304.20(a)].
- Provide oral health education, including oral disease prevention, emergency first aid, and oral health safety practices [45 CFR 1304.40(f)(1)-(2)].

Timelines:

Ongoing

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team

Related tasks:

- Healthy Active Living Task 2
- Family and Community Engagement Tasks 1 and 3

Related resources:

For families:

- [A Healthy Smile for Your Baby: Tips to Keep Your Baby Healthy](http://www.mchoralhealth.org/PDFs/baby-brochure.pdf)
http://www.mchoralhealth.org/PDFs/baby-brochure.pdf
- [A Healthy Smile for Your Young Child: Tips to Keep Your Child Healthy](http://www.mchoralhealth.org/PDFs/child-brochure.pdf)
http://www.mchoralhealth.org/PDFs/child-brochure.pdf
- [Two Healthy Smiles: Tips to Keep You and Your Baby Healthy](http://www.mchoralhealth.org/PDFs/pregnancybrochure.pdf)
http://www.mchoralhealth.org/PDFs/pregnancybrochure.pdf

For Head Start staff:

- [Brush Up on Oral Health Newsletters](https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/oral-health/policies-procedures/buoh.html)
https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/oral-health/policies-procedures/buoh.html
- [A Way with Words: Guidelines for Writing Oral Health Materials for Audiences with Limited Literacy](#)

<http://www.mchoralhealth.org/PDFs/AWayWithWords.pdf>

- [Choose and Use: Head Start Oral Health Curricula](http://www.mchoralhealth.org/HeadStart/curricula/index.html)
http://www.mchoralhealth.org/HeadStart/curricula/index.html
- [Oral Injury Prevention & Emergency Care Training](http://www.scdhec.gov/administration/library/CR-006705.pdf)
http://www.scdhec.gov/administration/library/CR-006705.pdf

Task 4: Develop oral health promotion and prevention activities.

Related HSPPS:

45 CFR 1304.22(a)(1)-(2); 45 CFR 1304.22(a)(4); 45 CFR 1304.22(c)(2)-(4); 45 CFR 1304.22(d); 45 CFR 1302.22(e)(1)(iii); 45 CFR 1302.22(e)(3); 45 CFR 1302.22(f)(1)-(2); 45 CFR 1304.23(b)(1)(v)-(vii)

Oral health promotion and prevention activities keep children healthy and safe in program activities. Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Set up a first-aid kit that includes equipment and supplies to treat oral injuries, and make it readily accessible.				
Train all Head Start staff to respond to dental emergencies and to demonstrate safety practices. (http://www.scdhec.gov/administration/library/CR-006705.pdf) [45 CFR 1304.22(a) and 45 CFR 1304.22(d)].				
Incorporate oral health safety awareness into parent and child activities.				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Establish policies and procedures for acquiring, cleaning, and storing age-appropriate toothbrushes.				
Establish policies and procedures for tooth brushing protocols (e.g., storing and dispensing fluoridated toothpaste, preventing cross contamination of toothbrushes, adult supervision of toothbrush usage, injury prevention, hand hygiene for staff to prevent exposure to saliva and other body fluids), and other oral health activities in Head Start programs and for home visits.				
Establish policies and procedures for delivering foods in ways that promote safe oral health practices and oral motor development (using developmentally appropriate utensils, dishes, and cups).				

Policies and procedures:

Oral health encompasses strategies to promote health and prevent injury or the spread of infectious disease [45 CFR 1304.20(c) and 45 CFR 1302.22(e)]. Policies and procedures need to include (<http://www.mchoralhealth.org/PDFs/ToothbrushingProtocol.pdf>):

- Acquiring, cleaning, and storing age-appropriate toothbrushes
- Schedules for tooth brushing and other oral health activities
- Delivering foods in ways that promote safe oral health practices and oral motor development (using developmentally appropriate utensils, dishes, and cups)

- Storing and dispensing fluoridated toothpaste
- Preventing cross contamination of toothbrushes
- Hand hygiene for staff (handwashing and wearing gloves) to prevent exposure to bodily fluids
- Adult supervision to promote correct toothbrush usage and prevent mouth injuries

Tips and strategies:

- To meet requirements, your policies and procedures should address services you provide in classrooms, family child care centers, socialization spaces, and families' homes. For example, for home-based programs that serve food at socializations, you will need to

maintain oral health policies and procedures, such as tooth brushing.

- As a best practice, you may want to have policies and procedures for helping families use these oral health practices in their routines at home.

Timeline:

Ongoing

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team
- Oral health partners

Related tasks:

- Safe Environments Task 1

Related resources:

- [Guidelines on fluoride therapy.](http://www.aapd.org/media/Policies_Guidelines/G_fluoridetherapy.pdf)
http://www.aapd.org/media/Policies_Guidelines/G_fluoridetherapy.pdf



- [Recommendations for Oral Health: Tooth-brushing Protocol for Preschool and Child Care Settings Serving Children 3–5 Years of Age.](http://www.mchoralhealth.org/PDFs/Tooth-brushingProtocol.pdf)
http://www.mchoralhealth.org/PDFs/Tooth-brushingProtocol.pdf
- [Indian Health Services Early Childhood Caries Collaborative](http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.display)
http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.display

Oral Health Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

Other notes and information:

Healthy Active Living

Healthy active living is important. Research tells us that the way young children eat and move can affect their weight now and in the future.^{2,3} Early childhood is an ideal time to start healthy habits. It's never too early to start!

Healthy active living in infancy and early childhood includes:

- Supporting [breastfeeding](https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/nutrition-health-safety/breastfeeding-creating-a-program.html) (https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/nutrition-health-safety/breastfeeding-creating-a-program.html) for at least the first 6 months of life [45 CFR 1304.40(c)(3)]
- [Eating healthy meals and snacks](http://www.choosemyplate.gov) (http://www.choosemyplate.gov) [45 CFR 1304.23(b)(1)(iv)-(vii)]
- Spending time each day [moving and being active](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lamMovinglam.htm) (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lamMovinglam.htm) [45 CFR 1304.21(a)(5)]

Your program promotes healthy active living in a number of ways:

- Having appropriate servings of healthy foods available [45 CFR 1304.23(b)(1)(iv)-(vii)]



- Providing safe spaces for active play [45 CFR 1306.30(c)]
- Integrating movement throughout a child's day [45 CFR 1304.21(a)(5)]
- Talking with families about healthy food choices and creating a safe space for active play at home [45 CFR 1304.40(f)]
- Home-based programs providing healthy food choices and opportunities for physical activities during socialization activities [45 CFR 1306.33(c)(3)]

All of these experiences help young children develop and maintain a healthy weight.

The following tasks will help you develop policies, procedures, and plans to support your program's nutrition services and physical activity.

Task 1: Partnering with families to provide nutrition assessments, develop program menus, meet USDA nutrition requirements, and support and implement family-style meals.

Related HSPPS:

45 CFR 1304.23(a); 45 CFR 1304.23(b)(1)-(2); 45 CFR 1304.23(c)(3); 45 CFR 1304.23(d); 45 CFR 1304.40(c)(1)(i); 45 CFR 1304.40(f)(3)

Nutrition policies and procedures guide how your program works with families to meet 45 CFR 1304.23 and other applicable federal, tribal, state, and local regulations and federal nutrition requirements. Steps include the following:

Families look to you for guidance and support in making the best choices for their children. You have a unique opportunity to make a difference in young children's healthy development. Your work supports and models healthy eating and physical activity.

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Providing individualized, and culturally and linguistically responsive, nutrition assessments for children and (counseling if needed) for pregnant women [45 CFR 1304.23(a)].				
Developing program menus with family input [45 CFR 1304.23(c)].				
Meeting USDA nutrition requirements [45 CFR 1304.23(b)].				
Implementing and/or supporting family-style meals [45 CFR 1304.23(c)].				

Tips and strategies:

- Begin by comparing the HSPPS with your agency’s policies and procedures. Then make sure your policies and procedures meet the requirements of the [Child and Adult Care Food Program \(CACFP\)](http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program) (<http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>) or [National School Lunch Program](http://www.fns.usda.gov/cnd/lunch/) (<http://www.fns.usda.gov/cnd/lunch/>)
- Ask your program director which nutrition assistance programs your program uses.
- If your program participates in any tribal, state, or local nutrition programs, review those requirements.
- When planning menus, include all information from your nutrition assessment to make sure that you are meeting family needs [45 CFR 1304.23(b)(1)].
- As a best practice, for staff to use when talking with families, include [specific approaches](http://www.ag.uidaho.edu/feeding/fortrainers/handouts/pdf/) (<http://www.ag.uidaho.edu/feeding/fortrainers/handouts/pdf/>)

PWP1_Talking_with_Families_about_Healthy_Weight.pdf) that are culturally responsive and sensitive to families’ attitudes and knowledge about food and fitness.

- As a best practice, use your HSAC and annual self-assessment process [45 CFR 1304.51(i)] to evaluate all your policies and procedures.
- As a best practice, develop a policy about what kinds of foods can be included in program activities. This will help ensure that people know what foods to bring to program events.

Some families may also want to include a nutrition and/or physical activity goal in their Family Partnership Agreement (FPA) [45 CFR 1304.40(a)].

- Family-style meals are a great time for **families** (<http://www.choosemyplate.gov/preschoolers/healthy-habits/making-mealtime-family-time.html>) to catch up and build nurturing relationships. You can contact your **state Child and Adult Care Food Program (CACFP) office** (<http://www.fns.usda.gov/cnd/Contacts/State-Directory.htm>) for more resources.

Food policies and planning:

Keep in mind a number of things when developing food policies and planning with families. These things include:

- Children may come from various religious, cultural, and ethnic backgrounds that have food restrictions or preferences. For example, some children will not be able to eat pork, or be in the room when pork is served. If this is the case, you will need to make sure pork is not included on the menu.
- Children may have various **food intolerances or allergies** (http://kidshealth.org/parent/growth/feeding/food_allergies.html) including peanuts, milk, wheat, eggs, soy, tree nuts, fish, and shellfish. Your food policies and planning need to specify what food is served, to whom, and when [45 CFR 1304.20(f), 45 CFR 1304.23(b)(1) and 45 CFR 1308.20].
- Track new foods that are being introduced to babies and young children [45 CFR 1304.23(a)(3)]. This will help you and families figure out if new foods create allergic or other negative reactions. Tracking new foods also helps in figuring out when it is safe to introduce new foods into children's diets.
- If you work in a center-based program where staff serve breakfast, lunch, and snacks seated together like a family, help staff to understand that a family-style approach to meals helps children develop "social, emotional, gross, and fine motor skills" (*Caring for Our Children Standard 4.5.0.4*) [45 CFR 1304.23(c)].
- If you work in a home-based program, encourage families to eat all their meals together. Family meals help both children

and adults understand their **responsibilities** (<http://www.nfsmi.org/documentlibraryfiles/PDF/20100917033202.pdf>) before, during, and after meals [45 CFR 1306.33(b)(1)].

- Working directly with family members helps to make sure that nutrition activities are individualized [45 CFR 1304.23(b)(4)]. The issue of body mass index (BMI) is particularly sensitive for many families. You may want to work with family service workers and/or your mental health consultant to find the best way to share this information. All communication should make families feel supported by program staff.

You are responsible for making sure these policies and procedures are followed and maintained throughout the year. If you note through your ongoing monitoring [45 CFR 1304.51(ii)] that a policy or procedure is not meeting its goal, make revisions and check again!

Nutrition and assessment policies and procedures:

Your policies and procedures need to include information about nutrition assessments [45 CFR 1304.23(a)], menu development, and approval [45 CFR 1304.23(c)]. Meal service needs to meet CACFP [45 CFR 1304.23(b)], National School Lunch or requirements from **other USDA programs** (<http://fnic.nal.usda.gov/nutrition-assistance-programs>) that your program uses.

Make sure policies and procedures about **nutrition assessment** (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/nutrition.html>) include the following:

- An assessment by staff of each child and pregnant woman [45 CFR 1304.23(a)]. Information gathered should include nutrition



data (for example, height, weight, and hemoglobin/hematocrit), special dietary and/or feeding requirements, cultural preferences, and family eating patterns.

- For infants and toddlers, include current feeding schedules and amounts and types of food provided (for example, breastfeeding, bottle-feeding, and/or baby food), eating schedule, toileting patterns, and developmental changes related to nutrition [45 CFR 1304.23(a)].
- For policies and procedures about [menus](http://teammnutrition.usda.gov/resources/blocksintro.pdf) (<http://teammnutrition.usda.gov/resources/blocksintro.pdf>) and [meal service](http://nrckids.org/CFOC3/HTMLVersion/Chapter04.html#4.5) (<http://nrckids.org/CFOC3/HTMLVersion/Chapter04.html#4.5>), make sure they include:
 - Requirements from [CACFP](http://www.fns.usda.gov/cnd/lunch/), [National School Lunch Program](http://www.fns.usda.gov/cnd/lunch/) (<http://www.fns.usda.gov/cnd/lunch/>), and [other USDA nutrition assistance support programs](http://fnic.nal.usda.gov/nutrition-assistance-programs) (<http://fnic.nal.usda.gov/nutrition-assistance-programs>), if appropriate
 - A variety of foods that consider dietary restrictions and religious, cultural, and ethnic preferences, while broadening the child's food experience [45 CFR 1304.23(c)]

- Plans for children and staff to eat all meals together, serving food [family style](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/education-activities/health_pub_12000_071406.html) (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/education-activities/health_pub_12000_071406.html) [45 CFR 1304.23(b)]

Assessment information is used for developing [nutrition education](http://fnic.nal.usda.gov/professional-and-career-resources/nutrition-education) (<http://fnic.nal.usda.gov/professional-and-career-resources/nutrition-education>) and providing referral for food assistance if needed [45 CFR 1304.23(d)].

Timeline:

Ongoing, with exceptions:

- Nutrition assessments should be completed as part of the health assessment during enrollment.
- Children's nutrition data should be updated according to the [EPSDT schedule](http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt) (<http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt>).

People who can help:

- Family services manager and staff
- Staff nutritionist or nutrition consultant
- Meal service staff or contractors
- HSAC
- Program director

Related tasks:

- Safe Environment Task 1
- Family Health Literacy Task 5

Related resources:

- [Healthy Active Living for Families Implementation Guide](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Pages/HALF-Implementation-Guide.aspx)
<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Pages/HALF-Implementation-Guide.aspx>

For examples of policies for nutrition services, review pages 20–25 from the [Model Child Care Health Policies](#).

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <http://www.fns.usda.gov/wic>
- Supplemental Nutrition Assistance Program (SNAP) <http://www.fns.usda.gov/snap/>
- <http://www.teamnutrition.usda.gov/Resources/nutritionandwellness.html>

Task 2: Provide nutrition education for families and staff.

Related HSPPS:

45 CFR 1304.23(a), 45 CFR 1304.23(d), 45 CFR 1304.40(f)(3)

Support families by providing nutrition education for families and staff. Steps and activities include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Develop a plan for nutrition education activities that includes families' interests and concerns [45 CFR 1304.23(d)].				
Develop program menus with family input [45 CFR 1304.23(c)].				
Meet USDA nutrition requirements [45 CFR 1304.23(b)].				
Implement and/or support family-style meals [45 CFR 1304.23(c)].				

Tips and strategies:

- To help you meet nutrition education requirements [45 CFR 1304.23(d)], partner with your family services manager to engage parents in nutrition education opportunities.
- Your HSAC can be a great resource for guest speakers, references, and materials. Work with your management team to integrate these education activities into parent education activities, home visits, socializations, health fairs, and other program activities.
- The family [nutrition assessment](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition>) is an opportunity to talk with families

about their nutrition concerns and interests [45 CFR 1304.23(a)]. Based on information from each family's nutrition assessment, you can individualize activities to meet specific needs.

- As a best practice, policy council and parent committee meetings are great opportunities to engage family members in the nutrition education planning process.

As a best practice, you may include activities that focus on:

- Accessing nutrition assistance through federal programs such as [The Emergency Food Assistance Program \(TEFAP\)](http://www.fns.usda.gov/tefap) (<http://www.fns.usda.gov/tefap>)

[gov/fdd/programs/tefap/default.htm](http://www.fns.usda.gov/fdd/programs/tefap/default.htm)), the Supplemental Nutrition Assistance Program (SNAP) (http://www.fns.usda.gov/snap/applicant_recipients/apply.htm), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (<http://www.fns.usda.gov/wic/howtoapply/whogetswicand-howtoapply.htm>)

- [Selecting and preparing food](http://www.choosemyplate.gov) (<http://www.choosemyplate.gov>)
- [Creating a home food budget](http://snap.nal.usda.gov/resource-library/manage-your-food-resources-wisely/meal-planning-shopping-and-budgeting) (<http://snap.nal.usda.gov/resource-library/manage-your-food-resources-wisely/meal-planning-shopping-and-budgeting>)
- [Addressing the individualized nutrition needs of their child](http://www.mchlibrary.info/pubs/PDFs/Nutrition_Std/Nutrition_4.pdf) (http://www.mchlibrary.info/pubs/PDFs/Nutrition_Std/Nutrition_4.pdf)

Timeline:

Orientation and ongoing

People who can help:

- Staff nutritionist or nutrition consultant
- HSAC
- Health staff
- Family services manager and staff
- Program director
- Health education curriculum staff
- Community speakers

Related tasks:

- Family Health Literacy Task 1
- Family Health Literacy Task 3

Related resources:

- [Healthy Active Living for Families](http://www.healthychildren.org/English/healthy-living/growing-healthy/Pages/default.aspx)
<http://www.healthychildren.org/English/healthy-living/growing-healthy/Pages/default.aspx>
- [USDA Team Nutrition](http://www.fns.usda.gov/tn/)
<http://www.fns.usda.gov/tn/>
- [Eat Right.org](http://www.eatright.org/)
<http://www.eatright.org/>



- [Caring for Our Children](http://cfoc.nrckids.org/StandardView/4.7)
<http://cfoc.nrckids.org/StandardView/4.7>
- [Nemours Best Practices for Healthy Eating](http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf)
<http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/heguide.pdf>
- [Feeding Infants: A Guide for Use in Child Nutrition Programs](http://www.fns.usda.gov/tn/Resources/feeding_infants.pdf)
http://www.fns.usda.gov/tn/Resources/feeding_infants.pdf

Task 3: Include children with special health care needs (including special dietary needs).

Related HSPPS:

45 CFR 1308.20(a)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Work with your program’s disabilities manager to individualize nutrition plans for children with disabilities and special health care needs so that they can be appropriately included in meal services [45 CFR 1308.20(a)].				
Work with your program’s disabilities manager to identify children who need additional individualized services through nutrition assessment, evaluation, and/or enrollment processes. [45 CFR 1304.20(b)] [45 CFR 1304.23(a)] [45 CFR 1305.7]				

Tips and strategies:

- As a best practice, consider working with special education partners to [include feeding and nutrition goals in the child’s IFSP or IEP](#) (<http://depts.washington.edu/pwdlearn/web/pdfs/mod5print.pdf>).
- The disabilities manager or the child’s health care providers can identify solutions if staff need more support to implement a child’s individualized plan.

Timeline:

Ongoing

People who can help:

- Staff nutritionist or nutrition consultant
- Disabilities manager
- HSAC
- Meal service staff or contractors

Related tasks:

- Physical Health Task 1

Related resources:

- [Nutrition assessment](#)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/nutrition.html>
- [Handbook for Children with Special Food and Nutrition Needs](#)
<http://nfsmi-web01.nfsmi.olemiss.edu/documentlibraryfiles/PDF/20080213015556.pdf>
- [The National Early Childhood Technical Assistance Center](#)
<http://ectacenter.org/>
- [IDEA.ed.gov](#)
<http://idea.ed.gov/>

Task 4: Provide developmentally appropriate daily physical and motor activity for all children.

Related HSPPS:

45 CFR 1304.21(a)(5)-(6)

Children who engage in physical activity are more likely to stay healthy, focused, and engaged in all learning activities in your program. Physical activity supports healthy growth and development. It helps with children’s gross and fine motor development.⁴ Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Working with the education manager and family services manager, partner with teachers and home visitors to identify new ways to encourage physical activity in children’s daily activities [45 CFR 1304.21(a)(5)-(6)].				
For home based-programs, support home visitors to help families increase their physical activity [45 CFR 1304.21(a)(5)-(6)].				

Tips and strategies:

- As a best practice, use culturally responsive approaches to help families add [steps](http://www.health.gov/paguidelines/guidelines/chapter8.aspx) (http://www.health.gov/paguidelines/guidelines/chapter8.aspx) to their day, find safe places for active play, and discover easy and enjoyable ways to exercise more.
- As a best practice, make sure your plans meet the physical activity needs of the children and families in your program:
 - Make sure your program policies and procedures guide families and educators to include enough active play in their children’s schedules.
 - Offer families strategies to make active play a part of their home routines.
 - Make sure that movement is addressed throughout the day and in the curriculum.
- Provide safe indoor and outdoor spaces, equipment, and materials for active play.
- In a home-based setting, offer individualized, culturally and linguistically responsive support to families that includes learning about the importance of physical development, having time for outdoor and indoor activities, and helping their children safely use equipment and materials.
- Depending on a child’s age they may need different amounts of physical play. [Recommendations are for infants to interact with adults to exercise in small amounts daily; toddlers to participate in 30 minutes of structured and 60 minutes of unstructured physical play; and preschoolers to have 60 minutes of structured and 60 minutes of unstructured physical play daily](http://www.shapeamerica.org/standards/guidelines/paguidelines) [http://www.shapeamerica.org/standards/guidelines/paguidelines].

cfm]. Physical activity can be scheduled in short bursts throughout the day.

Timeline:

Ongoing

People who can help:

- Education manager
- Family services manager and staff
- Teaching staff/home visitors
- HSAC
- Community partners

Related tasks:

- Safe Environment Tasks 1, 2, and 4

Related resources:

Programs like [I Am Moving, I Am Learning](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lam-Movinglam.htm) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lam-Movinglam.htm>), [Let's Move Child Care](http://www.letsmove.gov/get-active) (<http://www.letsmove.gov/get-active> or <http://www.healthykidshealthyfuture.org/content/hkhf/home/activities.html>), and [Sesame Workshop's](#)

[Healthy Habits for Life](http://www.sesame-street.org/parents/topicsandactivities/toolkits/healthyhabits) (<http://www.sesame-street.org/parents/topicsandactivities/toolkits/healthyhabits>) can be used in classrooms, family child care, and socializations.

- [HALF](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Pages/HALF-Implementation-Guide.aspx)
<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/HALF-Implementation-Guide/Pages/HALF-Implementation-Guide.aspx>
- [Let's Move](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lamMovinglam.htm)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lamMovinglam.htm>
- [I Am Moving, I Am Learning \(IMIL\)](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lamMovinglam.htm)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/healthy-active-living/imil/lamMovinglam.htm>
- [Head Start Body Start](http://courses.aahperd.org)
<http://courses.aahperd.org>
- [USDA Eat Smart Play Hard](http://www.fns.usda.gov/eatsmartplayhard/healthylifestyle/)
<http://www.fns.usda.gov/eatsmartplayhard/healthylifestyle/>

Healthy Active Living Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

Other notes and information:

Mental Health

Mental health helps people positively engage with the world. The relationships that your

While there is a section in the HSPPS for “child mental health,” 45 CFR 1304.24, mental health standards are woven throughout the scope of the standards.

staff build with children and families create a nurturing environment. When adults model healthy interactions, they teach children how to interact with others, cope with change, and feel good about themselves. Children

who have positive relationships and can express their emotions appropriately are better able to explore and learn.

Promoting the mental health of young children and their families has been a key part of Head Start since it started. Mental health in Head Start includes a number of services to

children and families, both promoting positive social-emotional development and identifying and treating concerns early to minimize their effects on children.

As a health manager, you work with the mental health staff and/or consultants and other team members to create and maintain a plan that promotes the mental health of each child, family, and staff member.

Task 1: Work with the mental health manager, specialist, and/or consultant to partner with families in mental health services.

Related HSPPS:

45 CFR 1304.24(a)(1)(i)-(vi); 45 CFR 1304.40(f)(1); 45 CFR 1304.40(f)(4)(i-iii)

Outcomes for children are better when programs have strong relationships with families. Working collaboratively with families in the area of mental health gives the best opportunity for young children to develop and enhance their social, emotional, and behavioral skills. Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Work with the mental health manager, specialist, and/or mental health consultant, as appropriate, to write or revise, implement, and evaluate policies and practices to partner with families in culturally and linguistically responsive ways [45 CFR 1304.24].				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
<p>Use supervision [45 CFR 1304.52(a)(1)], community assessment [45 CFR 1305.3], recordkeeping and reporting, self-assessment, and ongoing monitoring [45 CFR 1304.51] systems to help you determine how effective your program is at promoting positive social-emotional development and mental health, and addressing mental health concerns.</p>				
<p>Work with mental health professionals to guide staff as they help families to understand the importance of teaching children how to play with others, talk through their emotions, and take space when they need to settle down [45 CFR 1304.24(a)(2)].</p>				
<p>Work with your mental health professionals to:</p> <ul style="list-style-type: none"> • Ensure staff receive the training they need to engage and collaborate with families in the area of mental health (see specific tasks above). • Evaluate the effectiveness of mental health collaborations with families. • Document the training and the effectiveness of collaborations with families. 				
<p>Develop and implement plans to provide mental health education programs for staff and families [45 CFR 1304.24 (a)(3)].</p>				
<p>Evaluate all of your mental health education activities and make changes using the planning cycle [45 CFR 1307.3(c)(2)].</p>				

Children are more likely to succeed in school and life when:

- *Home and school environments are positive and nurturing*
- *Families understand child needs*
- *Families are able to effectively respond to child behavior*

Tips and strategies:

- For ideas on how to develop and implement mental health services, review resources at the [Center for Early Childhood Mental Health Consultation](http://www.ecmhc.org/documents/CECMHC_AdministratorsToolkit.pdf) (http://www.ecmhc.org/documents/CECMHC_AdministratorsToolkit.pdf).
- A sample of policies and procedures can be found at [Head Start of Lane County's website](http://www.hsolc.org/policies/mental-health/mental-health-consultation-and-education) (<http://www.hsolc.org/policies/mental-health/mental-health-consultation-and-education>).
- As a best practice, consider [cultural reasons](http://www.ecmhc.org/tutorials/competence/index.html) (<http://www.ecmhc.org/tutorials/competence/index.html>) for families' behaviors and individualize your approaches.
- As a best practice, share mental health information with families and staff in different ways. You can send home [short papers](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html>), [books](http://www.ecmhc.org/baby_books.html) (http://www.ecmhc.org/baby_books.html), [tip sheets](http://www.ecmhc.org/ideas/index.html) (<http://www.ecmhc.org/ideas/index.html>), and letters.
- Provide feedback at family engagement activities.
- Consider including mental health information at meetings, including parent meetings, orientation for families, staff orientation, socializations, staff and family trainings, home visits, policy council meetings, and individual meetings with staff or families.

Social-emotional development and mental health:

Talking to families about children's social-emotional development and mental health leads to partnerships that promote children's health in many ways:

- Families can start to understand children's behavior as part of their development.
- They can see when their child's distracted or withdrawn behaviors get in the way of learning.

Mental health professionals guide staff as they help families to understand the importance of teaching children how to [play with others](#)

(<http://csefel.vanderbilt.edu/scriptedstories/friend.ppt>), [talk through their emotions](#) (<http://csefel.vanderbilt.edu/scriptedstories/words.ppt>), and [take space](#) (<http://csefel.vanderbilt.edu/scriptedstories/tuckerturtle.ppt>) when they need to settle down.

Ultimately, children need nurturing, responsive relationships with their families to develop positive mental health skills. Your program helps build those relationships with the support of mental health services.

Policies and practices to partner with families:

To meet the requirements in [\[45 CFR 1304.24 \(a\)\(1\)\]](#), work with the mental health manager, specialist, and/or mental health consultant, as appropriate, to write or revise, implement, and evaluate policies and practices to [partner with families](#) (<http://www.ecmhc.org/tutorials/family-engagement/index.html>) in culturally and linguistically responsive ways to:

- Gather family information, observations, perspectives, and concerns about their child's behaviors and social-emotional development.



- Share staff's observations about child behaviors and development. Discuss and anticipate what they might expect from their child, including separation and attachment issues.
- Discuss and identify appropriate responses to their child's behaviors.
- Talk about ways to strengthen nurturing, supportive environments and relationships in the home and at the program.
- Help families to better understand and reduce the stigma for children with challenging behaviors or other mental health concerns.
- Support parents' participation in any needed mental health interventions.
- Active involvement of family members in planning and implementing any mental health interventions for their children.
- Opportunities for family members to observe educators teaching positive social-emotional skills so that they can practice these strategies on their own.

Timeline:

Ongoing

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team
- Mental health professionals
- Education manager

Related tasks:

- Family and Community Engagement Task 3

Related resources:

- [Family Engagement as Parent Involvement 2.0](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/center/familyengparin.htm
- [Head Start Bulletin #80 Mental Health](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/MH2009_FINAL%5B1%5D.pdf)
http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/MH2009_FINAL%5B1%5D.pdf

Mental health education:

Ensure that, at a minimum, mental health education provides:

- Various group opportunities for family members and program staff to identify and discuss issues related to child mental health.
- [Individual opportunities](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html) (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html) for parents to discuss mental health issues related to their child and family with program staff.

- **Resources Family Tools**
<http://csefel.vanderbilt.edu/resources/family.html>
- **Social-Emotional Tips for Families**
http://www.ecmhc.org/materials_families.html
- **Little Kids, Big Questions**
<http://www.zerotothree.org/about-us/fund-ed-projects/parenting-resources/podcast/Little Kids, Big Questions>
This resource addresses some of the most common (and challenging) issues facing parents of babies and toddlers, such as helping a baby learn to sleep through the night; dealing with a picky eater; and learning to set limits on children’s behavior.
- **Responding to the Mental Health Needs of Infants, Toddlers and Families**
<http://www.ehsnrc.org/101/menu/pdfs/EHSProgramStrat-English/psmentalhealth.pdf>

Task 2: Support children’s social and emotional development in partnership with members of your program’s management team.

Related HSPPS:

45 CFR 1304.21(a)(3)(i)-(ii); 45 CFR 1304.21(b)(1)(i); 45 CFR 1304.21(b)(2)(i); 45 CFR 1304.21(c)(1)(iv); 45 CFR 1304.24(a)(1)(i)-(vi); 45 CFR 1304.52(h)(1)(iv)

Children are learning to cope with their own emotions and engage with others every minute of the day. They may encounter successes and challenges. Building a positive learning environment where children can explore how they relate to others and themselves will help them focus and learn other new skills. Steps for this task include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Integrate social-emotional curriculum into your program’s daily activities to promote children’s positive social-emotional development [45 CFR 1304.21(a)(b)].				
Ensure staff have the training necessary to effectively support children’s social-emotional development [45 CFR 1304.52(l)].				
Develop, maintain, support, and monitor policies and practices to ensure all staff use positive methods of child guidance [45 CFR 1304.52(k)(1)(iv)].				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Provide training and other professional development opportunities for staff members so they can effectively support children’s mental health [45 CFR 1304.24(a)(3)].				
Ensure program’s policies and procedures promote consistent staffing patterns so that children can have the same teachers to the extent possible. Because relationships are so critical to children’s development, your program promotes continuity of care for children and families [45 CFR 1304.21(b)(1)(i)]. Relationships and environments for infants and toddlers must encourage trust and emotional security [45 CFR 1304.21(b)(1)(ii)].				
Make sure staff have concrete and specific information about how to promote the social-emotional development of infants and toddlers [45 CFR 1304.21(b)(2)].				
Discuss child assessment data with the education manager. These data should reflect child growth and social-emotional development [45 CFR 1307.3(c)(2)].				
Use your ongoing monitoring system to determine whether staff have acquired and are implementing new skills and knowledge to promote children’s mental health [45 CFR 1304.51(i)(2)].				

Tips and strategies:

- The [social-emotional development domain](http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach/cdelf/se_dev.html) (http://eclkc.ohs.acf.hhs.gov/hslc/sr/approach/cdelf/se_dev.html) of the child development and early learning framework provides in-depth information about what is required for preschool children.
- As a best practice, work with your management team to help staff integrate each child's home language, culture, and family composition into their mental health activities.

Encouraging social and emotional development:

According to [45 CFR 1304.21\(a\)\(3\)\(i\)](http://45CFR1304.21(a)(3)(i)), [your program will encourage development](http://45CFR1304.21(a)(3)(i)) (<http://csefel.vanderbilt.edu/resources/strategies.html>) that enhances each child's strength by:

- Building trust
- Fostering independence
- Encouraging self-control by setting clear, consistent limits and having realistic expectations
- Encouraging respect for the feelings and rights of others
- Supporting and respecting the home language, culture, and family composition of each child in ways that support the child's health and well-being
- Planning for routines and transitions so that they occur in a timely, predictable, and consistent manner according to each child's need

For Early Head Start programs, this includes creating environments that encourage the development of self-awareness, autonomy, and self-expression as outlined in the child development and early learning framework.

Ongoing monitoring activities:

Ongoing monitoring activities may include, but are not limited to:

- Observations of [routines and transitions](http://eclkc.ohs.acf.hhs.gov/hslc/sr/quality/class) (<http://eclkc.ohs.acf.hhs.gov/hslc/sr/quality/class>) to ensure they are timely, predictable,



unrushed, and generally meet the children's needs [[45 CFR 1304.21\(a\)\(4\)](http://45CFR1304.21(a)(4))]

- Observations of [staff interactions](http://eclkc.ohs.acf.hhs.gov/hslc/sr/quality/class) (<http://eclkc.ohs.acf.hhs.gov/hslc/sr/quality/class>) with children and families
- Analysis of [screening](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/how-to-talk-to-families-about-depression.pdf) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/how-to-talk-to-families-about-depression.pdf>) and ongoing assessment results
- [Conversations with families](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/MentalHealth/Resources%26SupportforFamilies/ParentalDepression/betterparentcommunication.pdf) ([http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/MentalHealth/Resources %26 Support for Families/Parental Depression/betterparentcommunication.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/MentalHealth/Resources%26SupportforFamilies/ParentalDepression/betterparentcommunication.pdf)) [[45 CFR 1304.21\(a\)\(2\)](http://45CFR1304.21(a)(2))]

Timeline:

Ongoing

People who can help:

- Family services manager
- Family service workers/home visitors
- HSAC
- Health staff
- Management team
- Mental health consultants

Related tasks:

- Physical Health Task 2
- Family Engagement Task 3

Related resources:

- [Responsive Caregiving Tip Sheet #21](http://www.ehsnrc.org/Publications/English%20Tip%20Sheets/TIP_SHEET_21.PDF)
http://www.ehsnrc.org/Publications/English Tip Sheets/TIP_SHEET_21.PDF
- [Social-Emotional Tips for Providers Caring for Infants and Toddlers](http://www.ecmhc.org/materials_staff.html)
http://www.ecmhc.org/materials_staff.html
- [Inventory of Practices for Promoting Infant Toddler Social-Emotional Competence](http://csefel.vanderbilt.edu/resources/training_infant.html)
http://csefel.vanderbilt.edu/resources/training_infant.html
- [Inventory of Practices for Promoting Children’s Social-Emotional Competence \(PreK\)](http://csefel.vanderbilt.edu/resources/training_preschool.html)
http://csefel.vanderbilt.edu/resources/training_preschool.html
- [Tips and Tools for Promoting Social-Emotional Development](http://www.zerotothree.org/child-development/social-emotional-development/tips-and-tools-promoting-social-emotional-development.html)
http://www.zerotothree.org/child-development/social-emotional-development/

tips-and-tools-promoting-social-emotional-development.html

Task 3: Secure the services of a mental health professional or professionals.

Related HSPPS:

45 CFR 1304.24(a)(2)-(3)

Mental health professionals give program staff, children, and families access to expertise in children’s social-emotional development and support for mental health issues. Mental health professionals support staff and families so that they can build nurturing relationships with children [45 CFR 1304.24(a)(3)]. They can help adults determine when behaviors are developmentally appropriate and when there is cause for concern.

Your steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Work with a mental health professional who can conduct child observations, offer guidance, and provide educational activities for parents and staff [45 CFR 1304.24(a)(3)].				
Work with your management team and mental health professional(s) to make sure that services include a regular schedule of on-site mental health consultation [45 CFR 1304.24(a)(2)].				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
<p>Work with your management team and mental health professional(s) to ensure a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child’s social-emotional development or mental health [45 CFR 1304.24(a)(2)].</p>				
<p>Ensure your program is supported by a licensed or certified mental health professional who has experience and expertise in serving young children and their families. Maintain documentation of the mental health professional’s license or certification in your program’s staff or consultant records [45 CFR 1304.52(d)(4)].</p>				
<p>Determine if mental health services are meeting family and staff needs.</p>				
<p>Review your mental health data on an ongoing basis to ensure that the services of the mental health professional continue to meet the needs of the children, families and staff [45 CFR 1304.51(i)(2)].</p>				
<p>As you work with families, make sure they know a mental health professional is available to support them [45 CFR 1304.40(f)(4)].</p>				
<p>Include ongoing monitoring systems to determine if practices are effective in meeting the HSPPS related to mental health [45 CFR 1304.51(i)(2)].</p>				

Research shows the most effective mental health consultation occurs when the consultant has a long-term commitment to the program.

Source: Portland State University Research and Training Center on Family Support and Children's Mental Health. (2004). *Focal point: A national bulletin on family support and children's mental health—partnering with families*; 18(1), Summer.

Tips and strategies:

- As a best practice, finding mental health professionals who understand young children and low-income families is critical. You will want to find someone who is a good fit for your program and can work closely with your team.
- Review your mental health [contracts](http://www.ecmhc.org/documents/Sample_MHC.pdf) (http://www.ecmhc.org/documents/Sample_MHC.pdf) or [memoranda of understanding](http://www.ecmhc.org/documents/MOU_Head_Start_Example.pdf) (http://www.ecmhc.org/documents/MOU_Head_Start_Example.pdf) (MOUs) yearly to assure the services reflect the current needs of staff, families, and children.
- You may add information about mental health and mental health services to family and new staff orientations.
- Determine if mental health services are meeting family and staff needs by:
 - Analyzing the community assessment and reflecting on any recent issues that may have emerged in the community (for example, increased homelessness or violence, higher unemployment, natural disaster, etc.) [45 CFR 1305.3(c)]
 - Reviewing a list of priority issues or needs families may experience [45 CFR 1304.24(a)(1)(i) and 45 CFR 1304.40(a)(1)]
 - Assessing families' needs [45 CFR 1304.24(a)(1)(i)]
 - Asking families and staff if they feel the mental health services are effective and timely [45 CFR 1304.24(a)(1)(i)]

- Review your mental health data on an ongoing basis to ensure that the services of the mental health professional continue to meet the needs of the children and families [45 CFR 1304.51(i)(2)]. As required in [45 CFR 1304.24(a)(3)], they may help you:
 - Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children
 - Promote children's mental wellness by providing group and individual staff and family [education on mental health issues](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental%20Health/Resources%20Support%20for%20Families/Parental%20Depression/FamilyConnection.htm) (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental Health/Resources %26 Support for Families/Parental Depression/ FamilyConnection.htm)
 - Assist in providing special help for children with atypical behavior or development
 - Utilize other community mental health resources, as needed

Protecting the privacy of information:

Your program will need to protect the privacy of information on children and families in accordance with [Section 641A\(b\)\(4\)\(A\) of the Head Start Act](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act) (http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act) and the HSPPS. Programs must have a recordkeeping system that not only provides accurate and timely information but also ensures that the information is kept confidential.

You may want to consult with your mental health or child development professional about referrals after screening or next steps for children who do not require a formal evaluation but could benefit from additional or individualized support [45 CFR 1304.20(b)(2)].

Timeline:

Ongoing

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team
- Mental health professionals
- Education manager

Related tasks:

- Staff Health Task 1
- Family and Community Engagement Task 3

Related resources:

- [Center for Early Childhood Mental Health Consultation](http://www.ecmhc.org/)
<http://www.ecmhc.org/>
- [What Works: A Study of Effective Early Childhood Mental Health Consultation Programs](#)

<http://gucchd.georgetown.edu/78358.html>

- [Integrating Early Childhood Mental Health Consultation with the Pyramid Model](#)
http://www.challengingbehavior.org/do/resources/documents/brief_integrating.pdf

Task 4: Assist pregnant women in accessing mental health interventions and follow-up care.

Related HSPPS:

[45 CFR 1304.40\(c\)\(1\)](#); [45 CFR 1304.40\(c\)\(2\)](#)

Pregnant women may experience a lot of new emotions throughout their pregnancy and after their child is born. Research shows that children born to depressed mothers may experience delays in all developmental domains.⁵ Being aware of those needs and addressing them helps a child's potential for healthy development.

Your steps for this task include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Work with your program's mental health services staff to write or revise, implement, and evaluate policies and procedures to assist pregnant women in accessing mental health services.				
Make sure care includes mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.				

(continued on next page)

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Coordinate or offer prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression) [45 CFR 1304.40(c)(1)(iii) and 45 CFR 1304.40(c)(2)].				
Build strong collaborations with mental health agencies, services, clinics, and substance abuse programs so that referrals can be made when needed [45 CFR 1304.41(a)(2)].				
Monitor and evaluate referrals and education for pregnant women to ensure services meet the needs of the pregnant women you serve [45 CFR 1304.51(i)(2)(3)].				
Make revisions to your plans, policies, and procedures using the planning cycle [45 CFR 1304.20(a)(1)(ii)(C)].				

Tips and strategies:

- As a best practice, coordinate your work to support pregnant women with the family services manager and family service workers. Together you can provide information and support to pregnant women in culturally and linguistically responsive ways.
- Family services managers are a good resource for help in providing meaningful education.
- As best practice, include the education manager as the baby transitions into program services.
- Include your HSAC in all planning activities. You should include a representative of an

organization that serves pregnant women to ensure that you are getting the best support and guidance for your program activities.

- Your policies and procedures need to indicate how staff will refer pregnant women for comprehensive prenatal and postpartum care after enrollment.

When you help pregnant women cope with this significant transition in their lives, you are also helping their children.



- Partner with community mental health, domestic violence, and substance abuse agencies. These agencies will provide you with documentation of all of the services they provided.

Timeline:

Immediately after enrollment if needed and ongoing

People who can help:

- Family services manager
- Family service workers/home visitors
- HSAC
- Health staff
- Management team
- Mental health professionals
- Education manager

Related tasks:

- Oral Health Tasks 1, 2, and 3
- Family and Community Engagement Task 4

Related resources:

- [Services to Expectant Families Participating in Early Head Start](#)

http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/989B-1FEE0C2A0DE7894A2F77DC76D3BE.pdf

- [A Systems Approach to Serving Pregnant Women in Early Head Start](#)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Ongoing%20Communication/edudev_art_00210_072505.html

- [Family Connections Materials: A Comprehensive Approach in Dealing with Parental Depression and Related Adversities](#)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/adult-mental-health/FamilyConnection.html>

These materials, developed by the Family Connections Project at Children's Hospital Boston, describe a comprehensive approach to strengthen the capacity of Early Head Start and Head Start staff in dealing with parental depression.

- [Services and Outcomes for Early Head Start Families Enrolled During Pregnancy: Is There a Magic Window? Research to Practice Brief](#)
<http://www.acf.hhs.gov/programs/opre/resource/services-and-outcomes-for-early-head-start-families-enrolled-during>

Task 5: Promote the access of children and families to community mental health services through collaborative relationships.

Related HSPPS:

45 CFR 1304.40(b); 45 CFR 1304.41(a)(1); 45 CFR 1304.41(a)(2)(i)

Your program is one of many community organizations supporting the mental health needs of children and families. Work with these partners to ensure children and families receive the best mental health care.

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Use information from the community assessment [45 CFR 1305.3(c)] to establish ongoing collaborative relationships with community organizations.				
Invite your community partners to participate in your program's HSAC [45 CFR 1304.41(b)].				
Use ongoing monitoring and self-assessment activities to help you determine whether the collaborations are effective in increasing access for families [45 CFR 1304.51(i)(2)(3)] and if they reveal whether the services are responsive to family's needs.				
Use health tracking systems to document the services provided by partners [45 CFR 1304.20(a)(1)(ii)(C)].				

Tips and strategies:

- As a best practice, you may email, write letters, call, or hold community meetings to brainstorm collaboration.
- Think of creative ways to connect with community partners, particularly with mental health providers. Through these partnerships, your program will be able to help children and families access community services that are responsive to their needs [45 CFR 1304.41(a)(2)(i)].
- Ongoing monitoring will help you ensure that each family receives the support and services appropriate to their interest and needs [45 CFR 1304.51(i)(2)].
- Consider reviewing information from the community assessment [45 CFR 1305.3(c)],

self-assessment, waiting list information, child records, staff and family surveys, and individual family notes as well as informal conversations to help determine whether services to families are effective.

Policies and procedures:

According to [45 CFR 1304.24(1)(vi)] and [45 CFR 1304.24(a)(3)(iv)], write or revise, implement, and evaluate policies and practices to ensure:

- Families receive education and other appropriate interventions, including opportunities to take part in counseling programs or receive information on issues that place families at risk (substance abuse, child abuse and neglect, and domestic violence).

- The program follows up with each family to determine if the type, quality, and timeliness of the services met the family’s expectations and circumstances.

Timeline:

Ongoing, including as early as is appropriate based on each family’s readiness and willingness to participate

People who can help:

- Family services manager
- HSAC
- Health staff
- Management team
- Mental health professionals
- Education manager

Related tasks:

- Family and Community Engagement Task 5

Related resources:

- [WORKING PAPER #8: Maternal Depression Can Undermine the Development of Young Children](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp8/)
http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp8/
- [The Head Start Parent, Family, and Community Engagement Framework](http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2011/pfce-framework.pdf)
http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2011/pfce-framework.pdf
- [Bringing the Parent, Family, and Community Engagement Framework to Your Program: Beginning a Self-Assessment](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/ncpfce-assessment-101411.pdf)
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/ncpfce-assessment-101411.pdf

Mental Health Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

Other notes and information:

Family and Community Engagement

Head Start has always seen the family as a child’s first educator and advocate. Families come to programs with diverse experiences, cultures, and knowledge about health and child development. Families are more likely to be engaged when they are listened to, acknowledged, and supported in their values, preferences, and needs.

Working with families begins when family service workers and home visitors help family members identify their own strengths, needs, and interests. This helps them find their own solutions to challenges. [45 CFR 1304.40(a)(1)]

The objective of 45 CFR 1304.40 in the HSPPS is to support families as they:

- Identify and meet their own goals
- Nurture the development of their children in the context of their family and culture

- Advocate for communities that are supportive of children and families of all cultures

Building collaborative, trusting relationships between families and staff allows them to share with and learn from one another. Children are able to be at their best when they are raised in healthy home environments with nurturing and responsive relationships.⁶

Task 1: Support and engage families as they identify their own health strengths, needs, and interests through an assessment and goal-setting process.

Related HSPPS:

45 CFR 1304.40(a); 45 CFR 1304.51(g),(h)(1), (l)(2); 45 CFR 1304.51(e); 45 CFR 1304.52(k)(2)-(3)

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
In collaboration with the family services manager, track services offered to families to help them meet any health goals [45 CFR 1304.20(a)(1)(ii)(C)].				
Using ongoing monitoring and self-assessment strategies, determine which strategies work best to help families build healthier habits [45 CFR 1304.51(i)(2)(3)].				

Tips and strategies:

Your program provides high-quality health services to families of all backgrounds. At the core of this commitment is an **integrated, carefully designed approach** (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family>) to family engagement and FPAs based on the following best practices:

- **Strong relationships** that build mutual trust and positive rapport with families. This includes interactions that respect the diversity of families' cultural and ethnic backgrounds.
- Active listening strategies for working with families to understand each family's individual beliefs, experiences, culture, and values.
- **Collaboration between staff and families** to identify family strengths and needs, develop goals, and access services and resources that will help families achieve their goals.
- Standardized systems and forms to define, document, and track each family's goals, related objectives and action steps, and progress in achieving them.
- Timelines that enable this process to begin as early as possible (based on each family's readiness).



You support family and community engagement through the following:

- *ongoing communication [45 CFR 1304.51(c)],*
- *shared decision making, and collaborative planning [45 CFR 1304.40(a)(1)],*
- *regular checks on the effectiveness of your strategies [45 CFR 1304.51(i)(2)].*

Family and community engagement implementation best practices:

Family service workers, home visitors, and their supervisors implement this system through a set of activities throughout the year [45 CFR 1304.40(a)(4)]. Staff members use best practices such as:

- Acknowledging each family's expertise and knowledge of their child by engaging in information sharing with the family as early after enrollment as possible.
- Building trust and identifying family goals, strengths, necessary services, and other supports as early after enrollment as possible, considering each family's willingness to participate.
- Creating an ongoing FPA that focuses on family goals, responsibilities, timelines, and strategies for reaching these goals. In home-based programs, the agreement includes the role of parents in home visits and group socialization activities.
- Finding out if pre-existing plans are in place. If other plans are known, efforts should be made to coordinate and support the goals in those plans.
- Staff ask each family to sign consent forms so that activities can be coordinated between partners to make it easier for families with multiple service providers.

- Creating various opportunities for interactions with parents throughout the year to support them in reaching their goals. These might include: center- and home-based parent meetings, programs for children, budget and parent committee meetings, policy council, socializations, workshops, parent/teacher conferences, home visits, and child study/case management conferences.

Tips and strategies:

You can work with the family services manager to make staff members aware of each family's current health status so that they can support the family's strengths, needs, and interests.

If families are interested, you can also train family service workers to include health goals and services in FPAs [45 CFR 1304.40(a) and 45 CFR 1304.52(l)(3)]. Best practice suggestions include:

- Improving [home safety and cleanliness](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-literacy-family-engagement/family-education/YourFamiliesGui.htm)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-literacy-family-engagement/family-education/YourFamiliesGui.htm>
- [Eating healthier and exercising more](http://www.letsmove.gov/)
<http://www.letsmove.gov/>
- Quitting [smoking](http://www.epa.gov/smokefree/) or using other substances
<http://www.epa.gov/smokefree/>
- Finding better ways to [deal with children's challenging behaviors](http://www.ecmhc.org/ideas/index.html)
<http://www.ecmhc.org/ideas/index.html>
- Regularly [brushing teeth](http://www.mchoalhealth.org/PDFs/ToothbrushingProtocol.pdf) (<http://www.mchoalhealth.org/PDFs/ToothbrushingProtocol.pdf>) and [washing hands](http://www.cdc.gov/handwashing/resources.html) (<http://www.cdc.gov/handwashing/resources.html>)
- [Toilet-training toddlers](http://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/default.aspx)
<http://www.healthychildren.org/English/ages-stages/toddler/toilet-training/Pages/default.aspx>
- Improving [children's sleep schedules](http://www.zerotothree.org/child-development/sleep/)
<http://www.zerotothree.org/child-development/sleep/>
- [Watching less television](http://www.healthychildren.org/english/)
<http://www.healthychildren.org/english/>

As part of the community assessment and enrollment processes you need to identify how staff will work with families to identify and access needed services and resources [45 CFR 1304.40(b)(1)], including:

- *Emergency or crisis assistance for food, clothing, housing, and transportation*
- *Education, information, or interventions for mental health issues, substance abuse, child abuse and neglect, or domestic violence*
- *Opportunities for continuing education, training, employment services, and formal and informal community networks*

[family-life/media/pages/Where-We-Stand-TV-Viewing-Time.aspx](http://www.family-life/media/pages/Where-We-Stand-TV-Viewing-Time.aspx)

Timeline:

Ongoing, including as early as is appropriate based on each family's readiness and willingness to participate

People who can help:

- Family services manager and staff
- HSAC

Related tasks:

- Safe Environments Task 2
- Healthy Active Living Task 2
- Oral Health Task 4
- Mental Health Task 5

Related resources:

- [The Family Partnership Agreement Process \(Early Head Start Program Strategies\)](http://www.ehsnrc.org/pdffiles/mpsfamily.pdf)
<http://www.ehsnrc.org/pdffiles/mpsfamily.pdf>

- **Strengthening Staff-Parent Partnerships**
[http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family and Community Partnerships/ Family Services/Professional Development/ Summary-Online-ideas.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Family%20Services/Professional%20Development/Summary-Online-ideas.pdf)

Task 2: Ensure that families benefit from access to the community health services and resources.

Related HSPPS:

45 CFR 1304.23(d); 45 CFR 1304.24(a)(1); 45 CFR 1304.40(b); 45 CFR 1304.40(g); 45 CFR 1304.41(b)

Your program supports families in a number of ways:

- creating formal and informal partnerships
- engaging community partners and family members in the HSAC
- providing and following up on referrals to local agencies that specialize in services families may need [45 CFR 1304.24(a)(1)]

By integrating community partners and families in planning, implementing, and evaluating program services, families receive high-quality services from your program and the community.

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Use your community assessment to identify family needs, gaps in services, and resources that can serve as partners in health services [45 CFR 1305.3].				
Work collaboratively with the family services manager and your HSAC to support staff in connecting families to appropriate community partners [45 CFR 1304.20]. Together, help families identify and access services that support their interests, goals, and needs [45 CFR 1304.40(a)(1)].				
Identify how staff will work with families to identify and access needed services and resources [45 CFR 1304.40(b)(1)].				
As part of ongoing monitoring and self-assessment [45 CFR 1304.51(i)(2)(3)], ask families for feedback about the services received after a referral has been made.				

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Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Work with your management team and the HSAC to write or revise, implement, and evaluate policies and procedures regarding partnerships with community partners.				

Tips and strategies:

- Use information from your community assessment to target community partners that can meet needs you have identified and support service delivery.
- Have informal relationships or develop formal agreements with these partners [45 CFR 1304.41(a)] or include them in your HSAC to support program health services [45 CFR 1304.41(b)].
- For more information on working with your HSAC, review the HSAC: Building a Community Health Approach to Delivering Services section (see page 34).
- Work with your management team and the HSAC to write or revise, implement, and evaluate policies and procedures regarding partnerships with community partners. An example can be found at [Head Start of Lane County's website](http://www.hsolc.org/development-family-partnership-plan) (<http://www.hsolc.org/development-family-partnership-plan>). These procedures explain how your program connects with partners.

Strategies for helping families connect with community resources:

To meet the requirements of 45 CFR 1304.41(a), include details about ways staff can help families obtain information about community resources and access to available services, such as:

- Inviting representatives from community agencies to speak at policy council and parent meetings.
- Forming **community partnerships** with other health agencies.



- Making updated **community resource guides** (<http://office.microsoft.com/en-us/templates/community-services-directory-TC010368909.aspx>) available that include materials that are responsive to families' health interests and needs, and are adapted to cultures and literacy levels.
- Developing **strategies to collaborate with families** (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family and Community Partnerships/Family Services/Family Partnerships/famcom_art_00042_062005.html) to identify and access appropriate health resources to assist with goals, issues, plans.
- Supporting referrals for families, as appropriate.
- Providing staff training to recognize signs of crisis, and deliver culturally and linguistically responsive crisis intervention strategies for families when immediate assistance is needed.

- Using educational materials and brochures, community resources, referral information, and confidential discussions to help families identify and learn about issues related to mental wellness, and make referrals to mental health consultants for counseling services as appropriate.

Document and follow-up on services to make sure they met the families' expectations and needs, especially in terms of quality and timeliness.

Timeline:

Ongoing

People who can help:

- Family services managers and staff
- Education managers and staff
- HSAC

Related tasks:

- Physical Health Tasks 1 and 3
- Oral Health Task 2
- Mental Health Tasks 3 and 5

Related resources:

- [Treatment Partnership Service Agreement](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Crisis%20Support/Community%20Support/Treatment%20Partnership%20Service%20Agreement.pdf)
- [Accessing Professional Medical and Dental Services ACF-IM-HS-09-05](http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2009/resour_ime_005_080309.html)

Task 3: Provide ongoing family engagement and health education opportunities based on the expressed needs and interests of families as individuals and group members and/or on the assessed needs of the child.

Related HSPPS:

45 CFR 1304.23(d), 45 CFR 1304.24(a)(3), 45 CFR 1304.40(f)(1)-(3), 45 CFR 1304.40(f)(4)(i)-(iii)

Throughout the year, you work with your management team and families to coordinate workshops and educational materials that are designed to address families' interests and meet the HSPPS. This includes the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Provide required educational opportunities for families that include the following topics: physical health, oral health, nutrition, and mental health education programs [45 CFR 1304.40(f)].				
Make sure family members are partners in the process of identifying topics and materials that would be most helpful to them.				

Tips and strategies:

- Use the resources in this section and the information below for planning and developing content.
- Check the [National Center on Health website](#) for handouts and other ready-to-use materials such as webinars and PowerPoint presentations.

Required educational opportunities and resources

Required educational opportunities for families include physical health, oral health, nutrition, and mental health education programs [45 CFR 1304.40(f)]:

- Support in finding recipes <http://recipefinder.nal.usda.gov> (<http://recipefinder.nal.usda.gov>) to meet family needs.
- Guidance on [managing food budgets](#) (<http://snap.nal.usda.gov/resource-library/manage-your-food-resources-wisely/meal-planning-shopping-and-budgeting>).
- [Discussions with families](#) (http://www.doe.k12.de.us/infosuites/students_family_nutrition/cacfp/PARTNERINGwFAMILIES_083011.pdf) about the nutritional status of their child.
- Individual opportunities for families to discuss observations of their child, including mental health issues related to their child, and implement any mental health interventions for their child.
- Guidance about how to obtain any prescribed medications, aids or equipment to treat their child's medical or dental conditions, if applicable.

Other educational content

During the course of the year, educational content for families may cover a range of additional topics (including those required in the HSPPS and family preferences):

- **Curriculum and approach to child development:** Understanding the program curriculum and how health is integrated [45 CFR 1304.21(a)(2)(i)].

- **Child observation skills:** Observing your child; what to look for in a child's health and development [45 CFR 1304.21(a)(2)(ii)].
- **Educational and developmental needs of children:** Providing safe and developmentally appropriate activities for each age group [45 CFR 1304.21(a)(2)(iii) and 45 CFR 1304.40(e)(3)].
- **Family literacy:** Assisting families to recognize and address their own literacy goals; identifying ways to access materials, services, and activities [45 CFR 1304.40(e)(4)].
- **Family health literacy:** Using education materials to help families improve their interactions with health care professionals [45 CFR 1304.40(f)].
- **Health needs:** Learning about principles of preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices in the classroom and in the home; includes general topics as well as information specific to individual children's needs [45 CFR 1304.40(f)(2)(iii)].
- **Adult mental health and wellness issues:** Learning about stress management; accessing support for domestic violence [45 CFR 1304.40(f)(4)].
- **Child mental health:** Providing individual and group opportunities to identify and discuss issues related to children's social-emotional development and mental health, e.g., behavior, childhood fears, and adjusting to changes in family circumstances [45 CFR 1304.40(f)(4)].

Family education takes place every day in different formats, including daily conversations between teachers and family members, home visits, parent-teacher conferences, workshops, materials sent home, and newsletters.

- **Food preparation:** Learning about food safety and sanitation [45 CFR 1304.40(f)(3)].
- **Parenting skills and knowledge:** Learning about effective childrearing practices that support child development [45 CFR 1304.40(d)(1)].
- **Pedestrian safety:** Accompanying a child crossing the street, safe riding practices, and general transportation safety concerns [45 CFR 1310.21].
- **Services for children with disabilities:** Assisting parents or guardians of children with suspected or diagnosed disabilities by providing ongoing information to support them in building routines and guiding their child’s growth [45 CFR 1308.21].

Timeline:

Ongoing

People who can help:

- Management team
- Program director
- HSAC
- Representative families and staff

Related tasks:

- Healthy Active Living Task 1
- Mental Health Tasks 1 and 2

Related resources:

- [Family Engagement as Parent Involvement 2.0](http://eclkc.ohs.acf.hhs.gov/hslc/tta%20system/family/center/familyengparin.htm)
- [Health Literacy & Family Engagement](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-literacy-family-engagement/health-literacy-and-family-engagement.html)

Task 4: Assist pregnant women and expectant families enrolled in Early Head Start (EHS) to access comprehensive prenatal and postpartum care.

Related HSPPS:

45 CFR 1304.40(c)(1)-(3)

Working with the family services manager and home visitors, help pregnant women access comprehensive prenatal care and related services through referrals immediately after enrollment in the program. This includes the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible [45 CFR 1304.40(c)(1)(ii)].				
Mental health intervention and follow-up including substance abuse prevention and treatment services, as needed [45 CFR 1304.40(c)(1)(iii)].				

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Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Education and support for breastfeeding including information on the benefits of breastfeeding to all pregnant and nursing mothers while maintaining sensitivity to the cultural factors that may influence a mother's decision [45 CFR 1304.40(c)(3)].				
Within 2 weeks of an infant's birth, someone from the program must provide (alone or in collaboration with program staff or a public health nurse) a visit to each newborn [45 CFR 1304.40(i)(6)].				
Make sure your program's prenatal education includes all of the requirements in 45 CFR 1304.40(c)(2). (See additional information below.)				

Prenatal education programs

According to [45 CFR 1304.40\(c\)\(2\)](#), your program's prenatal education program should:

- Provide encouragement, and assistance when needed, to help pregnant women and expectant families keep all prenatal appointments.
- Support [fathers' participation](#) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/father-engagement/father-male-involvement/BecomingaFather.htm>) if possible as a best practice.
- Help parents identify family, cultural, and community networks that can provide support and assistance.
- Encourage pregnant women and expectant families to learn about fetal development and postpartum care. Discuss and give families information about:
 - [Fetal development](#) (<http://www.womenshealth.gov/pregnancy/you-are-pregnant/stages-of-pregnancy.html>)
 - [The risks to fetuses and infants that may occur through exposure to alcohol, tobacco products, and other toxic substances](#) (<http://www.womenshealth.gov/pregnancy/you-are-pregnant/staying-healthy-safe.html>)

A healthy pregnancy has a direct influence on the health and development of the child. If your program provides services to pregnant women and expectant families, you provide a positive impact even before the child is born.

Within 2 weeks of an infant's birth, someone from the program must provide (alone or in collaboration with program staff or a public health nurse) a visit to each newborn [45 CFR 1304.40(i)(6)]. This is to ensure infant and maternal well-being, discuss the infant's development and mother's postpartum experience, provide ongoing support for the family, and build the mother's confidence to care for her baby.

To prepare for this visit, read [Early Head Start Tip Sheet: What Does the Two-Week Newborn Home Visit Address?](#)

- [What to expect during labor, delivery, and the postpartum recovery period](http://www.womenshealth.gov/pregnancy/child-birth-beyond/index.html) (<http://www.womenshealth.gov/pregnancy/child-birth-beyond/index.html>), including information about [maternal depression](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/mental-health/What%20Does%20Infant%20Mental%20Health%20(IMH)%20mean%20And%20How%20Do%20EHS%20Programs%20Implement%20Quality%20IMH%20Services.htm) ([http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/mental-health/What%20Does%20Infant%20Mental%20Health%20\(IMH\)%20mean%20And%20How%20Do%20EHS%20Programs%20Implement%20Quality%20IMH%20Services.htm](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/mental-health/What%20Does%20Infant%20Mental%20Health%20(IMH)%20mean%20And%20How%20Do%20EHS%20Programs%20Implement%20Quality%20IMH%20Services.htm))
- Local childbirth and parenting classes and mental health services for maternal depression if applicable
- Support pregnant women in choosing to breastfeed by acknowledging that breastfeeding is harder than most women think and by providing:
 - Resources to [facilitate breastfeeding success](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/nutrition-health-safety/breastfeeding-addressing-challenges.html) (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/comp/nutrition-health-safety/breastfeeding-addressing-challenges.html>) including referrals as needed to the [Special Supplemental Nutrition Program for](#)

[Women, Infants, and Children \(WIC\)](http://www.fns.usda.gov/wic/howtoapply/whogetswicandhowtoapply.htm) (<http://www.fns.usda.gov/wic/howtoapply/whogetswicandhowtoapply.htm>) and other local organizations providing breastfeeding support

- For center-based programs and socialization groups, a comfortable, quiet place for mothers to nurse their infants

Timeline:

- Immediately after enrollment and ongoing
- Visit each newborn 2 weeks after the infant's birth

People who can help:

- Management team
- Family service workers/home visitors
- HSAC
- Partners specializing in prenatal health

Related tasks:

- Healthy Active Living Tasks 1 and 2
- Oral Health Task 1 and 2
- Mental Health Task 4



Related resources:

- [Services to Pregnant Women Participating in Early Head Start](http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2009/resour_ime_004_072209.pdf)
http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2009/resour_ime_004_072209.pdf
- [Services to Expectant Families Participating in Early Head Start](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/989B-1FEE0C2A0DE7894A2F77DC76D3BE.pdf)
http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/989B-1FEE0C2A0DE7894A2F77DC76D3BE.pdf
- [EHS Tip Sheet No. 15, Enrolling expectant families, 2003](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/docs/15-tipsheet.pdf)
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/docs/15-tipsheet.pdf>
- [Servicios para familias participantes en Early Head Start que esperan un bebé](http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/74059A45567F-CB662DA3E8F0A6F32A93.pdf)
http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/74059A45567F-CB662DA3E8F0A6F32A93.pdf



Family and Community Engagement Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

Other notes and information:

Staff Health

Program staff create a stimulating, nurturing, and safe environment for children and families. Staff members may be health professionals/paraprofessionals, educators, family service workers, facilities personnel, nutrition and meal service staff, or transportation staff [45 CFR 1304.52(a)]. You also may have volunteers who provide direct support to children and families.

*Work with your program's human resources and facilities managers to make sure your program meets Occupational Safety and Health Administration (<http://www.osha.gov>) requirements for a safe and healthy environment. Sample staff health policies can be found from page 26–29 in the *Model Child Care Health Policy* (<http://www.ecels-healthychildcarepa.org/publications/manuals-pamphlets-policies/item/248-model-child-care-health-policies>).*

Staff members' health is key to their ability to perform the tasks for their job.

You and your management team are responsible for making sure staff members are healthy, safe, and supported [45 CFR 1304.52(k)]. This includes:

- professional development that promotes disease prevention
- access to mental health support
- ensuring staff members are up to date on health examinations, screenings, and/or immunizations and volunteers have received tuberculosis screening

When staff members are healthy, they can more easily focus their energies on the children and provide them with the learning environments they need to grow and flourish.

Task 1: Develop a schedule of professional development and staff support for sanitation, hygiene, standard precautions, injury prevention, and mental health.

Related HSPPS:

45 CFR 1304.22(d), 45 CFR 1304.22(e), 45 CFR 1304.52(k)

Steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Provide training in sanitation, hygiene, and injury prevention [45 CFR 1304.52(l)(3)].				
Promote staff mental health and wellness by offering mental health training and providing access to mental health support [45 CFR 1304.52(k)(3)].				

Hygiene, Sanitation, and Standard Precautions: Policies & Procedures to Prevent the Spread of Infectious Diseases

- **Gloving, handwashing** (<http://www.cdc.gov/handwashing/>), hygiene, and sanitizing and disinfecting practices prevent germs such as viruses and bacteria from spreading to others in the program.
- **Sanitizing and disinfecting surfaces** (<http://cfoc.nrckids.org/WebFiles/AppedicsUpload/AppendixK.pdf>) such as tables and diaper-changing areas also removes these germs.
- You will want staff to include handwashing in their daily routines. It should take place throughout the day including before and after exposure to bodily fluids (for example, spit, mucus, urine, feces, blood, and vomit), handling food, and administering medication.
- Regular schedule of sanitizing surfaces including before, during, and after handling or serving food, toothbrushing, and **diapering** (http://www.healthychildcarenc.org/PDFs/diaper_procedure_english.pdf) [45 CFR 1304.22(e)].
- The HSPPS are supplemented by **OSHA** (<http://www.osha.gov>) requirements (28 CFR 1910.1030) for **handling body fluid spills** (<http://cfoc.nrckids.org/WebFiles/AppedicsUpload/AppendixL.pdf>) to reduce staff exposure to infectious disease.

Tips and strategies:

- As a best practice, review staff injury data as part of your ongoing monitoring activities.
- As a best practice, provide support for pregnant women and staff with disabilities in your program's injury prevention policies and procedures.

Stress prevention and healthy staff

Children learn best when their teachers are healthy. When staff members are experiencing

Work with your program's mental health professional to connect staff with local mental health professionals, counseling, and resources as appropriate [45 CFR 1304.24(a)(3)].

stress or other mental health issues, they may find it difficult to nurture and be responsive to children [45 CFR 1304.52(k)(3)]. **Stress** (<http://www.ecmhc.org/relaxation.html>) often results from the demands of caring for young

children. Young children and families in crisis require constant attention. Staff may neglect



their own needs to respond to children's urgent needs. For staff to carry out their duties effectively, they must remember to **take care of themselves** (<http://www.ecmhc.org/relaxation.html>).

As health manager, you are responsible for ensuring staff are healthy and safe both physically and emotionally.

Staff development training should include the following information:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Hygiene, sanitation, and standard precautions policies and procedures including OSHA requirements for handling bodily fluid spills (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051) [28 CFR 1910.1030].				
Injury prevention policies and procedures (refer to tribal, state, and local regulations).				
Stress management [45 CFR 1304.52(k)(3)].				
Information on mental health conditions [45 CFR 1304.52(k)(3)].				

Tips and strategies:

- As a best practice, include information on common tripping hazards (e.g., uneven

Injury Prevention Information

- Working with infants and young children puts staff at risk for injuries. Staff members of your program repeatedly bend and lift children throughout the day, putting a great deal of stress on their backs, knees, and shoulders. Injuries from falls are also common. Although all the entire staff is at risk, pregnant staff members are especially vulnerable. [The National Institute for Occupational Safety and Health \(NIOSH\)](http://www.cdc.gov/niosh/) (<http://www.cdc.gov/niosh/>) recommends that pregnant staff members avoid bending, lifting heavy objects, and sitting on the floor.

floors or play yards) and other causes of falls (e.g., slippery floors and walkways).

- As a best practice include information on the role of physical fitness (strength and flexibility) in reducing injuries.
- As a best practice, include training in body mechanics.

Timeline:

Orientation and ongoing

People who can help:

- Human resources manager
- Facilities manager
- Mental health professional
- HSAC
- Program director

Related tasks:

- Safe Environments Task 1
- Mental Health Task 3

Related resources:

- [Cleaning, sanitizing, and disinfecting frequency table](http://www.naeyc.org/files/academy/file/Cleaning_and_Sanitation_Chart.pdf)
http://www.naeyc.org/files/academy/file/Cleaning_and_Sanitation_Chart.pdf
- [Staff Health in Early Care and Education Programs, California Child Care Health Program](http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/9_CCHC_Staff_Health_0606.pdf)
http://www.ucsfchildcarehealth.org/pdfs/Curricula/CCHC/9_CCHC_Staff_Health_0606.pdf
- [Injury and Violence Prevention and Control](http://www.cdc.gov/injury/)
http://www.cdc.gov/injury/
- [Taking Care of Ourselves: Stress Reduction Workshop, from the Center for Early Childhood Mental Health Consultation, Georgetown University Center for Child and Human Development](http://www.ecmhc.org/materials_staff.html)
http://www.ecmhc.org/materials_staff.html

Germs spread easily in child care environments where children and staff spend their days in close contact with each other.

- [Professional Development for Child Care Providers: Managing Stress in the Childcare Setting \(Heidi Radunovich and Rachel Dorman\)](http://lee.ifas.ufl.edu/fcs/FCSPubs/Childcare_Stress.pdf)
http://lee.ifas.ufl.edu/fcs/FCSPubs/Childcare_Stress.pdf

Task 2: Ensure all staff members have initial and current health examinations that include screening for tuberculosis (TB) and periodic re-examinations and as recommended by their health care provider or mandates by tribal, state, or local laws. Volunteers must also be screened for TB in accordance with tribal, state, or local laws (or as recommended by the HSAC).

Related HSPPS:

45 CFR 1304.52(k)(1)-(2)

Your steps include the following:

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Ensure that new staff and volunteers are screened for TB and other infectious diseases. This helps to protect the staff and children from potentially serious diseases [45 CFR 1304.52(k)(1)-(2)].				
Collect paperwork from each staff member that indicates they are up to date on a schedule of adult immunizations (http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html#print) [45 CFR 1304.52(k)(1)-(2)]. OSHA requirements [28 CFR 1910.1030]. This protects staff (continued on next page)				

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
from the viruses that cause human immunodeficiency virus (HIV), and hepatitis B and C as well as other illnesses.				
Offer free hepatitis B immunizations to staff [45 CFR 1304.52(k)(1)].				
Maintain staff health records including proof of all examinations, immunizations, and screening. Your recordkeeping and reporting [45 CFR 1304.51(g)(h)] and ongoing monitoring systems [45 CFR 1304.51(i)(2)] will help you track staff health records.				
Make sure volunteers at the program submit proof of TB screening (if required by tribal, state, or local laws).				

Tips and strategies:

- As a best practice, work with your human resources manager to collect information about staff and volunteer health during the hiring process.
- As a best practice conduct a [staff health assessment](#).
- The Centers for Disease Control and Prevention (CDC) also recommends [immunization for infectious diseases](#) (<http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.htm#print>) that could cause serious illness.

Timeline:

Orientation and ongoing

People who can help:

- Human resources manager
- HSAC
- Program director

Related tasks:

- Physical Health Task 4

Related resources:

- [Staff Health](#)
<http://cfoc.nrckids.org/StandardView/1.7>
- [Protect Your Unborn Baby or Newborn from Infections](#)
http://www.cdc.gov/features/prenatal_infections/

Task 3: Provide a healthy, safe, and accessible environment for staff.

Task description:

Make sure program staff have a healthy, safe, and accessible environment. Steps include the following:

Related HSPPS:

45 CFR 1304.53(a)(7)-(8), 45 CFR 1309.3

Steps	Policy & procedures are in place & up to date	Policy & procedures need revision	Unknown	Step is complete
Work with your program’s human resources manager and facilities manager to write or revise, implement, and evaluate policies and practices to promote a healthy, safe, and accessible environment including for staff with disabilities [45 CFR 1304.53(a)(7)-(8) and 45 CFR 1304.52(k)(1)].				

Tips and strategies:

- Remember an unhealthy environment puts staff members and the children at risk for serious diseases, respiratory conditions, and injury. Even noise is considered an environmental toxin as it contributes to feelings of stress.
- Creating a healthy environment protects the health of the staff members so that they can focus on their jobs. Reducing exposure to hazards can minimize their effect.
- As a best practice, offer training in environmental health that teaches staff how to identify and eliminate or mitigate environmental hazards. Both staff and children are more likely to stay healthy when environmental hazards are addressed.



- HSAC
- Program director

Related tasks:

- Safe Environments Task 1

Timeline:

Ongoing

People who can help:

- Facilities manager
- Human resources manager

Related resources:

- [Occupational Safety and Health Administration](http://www.osha.gov)
<http://www.osha.gov>
- [Americans with Disabilities Act](http://www.ada.gov/cguide.htm)
<http://www.ada.gov/cguide.htm>
- [HealthyPeople.gov Environment Health](http://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health)
<http://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health>
- [Healthy Child Care Information for Child Care Providers](http://epa.gov/childcare/providers.html)
<http://epa.gov/childcare/providers.html>
- [Integrated Pest Management](http://www.epa.gov/pesticides/ipm/index.htm)
<http://www.epa.gov/pesticides/ipm/index.htm>
- [Household products database](http://householdproducts.nlm.nih.gov/)
<http://householdproducts.nlm.nih.gov/>

Staff Health Information

Use the table below to fill in information for your programs.

Where information is located:	Key contacts:

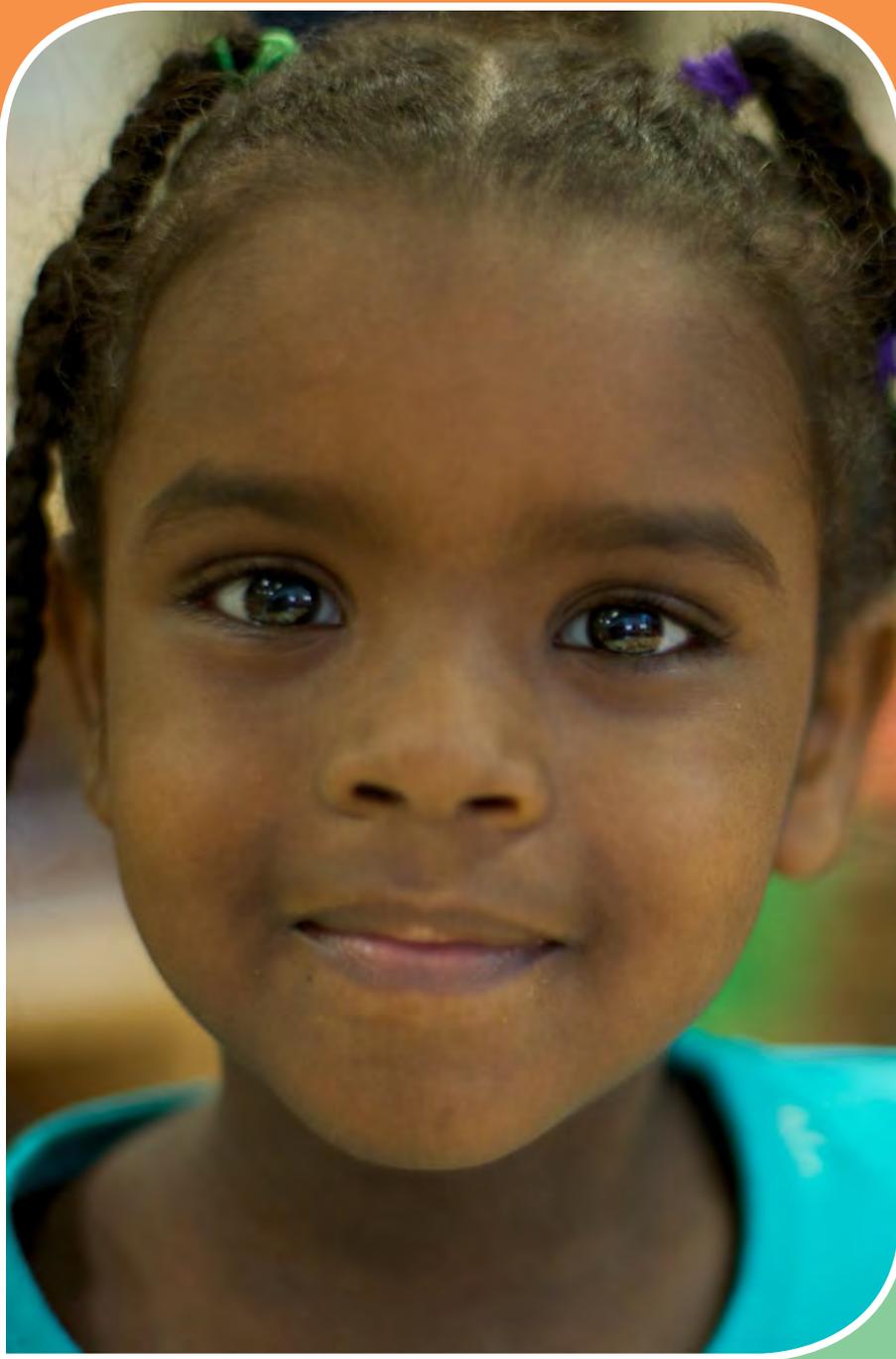
Other notes and information:

References

1. US General Accounting Office. (2000). *Oral Health: Dental Disease Is a Chronic Problem Among Low Income and Vulnerable Populations*. Washington, DC: General Accounting Office. <http://www.gao.gov/new.items/he00072.pdf>.
2. National Research Council. (2011). *Early Childhood Obesity Prevention Policies*. Washington, DC: The National Academies Press.
3. Dattilo AM, Birch L, Krebs NF, Lake A, Taveras EM, Saavedra JM. Need for early interventions in the prevention of pediatric overweight: review and upcoming directions. *J Obes*. 2012; Article ID 123023.
4. Paula N, Lehr F, Osborn J. (2005). *Helping Your Preschool Child: With Activities for Children from Infancy Through Age 5*. Washington, DC: US Department of Education, Office of Communications and Outreach.
5. National Research Council. (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Washington, DC: The National Academies Press.
6. Lloyd-Jones L. (2002). *Relationship as Curriculum*. Washington, DC: Office of Head Start; Head Start Bulletin #73: Child Mental Health.

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CHAPTER 5

Key Tasks for Delivering Health Services and Ways to Get You Started

CHAPTER 5

Key Tasks for Delivering Health Services and Ways to Get You Started

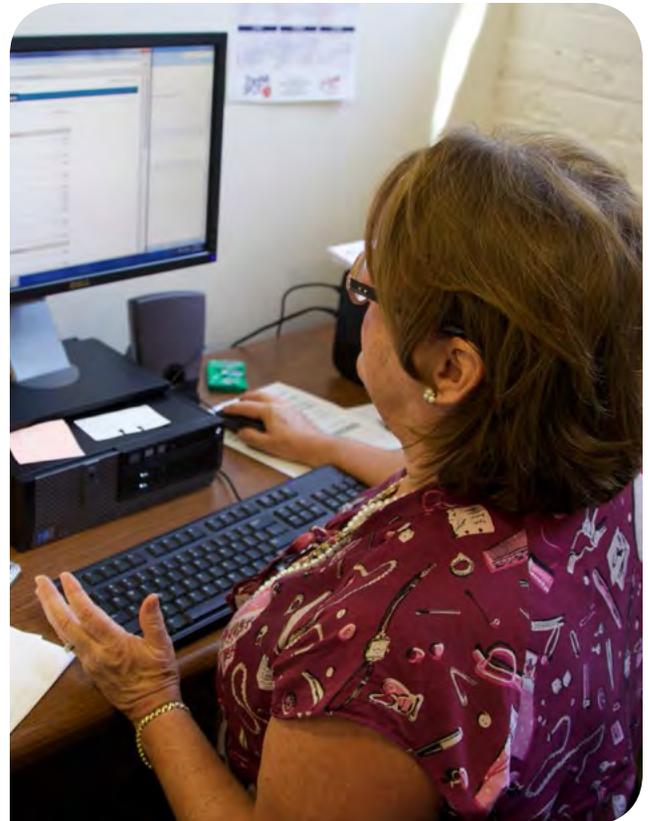
In addition to getting to know the Head Start Program Performance Standards (HSPPS) that form the foundation of Head Start health services, there are other key tasks that health managers do.

These key tasks will help you ensure that your programs are effectively providing health services to enrolled children and their families.

This section starts out by looking at health services planning and prioritizing, followed by six other key areas or tasks:

- Developing policies and procedures
- Coordinating with your management team
- Delivering and evaluating health education activities
- Participating in other federal and nongovernmental programs
- Collecting and analyzing data
- Reviewing contractual agreements

While this list may feel like a lot to take in, remember as stated earlier, you do not need to do everything at once. In fact, you may want to start by just reviewing the content in this section and then make a plan for when you are going to go back and attend to each task in greater detail.



Planning and Prioritizing

Planning and prioritizing are the key to success. Fortunately, there are tools and resources available to help.

Guiding Questions	Yes	No or not sure
Does your program have a timeline of health-related activities already in place such as the health services milestones chart in the appendices?		
Do you know the status of your program's time-sensitive tasks mentioned in the health topic self-reflection section?		

Time-Sensitive Tasks

If you do not know the status of your program's time-sensitive tasks and/or there are items that need your attention, make these a priority. If you need assistance with how to complete these tasks, see the resources related to these items in the Health Topics: Delving Deeper section as well as the key contacts.

Timeline for Health-Related Tasks

If you have a timeline for health-related activities such as the health services milestones chart on page 180 of the appendices, review this document to make sure that you are up to date on all required tasks. You may have done this as a way to complete the self-reflection

checklists and checklists in the Health Topics: Delving Deeper section of this document.

If a timeline of health-related activities does not exist for your program, you may want to use the health services milestones chart on page 180.

When using your timeline, note the following:

- Who completed the task(s)?
- When were they completed?
- Is there documentation of completion?
- Is any follow-up needed?
- What are your next steps?

Creating a Work Plan

It is important to create a work plan for yourself and set a timeline for completing outstanding or ongoing tasks.

You might find it helpful to develop an action plan for each task, breaking it down into manageable steps, such as the following:

- Person responsible
- Completion due date
- Resources needed
- Documentation plan
- Tracking system to monitor completed activities
- Date you will notify program director and management team about completed work

See the document "Health Management and Program Planning" on page 176 of the appendices for more information.

Helpful Hints for Planning & Prioritizing

- Check with your regional office and state or regional Head Start associations to see if there are any educational opportunities, such as webinars or training, that can help you prioritize your work.
- Go the [Office of Head Start National Center on Health website](#) for more resources on "best practices."
- Remember a phone call to your regional office or to the National Center on Health information line can often quickly connect you to the information you need.

Other Key Health Service Tasks

The table below covers the other key tasks mentioned at the start of this section. It also includes some additional activities. Use the checklists to help you plan and prioritize your work in these key areas.

Task	Completed/ ongoing	Plan to start: (date)
<p>Developing policies and procedures: Review your program’s existing health-related policies and procedures to ensure they meet all statutory requirements and to determine if any policies and procedures need to be updated or created.</p>		
<p>Coordinating with your management team: Review the program-level tasks that all managers must complete.</p>		
<p>Delivering and evaluating health education activities: Make sure your program is delivering and evaluating health education to children, families, staff, and volunteers.</p>		
<p>Participating in other federal & nongovernmental programs: Learn about required participation in federal and nongovernmental organizations and applicable federal, tribal, state, and local laws related to program licensure & certification.</p>		
<p>Collecting and analyzing data: Collect, analyze, and use program records and reports to evaluate health services.</p>		
<p>Reviewing contractual agreements: Determine whether your program is currently contracting with a consultant or organization to deliver health, nutrition, or mental health services.</p>		

Other Activities That Can Help You

Activity	Completed/ ongoing	Plan to start: (date)
Find out what educational and training opportunities are being offered by your regional office and state or regional Head Start association (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health).		
Go to the Office of Head Start National Center on Health website to become familiar with the resources and information available to assist you.		
Read the section of this guide on learning more about Head Start and its role in health and school readiness.		
Become familiar with your Health Services Advisory Committee and your community assessment.		
Read the What Next? Continuing to Grow as a Health Manager section of this guide (Chapter 6).		
Review the materials in this guide's appendices.		

See the document "Health Management and Program Planning" in the appendices for more information.



CHAPTER 6

Next Steps: Continuing to Grow as a Health Manager

CHAPTER 6

Next Steps: Continuing to Grow as a Health Manager

You should be starting to feel familiar with your job as health manager and its responsibilities. This includes seeing how your tasks relate to the Head Start Program Performance Standards (HSPPS) and the systems, data, and people in your program. It also means knowing about other regulations and requirements that affect Head Start, including tribal, state, and/or local licensing laws, US Department of Agriculture (USDA) Nutrition Assistance Programs, and the Occupational Safety and Health Administration. This guide is a starting point for bringing together all the parts of your job. This should help you organize what you do every day. It can also help you develop long-term plans.

Here are a few more best practices that are useful:

- Find a health manager network to help you solve issues as they arise.
- Look for a mentor who knows Head Start health services and is willing to support you.
- Use administrative time when your program is not delivering services to children and families for reviewing and evaluating systems.

Join Health Manager Networks

Formal and informal groups of health managers come together on a local level, or in states and regions, to support one another in their jobs. Meeting with a group of peers can decrease feelings of professional isolation, strengthen compliance with the HSPPS, increase awareness





of resources, and increase job satisfaction. Members can exchange successful sample policies and materials, greatly reducing time and energy spent creating them from scratch.

Some of these groups are organized by the state or regional Head Start Association, but others form when health managers find one another through training activities, technical assistance, and community organizations. The following people might be able to help you find a health manager network:

- The previous health manager in your program
- Your program director
- Health staff at your program
- Health consultants
- Health partners
- Your management team
- Other health managers in nearby programs
- Your state Head Start Association
- Your Head Start collaboration office
- Your Office of Head Start (OHS) regional office
- Your program's technical assistance providers

Your health manager network can guide you as you:

- search for resources to meet specific program needs or the needs of individual children and families
- develop connections between federal regulations/initiatives and tribal, state, or local regulations/initiatives
- solve issues in your work

Not all communities, states, or regions have a formal health network, and networks that do exist may vary in how they work. Do not be discouraged. When time, distance, and funding are barriers to meeting, consider using new technologies such as virtual meeting tools.

Ultimately, a health manager network will connect you to others who do the same kind of work you do. These relationships will help you remember that you are not alone. They will build your confidence, so that you can deliver better services to children and families.

If you have additional questions about health manager networks, including how to find or start a network in your area, contact the National Center on Health (NCH) Information Line at nchinfo@aap.org or call 1-888-227-5125. You can also contact your program specialist at the OHS regional office and read the [NCH Health Services Newsletter on Head Start health manager networks](#).

Consider a Mentor

When people begin a new job, they often find it helpful to have an experienced colleague who can answer their questions, anticipate their needs, and support them with their work. As you begin your job as health manager, think about whether any of the people you are meeting in your program or partner organizations might have the experience, knowledge, and time to help you with your job. Sometimes a mentor will find and adopt you. Some programs may even assign them. If this is not the case in your program, reach out to others



who you feel might serve as strong supports for you.

Many people can be a mentor: your program director or another manager in your program, a member of your Health Services Advisory Committee (HSAC), a health manager in another program, a consultant or technical assistance provider, a staff member with an understanding of the program, or a family member of a child who has graduated from Head Start. Consider these questions to determine the right mentor for you:

- Does this person have the knowledge, skills, and experience to advise you on your work?
- Does this person have time to help you?
- Does the person see mentoring as a good investment?
- Do you have a comfortable relationship with this person?
- Can you contact him or her easily when issues arise?

Once you have found a mentor, discuss your expectations, how you will work together, and what kind of support you feel will be most important. Seek guidance on issues as they arise.

Also know that you can work with multiple mentors who together may be able to offer you diverse kinds of support.

For more information and resources about mentorship, read [Putting the PRO into Protégé: A Guide to Mentoring in Head Start and Early Head Start](#).

Practice Time Management

Your program may have periods, such as summers or school holidays, when direct services are not delivered to children and families, but managers are still working. Periods without direct services—also known as “administrative time”—allow you to step back and reflect on how your work is organized. It gives you time to think about how well you do your job and to identify additional resources, such as a mentor or health manager network, to support you.

You may wonder how to use this administrative time. The following are some ideas:

- Review and update the community assessment to ensure your planning process is based on the most current needs in the community.

- Use the planning cycle to explore how each management system supports the successful implementation of your health policies and procedures.
- Build new partnerships with local agencies that can support your work.
- Plan recruitment and enrollment activities to make sure you are serving children and families with the highest needs.
- Take part in professional development activities that build your knowledge and skills.
- Review logs and records to see that policies and procedures are working or to find out what needs updating.

These activities will help you when direct services resume. It is important to sometimes look beyond the day-to-day work to ensure you are meeting the larger vision and mission of your program.

Be Resourceful

The [Early Childhood Learning & Knowledge Center](#) (ECLKC) is the electronic clearinghouse and archive for all information from and materials for Head Start and Early Head Start.

It is important to sometimes look beyond your day-to-day work to ensure you are meeting the larger vision and mission of your program.

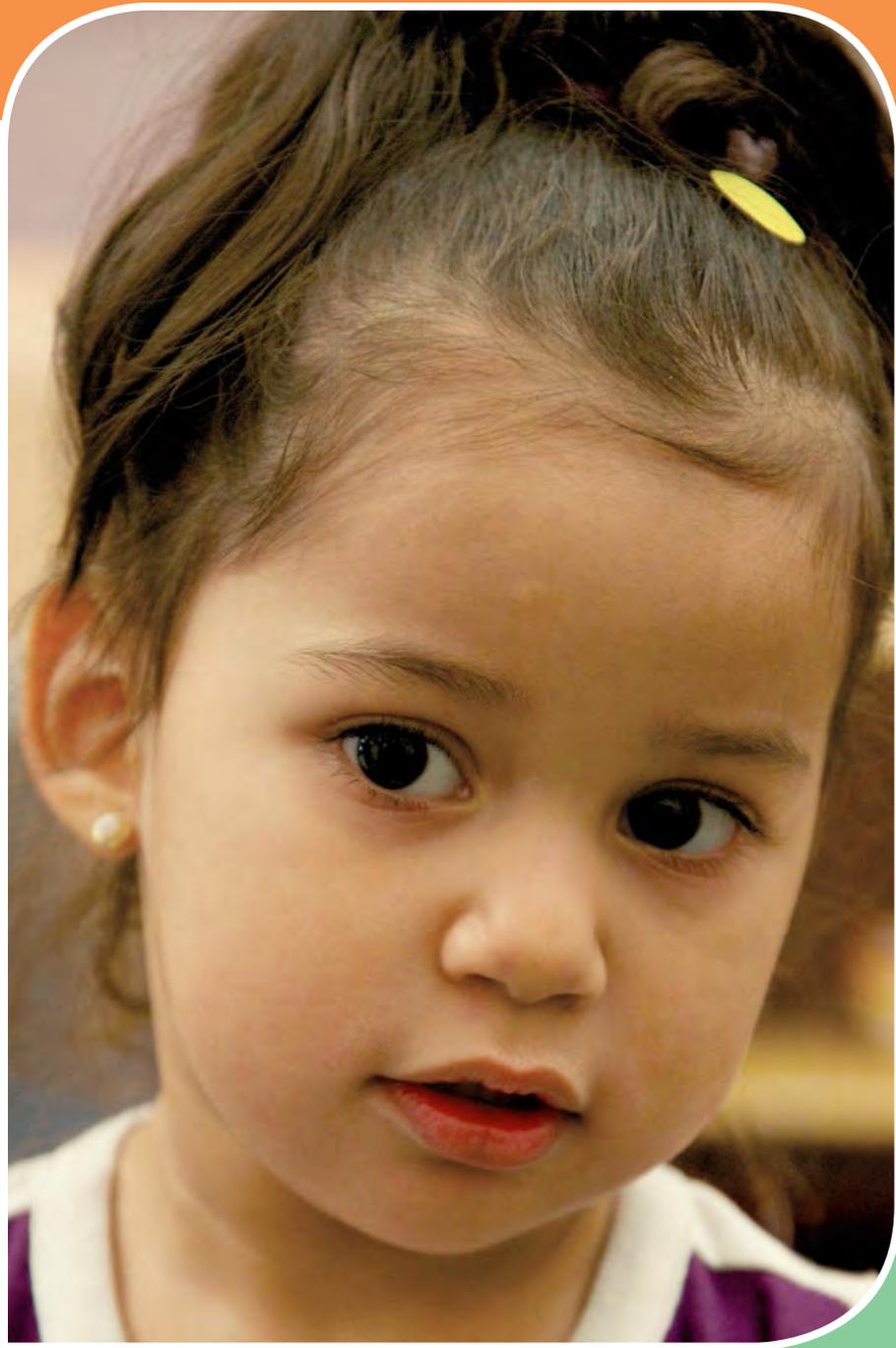
OHS posts new program instructions, information memoranda, and other announcements in English or Spanish. All of the national centers, including NCH, have landing pages there with the latest resources. By

selecting “subscribe” you can choose to receive OHS news and resources, Federal Register alerts, grants and funding opportunities as well as information about training and technical assistance tailored to your own needs and interests. You can also subscribe to topic-specific newsletters, including the health services newsletters.

The [NCH landing page](#) on ECLKC is a portal to the most up-to-date health and safety resources as well as upcoming webinars, conferences, and online learning opportunities. Users can access information for children, staff, and families about mental health; environmental safety; emergency preparedness; response and recovery; nutrition; health and wellness; and oral health (including subscribing to the [“Brush Up on Oral Health” monthly email newsletter](#). There are tip sheets on a range of topics, including a [tip sheet series developed especially for health managers](#).

Conclusion

The work you do as a health manager on a daily basis and the systems you develop that guide these tasks will ensure that the Head Start children in your program are healthy, safe, and ready for school. As part of the Head Start team, you do work that plays an important part in Head Start’s effort to help children and families lead healthier lives, now and in the years to come.



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Adult-Child Ratios and Group Sizes for Various Head Start Settings

In order to meet requirements for child supervision in the Head Start Program Performance Standards (HSPPS), be sure you maintain appropriate adult-child ratios and maximum group sizes. The following are the requirements from the HSPPS. If tribal, state, or local licensing regulations are more stringent than the HSPPS, you must follow those instead.

For Early Head Start (center-based and family child care)

Ratios for adults to infants and toddlers in center-based and family child care settings must always be 1 adult to 4 children. (See [How Do We Support Services for Infants and Toddlers in a Birth-to-Five Program? Early Head Start Tip Sheet No. 25](#))

For Center-Based Head Start

Each Head Start classroom must have 2 adults (a teacher and assistant teacher or 2 teachers), and whenever possible, a volunteer.

From 1306.32(a)(12)

Predominant age of children in the class	Funded class size (funded enrollment)
4 and 5 year olds	Program average of 17–20 children enrolled per class in these classes. No more than 20 children enrolled in any class.
4 and 5 year olds in double session classes	Program average of 15–17 children enrolled per class in these classes. No more than 17 children enrolled in any class.
3 year olds	Program average of 15–17 children enrolled per class in these classes. No more than 17 children enrolled in any class.
3 year olds in double session classes	Program average of 13–15 children enrolled per class in these classes. No more than 15 children enrolled in any class.

For Family Child Care Head Start

1306.20(g) Grantee and delegate agencies offering the family child care program option must ensure that in each family child care home where Head Start children are enrolled, the group size does not exceed the limits specified in this paragraph. Whenever present, not at school or with another care provider, the family child care provider’s own children under the age of 6 years must be included in the count.

- (1) When there is 1 family child care provider, the maximum group size is 6 children and no more than 2 of the 6 may be under 2 years of age. When there is a provider and an assistant, the maximum group size is 12 children with no more than 4 of the 12 children under 2 years of age.
- (2) One family child care provider may care for up to 4 infants and toddlers, with no more than 2 of the 4 children under the age of 18 months.
- (3) Additional assistance or smaller group size may be necessary when serving children with special needs who require additional care.

Best Practices to Help You Meet Community Assessment (CA) Requirements

The following components offer some best practices to help you meet community assessment (CA) requirements and use your CA data:

- Review and analyze your program's CA.
- Compile recommendations for program planning related to health.
- Consider sources of new data or other ways to improve your program's CA.

Component 1: Review and analyze your program's CA

As shown in the resource Key Elements in Community Assessment, a great deal of information can be found in your program's CA. To help you sift through the data and identify what will be most helpful for your work, focus on the following three areas:

- Children and family health status (including physical, mental, and oral health; nutrition and physical activity; and safety and injury data)
- Existing resources to support child and adult health
- Gaps in health services

You may wish to download and complete the "Community Assessment Summary" worksheet to help you with your analysis.

Using your CA summary and working with your program's management team, analyze data to answer the following questions:

1. What are the health needs in our community (including physical health, oral health, mental health, nutrition, and safety)?
2. Who has the most significant needs?
3. What resources already exist in the community to meet these identified needs?
4. Where are the gaps? What services are not available or accessible to families who need them?

The answers to these questions are key to building systems and partnerships that will promote children's health, safety, and school

readiness. The answers will help you figure out what to focus on, what to do, and who your partners will be.¹

Note that each year you will have an opportunity to determine whether recent changes in your community may require you to adjust your health services plan.

Component 2: Compile recommendations for program planning related to health

CA plays a critical role in defining your program's vision, mission, and program plan. By analyzing needs, gaps in resources, and resources in the community, you can work with your Health Services Advisory Committee (HSAC) to identify new partnerships. You can build relationships that will help you implement your plan for health services. Your role as part of the management team is to define how your program will use the information in the CA to plan and deliver health services and health education [45 CFR 1305.3(d)(2)].

Based on your CA summary findings, consider the following questions with your management team:

1. How will our program recruit families to participate in our services?
2. What considerations should be made to recruit and serve eligible families?
3. What health services will we need to target (including physical health, oral health, mental health, nutrition, and safety)?
4. What health services do we need to secure through coordination with existing community partners?
5. How will we work with community partners?
6. What health services do we need to offer in our program?
7. How will we work with community partners to fill some of the existing gaps in health services?

Share your CA findings with providers. This can help you make the case for why services are needed. It can help you identify partners who may be able to help you with the following tasks:²

- Assist in identifying community health needs
- Provide technical assistance to the program to resolve problems
- Assist in planning and implementing the health education program
- Identify potential members of the HSAC
- Refer children and families to Head Start
- Advocate for the health needs of low-income families
- Become a source of in-kind services to the program, or financial support for health services
- Furnish information in the search for consultants

Working together, your program and the organizations you identify as community partners can build on one another's strengths. This will help you meet families' health needs. However, if all other funding sources have been exhausted, a grantee should cover any costs related to a child's health care by using Head Start grant funds [OHS PC-B-012].

Use the "Planning Recommendations" worksheet in the appendices to organize your thoughts as you collaborate with your management team to develop or revise recommendations for health services within the program plan.

Component 3: Consider ways to improve your program's CA

As you finish your review of the CA and make recommendations for your program plan, think about the usefulness of the information you collected [45 CFR 1305.3(e)]. Are there other sources of information that might be useful for the next CA, particularly in areas related to health? When your program begins its next grant cycle, share your suggestions with your management team. This gives you a way to participate in and guide the process.

Ask yourself the following questions:

1. Did the information in the CA help me understand the health needs of children and families in our service area (including physical health, oral health, mental health, nutrition, and safety)?
2. Did the CA provide me with the information I need to know about health providers and resources in the community?
3. Are there any missing health-related data that need to be captured (e.g., information from hospitals, first responders, health care providers, public health organizations, community organizations, social service organizations, religious organizations, other charitable organizations, etc.)?

Your CA will help your program to individualize its vision, mission, and management systems for your community [45 CFR 1305.3(d)(1)]. This local perspective helps you and your Head Start colleagues tailor your services to what enrolled children and families truly need [45 CFR 1305.3(d)(2)].

Keep a running list of questions. When your program is preparing for the next community assessment, refer to this list to gather new information.

Component 4: Delivering health education activities

1. Work with your program director, management team, HSAC, community partners, and families to develop a plan for health education that meets the needs of program staff as well as the children and families you serve. Choose developmentally, culturally, and linguistically appropriate health literacy topics that are of interest to your families. For a list of sample health education topics, review sample health education resource on page 215 in the appendix. Use [National Center on Health](#) resources whenever you can.

2. Use the planning cycle to evaluate the effectiveness of your health education activities. Review data from training evaluation forms, parent and staff satisfaction surveys, and child records to determine whether your health education activities were successful. Over time, data from child records may help you determine if children and families have begun to use the new strategies shared during your program activities. You may also see positive child outcomes—such as more pro-social child behaviors, higher attendance rates, fewer injuries or incidents, and fewer illnesses—that will help your program to meet its school readiness goals.

An example of a training evaluation form that you can adapt for your own purposes includes:

- [Asthma Resource Toolkit – Training Evaluation Form](#), Office of Head Start and the Environmental Protection Agency

Component 5: Partnering with other federal and nongovernmental programs

1. Learn about required participation in federal programs and nongovernmental organizations, and applicable federal, tribal, state, and local laws related to program licensure and certification. These include:
 - The Head Start Program Performance Standards (HSPPS)
 - State and local licensure and health requirements
 - The United States Department of Agriculture (USDA) Food and Nutrition Service, which includes the following:
 - [Supplemental Nutritional Assistance Program \(SNAP\)](#)
 - [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#)
 - [Child and Adult Care Food Program \(CACFP\)](#)
 - [National School Lunch Program/Summer Food Service Program/School Breakfast Program](#)
 - Federal, tribal, and state health systems, which include:

- [Medicaid](#)
- [The Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) Program](#)
- [State Children's Health Insurance Program \(SCHIP\)](#)
- [Indian Health Service \(IHS\)](#)
- [Occupational Safety and Health Administration \(OSHA\)](#)

2. Your program may receive funding from a number of sources. Understanding the health and safety requirements for each funding stream is critical to your job. If you have questions about funding for specific health services, ask your program director to review all relevant sources of program revenue.

Component 6: Collecting and analyzing data

1. Collect, analyze, and use program records and reports to evaluate health services. The Reporting Guide on page 211 in the appendix will help you determine which reports to analyze.
 - To review trend data, you will need to collect annual reports from multiple years to reflect programmatic changes over time (such as the program information report [PIR]).

Note that most state health departments publish community health assessment data reports. These are useful for your planning activities. Also, many [Centers for Disease Control and Prevention \(CDC\)](#) reports provide state and local data on such topics as [food deserts](#), child well-being, obesity, breastfeeding rates, and other maternal and child health issues. Review the community assessment summary on page 160 in the appendix.

2. Consider whether:
 - The information in these reports is complete
 - The data are used in program planning
 - Additional or different data should be collected, analyzed, and used to evaluate and improve workplace safety

3. Review expenses for required health services in your program. The sample budget on page 214 in the appendix can help you organize this information. Once you know what the health expenditures are for your program to meet the needs of children and families, talk with your program director about how these costs fit into the overall program budget.
4. Use all data, including budget data, for on-going monitoring of program health services using the planning cycle.

Component 7: Reviewing contractual agreements

1. Determine whether your program is currently contracting with a consultant or organization to deliver health, nutrition, or mental health services. If so, make sure that the consultant meets the following qualifications defined in [45 CFR 1304.52](#):
 - Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must ensure that the requirement is followed.

- Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.
 - Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.
2. Ensure that your agency is contracting only with food service vendors that are licensed in accordance with applicable federal, tribal, state, or local laws, in accordance with [45 CFR 1304.23](#).
 3. Review your contractual agreements to ensure that consultants are offering appropriate services. Make sure that current consultant contracts are in place, and review them.
 4. If health services are needed but not currently being delivered by a staff member or a consultant, identify appropriate resource(s) to deliver these services and have your program director develop a contract, or memorandum of agreement if appropriate, with a qualified consultant or other entity.
 5. Review invoices and records of contract services to ensure that the delivered services are meeting the agreed-upon terms of the contract.

References

1. EHSNRC. (2004). *A Holistic Approach to Health and Safety*. Technical Assistance Paper No. 7. Washington, DC: Early Head Start National Resource Center; 9.
2. Head Start Bureau. (1984). *Health Coordination Manual*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; 1-8.

Case Management Summary

Note: It may be helpful to combine this document with the child's Family Participation Plan, individualized child health plans, and any IEPs and/or IFSPs

Date of Enrollment:

Name of Parent(s)/Caregiver(s)/Guardian(s):

Relationship of Parent(s)/Caregiver(s)/Guardian(s) to the Child:

Names of Family Members Participating in the Program and Their Relationship to the Child:

Family Health History:

(Include information on child's disability, medication, social and emotional behaviors, social services child/family receives)

Language(s) Spoken in the Home:

Cultural Factors:

(Including the ability of caregivers to speak/read English)

Specific Health Concerns:

(Include asthma, mental health issues, overweight/obesity)

Family and Child Goals:

(Include goals from Family Participation Agreement, IEP, IFSP)

Family Support Systems:

Other Resources Accessed:

Child's Name:

Date of Birth:

Case Management Log						
Date of services	Description of services	Provider	Staff	Messages shared	Additional steps/ follow-up activities	

Communications Guidelines Worksheet

Use the following worksheet to determine how your program communicates required information (1304.51(b)-(f); 1304.41(a)(1)) to different people in your program.

Using your program plan and protocols from your communication system, complete this chart. Use the third column to define how you currently meet the requirements. If you plan to make changes to your communication systems, record these in the fourth column.

Who	HSPPS requirements	How requirements are currently being met	Changes you would like or need to make
Families 1304.51(c)	(1) Grantee and delegate agencies must ensure that effective 2-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year. (2) Communication with parents must be carried out in the parents' primary or preferred language or through an interpreter, to the extent feasible.		
Governing bodies and policy groups 1304.51(d)	(1) Procedures and timetables for program planning (2) Policies, guidelines, and other communications from HHS (3) Program and financial reports (4) Program plans, policies, procedures, and Early Head Start and Head Start grant applications.		
Staff 1304.51(e)	Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.		

(continued on next page)

Who	HSPPS requirements	How requirements are currently being met	Changes you would like or need to make
<p>Delegate agencies 1304.51(f)</p>	<p>Grantees must have a procedure for ensuring that delegate agency governing bodies, policy committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner.</p>		
<p>Community partners (including HSAC) 1304.41(a)(1)</p>	<p>Grantees and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements).</p>		

Community Assessment Summary

Instructions: Using data from the community assessment, determine child and family health status, existing community resources, and gaps in services or support for children and families

for each area of health. After the chart is completed, answer the four questions to summarize your findings.

	Child Health Status	Family Health Status	Community Resources	Service/Support Gaps
<i>Physical health</i>				
<i>Mental health</i>				
<i>Oral health</i>				
<i>Nutrition and physical activity</i>				
<i>Safety and injury prevention</i>				

1. What are the health needs within our community (including physical health, oral health, mental health, nutrition, and safety)? Include the following:
 - a. Estimated children with health insurance
 - b. Estimated children with a medical home
 - c. Estimated children who are up to date on EPSDT
 - d. Prevalence of asthma
 - e. Prevalence of anemia
 - f. BMI trends
 - g. Immunization rates
2. Who has the most significant needs in the community?
3. What resources already exist in the community? Including the following:
 - a. ECC
 - b. Proximity to safe play spaces, grocery stores
 - c. Access to health care providers
4. What are the gaps? What services are not available to families who need them?

Glossary

Absenteeism—Chronic lack of presence at program activities.

Accommodate—A change that helps a [child] overcome or work around the disability.

<http://nichcy.org/schoolage/accommodations#part1>

Advocate—One that supports or promotes the interests of another.

<http://www.merriam-webster.com/dictionary/advocate>

Anecdotal Notations—A written record or note of what a child says or does within the context of classroom activities and routines. The use of anecdotal records is one way to collect information about children's development and learning.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/assessment/iss/collect.html>

Assessment—The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility 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 child.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.3%20Definitions..htm>

or from CFC: An in-depth appraisal conducted to diagnose a condition or determine the importance or value of a procedure.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Atypical behavior or development—Some children exhibit behaviors that fall outside the normal, or expected, range of development. These behaviors emerge in a way or at a pace that is different from their peers.

<http://www.idonline.org/article/6047/>

Bacteria—Organisms that may be responsible for localized or generalized diseases and can survive in and out of the body. They are much larger than viruses and can usually be treated effectively with antibiotics.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Bodily Fluids—Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Body Mass Index (BMI)—Measurement of weight in kilograms divided by height in meters squared. Overweight and obesity can be defined by the BMI for age measurement. [Source: Hagan JF, Shaw JS, Duncan PM, eds. (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics.]

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Cardiopulmonary Resuscitation (CPR)—A procedure to support and maintain breathing and circulation for an infant, child, or adolescent who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest).

<http://www.healthofchildren.com/C/Cardiopulmonary-Resuscitation.html>

Case Management—A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote high-quality, cost-effective outcomes.

Child Supervision—Ongoing adult observation of children to keep them safe and ensure they are never alone.

Children's Health Insurance Program—A program administered at the state level, providing health care to low-income children whose parents do not qualify for Medicaid. CHIP may be known by different names in different states. The CHIP program may also be known by its former name, the State Children's Health Insurance Program (SCHIP).

CHIP—See Children's Health Insurance Program

Community Violence—Exposure to acts of interpersonal violence committed by individuals who are not intimately related to the victim.
<http://www.nccev.org>

Continuity of Care—The policy of assigning a primary caregiver to an infant at the time of enrollment in a child care program and continuing this relationship until the child is 3 years old or leaves the program.
<http://eclkc.ohs.acf.hhs.gov/hslc/ta-system/teaching/eecd/domains%20of%20child%20development/social%20and%20emotional%20development/what%20do%20we%20mean%20by%20continuity%20of%20care%20in%20out-of-home%20settings.htm>

Contractual Agreements—An agreement with specific terms between two or more persons or entities in which there is a promise to do something in return for a valuable benefit known as consideration.
<http://legal-dictionary.thefreedictionary.com/Contractual+agreement>

Cross Contamination—The transfer of an infection directly from one person to another or indirectly from one person to a second person via an inanimate object.
<http://medical-dictionary.thefreedictionary.com/cross-contamination>

Culturally Responsive/Culturally and Linguistically Responsive—Respect for and incorporation of families' cultures and languages into program systems and services. Promotion of a positive cultural, linguistic, and individual identity for all children and staff.

Delegate Agency—Delegate agency means a public or private nonprofit organization or agency to which a grantee has delegated all or part of its responsibility for operating a Head Start program.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1301/1301.2%20Definitions.htm>

Dental Home—The ongoing relationship between the dentist and the patient, including all aspects of oral health care, delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than age 12 months.

A dental home is a place where the following is available:

- An accurate risk assessment for oral diseases and conditions
- An individualized preventive oral health program based on risk assessment
- Anticipatory guidance about growth and development issues (for example, teething; thumb, finger, or pacifier habits; and feeding practices)
- A plan for emergency oral trauma treatment
- Information about proper care of infants' or children's teeth and soft oral tissues
- Information about proper nutrition and dietary practices
- Comprehensive oral health care in accordance with infants' or children's needs and accepted guidelines and periodicity schedules for pediatric oral health
- Referrals to other oral health specialists when care cannot be provided directly within the dental home

Developmentally Appropriate—Any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental levels and cultural backgrounds of individual children.
<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.3%20Definitions..htm>

Disinfecting—Destroying or inactivating germs on an inanimate object using a disinfectant product.

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixJ.pdf>

Distracted—Unable to concentrate because one’s mind is preoccupied.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)—The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for infants, children, and adolescents under age 21 years who are enrolled in Medicaid. EPSDT is key to ensuring that infants, children, and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

Early Intervention Program—Organizations delivering services to infants and toddlers with disabilities in accordance with Part C of the [Individuals with Disabilities Education Act](#).

Educators—Individuals who facilitate learning for pregnant women, children and families, and staff.

Engagement Strategies—Engagement strategies are approaches used to build relationships between Head Start staff and families to support family well-being, strong relationships between parents and their children, and ongoing learning and development for parents and children.
<http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2011/pfce-framework.pdf>

Environmental Health—All the physical, chemical, and biological factors external to a person, and all the related factors influencing behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health.
http://www.who.int/topics/environmental_health/en/

EPSDT—See Early and Periodic Screening, Diagnosis, and Treatment.

Evaluation—Determine or diagnose a developmental delay and develop strategies for intervention. Only children suspected of

having a developmental delay are referred for an in-depth evaluation.

http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/FinalTAP%5B1%5D.pdf

or from CFC: Impressions and recommendations formed after a careful appraisal and study.

Evidence-based Practice—A decision-making process that integrates the best available research evidence with family and professional wisdom and values.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Examination—A thorough checkup of the child’s overall health and development. It is done by a licensed physician, nurse practitioner, or physician’s assistant.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/Factsheets.pdf>

Expectant Families—Pregnant women and their relatives including the baby’s father, grandparents, aunts, uncles, and siblings.

Exposure to Bodily Fluids—Contact with mucus, saliva, urine, feces, blood, and other [bodily fluids](#).

Family Eating Patterns—The schedule and routines a family uses for meals.

Family Partnership Agreements (FPA)—An agreement that offers opportunities for parents to expand their knowledge about community services and resources, and develop networks and relationships with families, service providers, community agencies, and school systems.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Family-Style Meal—Meal service where adults and children sit together at a table serving foods from bowls or dishes. Children are encouraged to serve themselves, or serve themselves with help from an adult. Enough food must be placed on the table to provide the full required portion size for all the children at the table.

https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/nutrition/education-activities/health_pub_12000_071406.html

Fine Motor Development—Skills children develop that rely on their small muscles (e.g., holding materials, turning knobs, snapping buttons).

<http://dese.mo.gov/se/fs/termsandacronyms.html>

First Aid—Emergency care or treatment given to an ill or injured person before regular medical aid can be obtained.

<http://www.merriam-webster.com/dictionary/first%20aid>

Fluoridated—Fluorine compound added (to a drinking water supply, for example) for the purpose of reducing tooth decay.

<http://www.thefreedictionary.com/fluoridated>

Fluoride Treatments—A compound of fluorine with another element or radical used topically and systemically in the prevention of tooth decay.

<http://www.medterms.com/script/main/art.asp?articlekey=23960>

Follow-Up Plan—A plan designed to ensure treatment for identified illnesses and conditions is implemented appropriately.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.20%20Child%20health%20and%20developmental%20services..htm>

Grantee—A public or private nonprofit agency or organization whose application to operate a Head Start program pursuant to section 514 of the Act has been approved by the responsible HHS official.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1302/1302.2%20Definitions..htm>

Gross Motor Development—Skills children develop that rely on their large muscles (e.g., crawling, sitting, walking).

<http://dese.mo.gov/se/fs/termsandacronyms.html>

Hand Hygiene—A term used to cover both handwashing using soap and water, and cleaning hands with waterless or alcohol-based hand sanitizers.

<http://www.health.state.mn.us/handhygiene/index.html>

Hazard—A condition or phenomenon that increases the probability of a loss or injury.

<http://medical-dictionary.thefreedictionary.com/hazard>

Hazard Map—Highlights areas that are affected by or vulnerable for a particular hazard.

http://en.wikipedia.org/wiki/Hazard_map

Health Fairs—Community health education events focused on preventing disease and promoting health.

<http://www.reference.md/files/D006/mD006277.html>

Health Services Advisory Committee

(HSAC)—A group that includes professionals and volunteers from the community, HSACs are established to address health service issues and help agencies respond to community needs.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Hematocrit—A blood test that measures the percentage of the volume of whole blood that is made up of red blood cells. This measurement depends on the number of red blood cells and the size of red blood cells. The test helps determine anemia, diet deficiency, leukemia, and other medical conditions.

<http://www.nlm.nih.gov/medlineplus/ency/article/003646.htm>

Hemoglobin—Hemoglobin is a protein in red blood cells that carries oxygen. A blood test can tell how much hemoglobin you have in your blood. Results can indicate various health conditions including anemia, malnutrition, dehydration, and nutritional deficiencies.

<http://www.nlm.nih.gov/medlineplus/ency/article/003645.htm>

Hepatitis—Inflammation of the liver caused by viral infection. There are six types of infectious hepatitis: type A; type B; nonA; nonB; type C; and type D.

<http://cfoc.nrckids.org/Glossary.cfm>

Home Language—The language a person acquires first in life or identifies with as a member of an ethnic group (Baker 2000). It is

sometimes referred to as the first, native, or primary language.
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/Dual%20Language%20Learners/DLL_%20Resources/GlossaryofTerms.htm

Human Immunodeficiency Virus (HIV)—A virus that affects the body in various ways. In the most severe infections, the virus progressively destroys the body's immune system, causing a condition called acquired immune deficiency syndrome, or AIDS. [Source: Aronson SS, Shope TR, eds. (2009). *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics]
<http://cfoc.nrckids.org/Glossary.cfm>

Hygiene—The conditions and practices that serve to promote or preserve health.
<http://medical-dictionary.thefreedictionary.com/hygiene>

Incident—Something that occurs casually in connection with something else.
<http://dictionary.reference.com/browse/incident>

Indian Health Service (IHS)—A health care program through which the Department of Health and Human Services provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities.

Individualized Educational Program (IEP)—A written document, derived from Part B of IDEA (Individuals with Disabilities Education Act), which is designed to meet a child's individual educational program needs. The main purposes for an IEP are to set reasonable learning goals and to state the services that the school district will provide for a child with special educational needs. Every child who is qualified for special educational services provided by the school is required to have an IEP.
<http://cfoc.nrckids.org/Glossary.cfm>

Individualized Family Service Plan (IFSP)—A written document, derived from Part C of IDEA (Individuals with Disabilities Education Act), which is formulated in collaboration with the family to meet the needs of a child with a developmental disability or delay, to assist the family in its care for a child's educational, therapeutic, and health needs, and to deal with the family's needs to the extent to which the family wishes assistance.
<http://cfoc.nrckids.org/Glossary.cfm>

Infectious Disease—A disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via infected body fluids or respiratory spray, with or without an intermediary agent (such as a louse, mosquito) or environmental object (such as a table surface). Many infectious diseases are reportable to the local health authority.
<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Injury, Unintentional—Physical damage to a human being resulting from an unintentional event (one not done by design) involving a transfer of energy (physical, chemical, or heat energy).
<http://cfoc.nrckids.org/Glossary.cfm>

Intake Forms—A form used by programs to collect information including demographics, assessment information, goals, and other related data for federal reporting.
<http://www.doe.virginia.gov/instruction/adult-ed/glossary.shtml>

Invoice—An itemized list of goods shipped usually specifying the price and the terms of sale.
<http://www.merriam-webster.com/dictionary/invoice>

Licensed Mental Health Professional—A physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist, or a psychiatric clinical nurse specialist. Licensure requirements vary by tribal, state, and local government.
<http://www.d19csb.com/hr/definitions.htm>

Local Education Agency—A school district, an entity that operates local public primary and secondary schools.

http://en.wikipedia.org/wiki/Local_Education_Agency

Medicaid—A program that provides medical assistance for individuals and families with low incomes and resources.

<http://cfoc.nrckids.org/Glossary.cfm>

Medical Home—Primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally and linguistically effective. The child health care professional works in partnership with the family and patient to ensure that all the medical and nonmedical needs of the patient are met. [Source: Hagan JF, Shaw JS, Duncan PM, eds. (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics.]

<http://cfoc.nrckids.org/Glossary.cfm>

Medicare—Federal program that helps pay health care costs for people ages 65 years and older and for certain people under 65 years with long-term disabilities.

Memorandum of Agreement (MOA)—A document written between parties to cooperate on an agreed-upon project or meet an agreed-upon objective. The purpose of an MOA is to have a written understanding of the agreement between parties.

http://en.wikipedia.org/wiki/Memorandum_of_agreement

Mental Health Consultation—Culturally and linguistically sensitive services for children birth through 6 years of age in group care and early education settings. Services include capacity building for staff and family members, directly observing children and the caregiving environment, and designing interventions that involve changes in the behaviors of caregivers. Early childhood mental health consultants collaborate with administrators, staff, family members, and caregivers to promote social and emotional development in children and transform children's challenging behaviors.

Consultation is offered by persons with formal preparation in children's mental health and experience working with young children and their families.

http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/ecmhc_toolkit.pdf

Military Health Care—Includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA).

TRICARE is a military health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPVA is a medical program through which the Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veteran's dependents, and survivors of veterans. The Department of Veterans Affairs provides medical assistance to eligible veterans of the Armed Forces.

Mitigate—The act of making a condition or consequence less severe.

<http://dictionary.reference.com/browse/mitigation>

Needs Assessment—A systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants."

http://en.wikipedia.org/wiki/Needs_assessment

Nongovernmental Organization (NGO)—An organization that is not part of the local or state or federal government.

<http://www.thefreedictionary.com/nongovernmental+organization>

Optimal—Best or most favorable.

<http://www.merriam-webster.com/dictionary/optimal>

Oral Disease—The most common oral diseases are dental cavities, periodontal (gum) disease, oral cancer, oral infectious diseases, trauma from injuries, and hereditary lesions.

<http://www.who.int/mediacentre/factsheets/fs318/en/index.html>

Oral Examination—An examination including: (1) a dental history; (2) a clinical assessment of the lips, tongue, teeth, gums, inside of the cheeks, roof of the mouth, and throat; (3) diagnostic procedures, such as X-rays; (4) assessment of risk of developing oral diseases; and (5) establishment of a prevention and/or treatment plan. To be reported in the Head Start Program Information Report, a “professional oral examination” must be completed by a dentist or by a dental hygienist qualified to perform preliminary oral examinations based on state practice acts and regulations.

Oral Health Screening—A visual and manual inspection of the mouth that is conducted to identify oral disease or other oral conditions that may require management by a dentist. (e.g., delayed tooth eruption or premature tooth loss, abscesses, or trauma from injury). Oral health screenings can be performed by oral health professionals (dentists and dental hygienists) or other trained health professionals (for example, pediatricians, nurse practitioners, or physician assistants) and do not involve making diagnoses that lead to treatment plans. A 2- to 3-minute screening includes an inspection of the lips, tongue, teeth, gums, inside of the cheeks, roof of the mouth, and throat.

Oral health screenings apply to infants and young children in Early Head Start and Migrant and Seasonal Head Start programs. These programs should report the number of infants and young children receiving an oral health screening conducted by a health professional as part of an EPSDT physical examination in the Program Information Report.

Oral Motor—Relating to the muscles of the mouth and/or mouth movements.
<http://www.medterms.com/script/main/art.asp?articlekey=11777>

Paraprofessionals—Individuals with training in a specific field, including health or education, who aid or assist in program activities, but without the certification or licensure necessary to serve in the lead position.

Parent Committees—Groups composed of parents of children currently enrolled at the center level for center-based programs, or at the equivalent level for other program options, that share governance with the policy committee and policy council.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mgmt-admin/hr/staff-dev/glossary-of-hs-terms.pdf>

Parental Consent—All information and activities related to services for each child in Head Start must be shared with and approved by that child’s parent(s) or legal guardian(s). Parents or guardians must provide written consent before any information can be shared in accordance with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#).

Policies and Procedures—Policies are a set of principles and rules designed to guide future actions and decisions. Head Start Program Performance Standards provide the basis for individual program policies that are enacted by the program policy council and governing body as recommended by the HSAC. Procedures outline the sequence of steps to be followed to carry out policies and plans; a procedure manual is a management guide giving details about different aspects of the health plan.” [Source: Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-12.]

Policy Committee—An appointed group that shares program governance with the parent committee and policy council. At least 50% of the membership must be parents of the children enrolled in that delegate agency program, and it must also include representatives from the community.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Policy Council—A committee set up at the grantee level which shares program governance with the parent and policy committees. It includes representation from parents, the

community, and all delegate agencies. If the grantee has no delegates, then the representation is from all centers and other factions of that program.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Program—A Head Start organization that offers services to low-income children and families. Can be either a delegate or grantee organization.

Program Needs Assessment—Systematic process to acquire an accurate, thorough picture of the strengths and weaknesses of a program.
<http://www.dpi.state.nd.us/grants/needs.pdf>

Program Options—Organization of the ways a program is organized to deliver services including center-based (1304.32), home-based (1306.33), family child care (1306.35), combination (1306.34), and alternative program variations approved by the Director of Head Start (1306.36).

Prosocial Child Behaviors—Positive behaviors such as sharing, cooperating, empathy, and taking turns when interacting with others.
<http://www.sesameworkshop.org/our-blog/2012/02/21/the-meaning-and-importance-of-pro-social-behavior/>

Public or Private Insurance—Public or government health insurance includes plans funded by governments at the federal, state, or local level. The major categories of government health insurance are Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), military health care, state-specific health insurance plans, and the Indian Health Service. Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company. Employment-based health insurance is coverage offered through one’s own employment or a relative’s. It may be offered by an employer or by a union. Own employment-based health insurance is coverage offered through one’s own employment and only the policyholder is covered by the plan. Direct-purchase health insurance is coverage

through a plan purchased by an individual from a private company.

<http://www.census.gov/hhes/www/hlthins/methodology/definitions/cps.html>

Random Acts of Violence—Immediate or chronic situations that result in injury to the psychological, social, or physical well-being of individuals or groups.

<http://www.apa.org/pi/violence&youth.pdf>

Rapport—When two or more people feel they are in sync or on the same wavelength because they feel similar or relate well to each other.

<http://en.wikipedia.org/wiki/Rapport>

Record of Service—A description of any service provided to a consumer that assists them in achieving a successful employment outcome; otherwise called a case note.

<http://www.ccer.org/natamer/definitions.htm>

Referral—Directing an Early Head Start or Head Start child or family member(s) to an appropriate source or resource for help, treatment, or information

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.3%20Definitions..htm>

Regulatory—A written instrument containing rules having the force of law.

<http://en.wikipedia.org/wiki/Regulation>

Revenue—All income produced by a particular source (through donations and support).

<http://www.thefreedictionary.com/revenue>

Sanitation—The state of being clean and conducive to health.

<http://www.thefreedictionary.com/sanitation>

SCHIP—See State Children’s Health Insurance Program.

School Readiness Goals—Articulation of the program’s expectations of children’s status and progress across the five essential domains of child development and early learning that will improve children’s readiness for kindergarten [§ 1307.2]. Goals are broad statements that articulate the highest developmental achievement children should attain as a result of Early Head Start and Head Start services. Agencies

outline the steps of progression toward these goals through a developmental sequence of age- and stage-appropriate behaviors, skills, and knowledge that children birth-to-5 need to acquire to accomplish each broad goal.

<http://eclkc.ohs.acf.hhs.gov/hslc/sr/faq>

Scope of Practice—Scope of practice refers to the range of services a licensed health professional is allowed to perform, which is defined by scope of practice laws and regulations. Scope of practice is defined by the government agency, usually at the state level, that issues the license.

Screening—Services to detect physical and mental conditions must be covered at established, periodic intervals (periodic screens) and whenever a problem is suspected (interperiodic screens). Screening includes a comprehensive health and developmental history, an unclothed physical examination, appropriate immunizations, laboratory tests, and health education.

<http://mchb.hrsa.gov/epsdt/overview.html>

or from CFC: Examination of a population group or individual to detect the existence of a particular disease (such as diabetes or tuberculosis).

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Section 504 Plan—Section 504 provides appropriate educational services that meet the individual needs of students with disabilities in order to ensure that they are offered the same opportunities for a Free and Appropriate Public Education (FAPE) as students without disabilities. A 504 plan is an education plan created under the authority of Section 504 of the Rehabilitation Act of 1973. It is designed to create modifications and accommodations for students with special needs who are in their school's general education setting. For this reason, the 504 plan should not be confused with an IEP.

<http://www.doe.in.gov/achievement/individualized-learning/faq/section-504-what-section-504-plan>

Socialization—The opportunities for children enrolled in the Head Start home-based option and their parents to engage in activities outside their home. These group experiences are offered twice a month and involve children and parents in activities that further the goals addressed during home visits.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00205_072505.html

Special Dietary Needs—Restrictions for what a child can eat due to allergies (including gluten, milk, eggs, wheat, seafood, and shellfish) or medical recommendations.

Special Health Care Needs—Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.

http://www.aapd.org/media/Policies_Guidelines/D_SHCN.pdf

Standard Precautions—Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

State Children's Health Insurance Program (SCHIP)—The State Children's Health Insurance Program, or SCHIP, was established by the federal government to provide health insurance to children in families at or below 200% of the federal poverty line. Now primarily known as CHIP.

<http://www.schip-info.org/>

State Collaboration Office—A collaboration grant to each state and national administrative office serving Indian Head Start programs and migrant or seasonal Head Start programs to facilitate collaboration among Head Start agencies (including Early Head Start agencies) and entities that carry out activities designed

to benefit low-income children from birth to school entry, and their families. Head Start Act Section 642B(a)(2)(A)

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act#642B>

State-Specific Health Insurance Plans—Some states have their own health insurance programs for low-income uninsured individuals. These health plans may be known by different names in different states.

Stress—A physical, mental, or emotional response to events that causes bodily or mental tension.

<http://www.ecmhc.org/documents/TCOstress-wkshp.ppt>

Sufficient Frequency—An amount of health services that is considered to be enough to have an impact on the child or family who receives it, as defined by the program with guidance from the HSAC using data about needs from the community assessment, child assessment, health tracking, and other program data.

Supervision—Management by overseeing the performance or operation of a person or group.

<http://www.merriam-webster.com/dictionary/supervision>

Technical Hazards—Chemical spills and accidents associated with chemicals used by your program present the possibility of technical hazards for your program. Children and adults may be harmed by inhaling, touching, or tasting dangerous chemicals in the environment. Specifically, two particular types of technical hazards may present concern for your program: center-based chemical emergencies including cleaning products, indoor pesticides, and lawn and garden products; and hazardous materials incidents including spills or explosions at chemical plants, gas stations, hospitals, farms, and truck routes.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf

Toileting Patterns—The schedule and routines for children's use of the toilet or urination and bowel movements.

Tooth Decay—A process whereby bacteria on teeth consume sugar to produce an acid that dissolves tooth mineral. A cavity or hole in the tooth, tooth loss, or infection can result from untreated tooth decay.

Treatment—Management and care of a patient or the combating of disease or disorder.

<http://medical-dictionary.thefreedictionary.com/treatment>

Trend Data—Data collected over time that show a pattern. This helps determine what has happened in the past and helps predict what could happen in the future.

Universal Precautions—Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html#>

Virus—A microscopic organism, smaller than a bacterium, that may cause disease. Viruses can grow or reproduce only in living cells.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Waiting List—A list that ranks children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1305/1305.6%20Selection%20process.htm>

Weather-Related Disasters—According to FEMA, "natural hazards are natural events that threaten lives, property, and other assets" (FEMA, *Are You Ready? Natural Hazards*, http://www.fema.gov/areyouready/natural_hazards.shtm). They are often predictable and tend to be linked to specific geographic locations, climates, or seasons. Additionally, they are the most frequent kind of emergency situation and can affect programs at least several times a

year. It is easier to prepare for natural disasters due to their predictability and frequency.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf

Withdrawn—Socially detached and unresponsive.

<http://www.merriam-webster.com/dictionary/withdrawn>

Head Start Health Records

You are required to maintain confidential health records for children, families, staff/volunteers, and the program. Use the lists below to make sure you comply with the HSPPS and other federal, state, tribal, and local licensure requirements.

A Head Start program's Individual Child Health Record must contain:

- Parent contact information
- Emergency contact information
- Health care provider contact information
- Medicaid eligibility and status, insurance provider
- Individual and family medical history
- Immunizations
- Screening results
- Physical examination results
- Signed family informed consent forms for: release of records, medical emergencies, mental health services, transportation, diagnostic evaluation, consultations
- Dental history, examination results, and treatment information
- Dietary assessment
- Family mental health and child's mental health and development assessment results
- Cultural beliefs that may affect the health care of the family
- Progress notes
- Daily medications and dosages
- Record of injuries occurring during program activities
- Recommendations to the child's home and to the Head Start program
- Diagnosis and treatment plans, completed treatment, follow-up¹

Staff Health Records *must* contain:

- Emergency contact information
- Initial physical examination results, including TB screening²

- Periodic re-exam results,² as recommended by health provider or mandated by state, tribal, or local law
- Hepatitis B vaccination status, including dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination
- Documentation of training and certifications relevant to health and safety
- Other documentation as recommended by your HSAC

Staff Health Records *should also* include:³

- **Immunization/vaccination** records
- Documentation of work-related injuries/illness in compliance with **OSHA** regulations
- Documentation of staff health problems

Volunteer Health Records (for "regular volunteers"⁴) must include:

- Screening results for tuberculosis, in accordance with state, tribal, or local laws, or in the absence of these, in consultation with your HSAC

Program should track and record information on the following:

- Emergency drills
- Staff training in exposure to **bloodborne pathogens**²
- Adult and child illness-related absences
- Injury report forms documenting indoor and outdoor injuries
- Notifications of parents in cases of children's injury or illness
- Documentation of health consultations (health, mental health, oral health) and training
- Lead test results
- Facility and equipment inspection and maintenance records
- Other documentation as recommended by your Health Services Advisory Committee

Your state, tribal, and/or local licensing agency will provide you with any additional health record components that are requirements for your area. Be sure you are familiar with these as well.

References

1. National Head Start Training and Technical Assistance Resource Center. (2006). [Physically Healthy and Ready to Learn \(Technical Assistance Paper No. 1\)](#). Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Head Start Bureau.
2. See also [Clarification](#) from OHS on “screening for tuberculosis.”
3. Find a sample staff health assessment form in [Appendix E of *Caring for Our Children*](#).
4. See also [Clarification](#) from OHS on definition of “regular volunteer.”

Head Start Management Systems



Adapted from the National Center on Program Management and Fiscal Operations training resource “Do Your Systems Support School Readiness? Questions to Consider.”

Do Your Systems Support Health Services? Questions to Consider

<p>Self-Assessment</p> <ul style="list-style-type: none"> • What program goals/needs were identified? How do they relate to or affect health services? • What strengths were identified? How can you leverage those strengths to improve health services? 	<p>Recordkeeping and Reporting</p> <ul style="list-style-type: none"> • What recordkeeping and reporting systems do you have in place to track the activities planned to support health services, as well as progress toward meeting the Head Start requirements and identified health needs? • Do you need to create new tools or make modifications to existing ones? If so, describe.
<p>Planning</p> <ul style="list-style-type: none"> • Consider your T/TA Plan and Individual Professional Development Plans, Services Area Plans, Policies and Procedures, Transition Plans, and Community Assessment. What information is available in these resources to: <ul style="list-style-type: none"> • support your health services? • help you to decide which activities to implement to achieve those goals? • let you know if you need to modify your plans to reflect these decisions? If so, how? 	<p>Communication</p> <ul style="list-style-type: none"> • How will you communicate your health service plans and activities to your stakeholders (families, community, boards, etc.)? • How will you individualize your communication for a wide variety of audiences to ensure it is accessible? • How will the progress and status of your health services be communicated consistently and regularly? • What recordkeeping and reporting systems do you have in place to support your communication? • Do you need to make modifications?
<p>Program Governance</p> <ul style="list-style-type: none"> • Have you engaged your governing bodies in the development of your program plan specifically focusing on integrated health services? • How can the Policy Council and governing body support these activities? • What is their role in the other areas of this management systems framework (monitoring, communication, fiscal management, etc.)? 	<p>Ongoing Monitoring</p> <ul style="list-style-type: none"> • Do you have a comprehensive system for ongoing monitoring? • How will you track progress toward each health goal and use the information you are gathering to make necessary adjustments? • Do you need to modify and/or create new tools to support ongoing monitoring? How will you communicate your findings?
<p>Human Resources</p> <ul style="list-style-type: none"> • Do your staff members meet the minimum requirements for their positions? • How are management staff ensuring that staff are meeting performance expectations? • Do your staff members have the skills and knowledge they need to support health services? If not, what professional development activities/trainings are needed? 	<p>Financial Management</p> <ul style="list-style-type: none"> • Do you have the resources available to support the activities identified? • If not, how can you ensure your budget planning for next year supports the health services in your program plan? • How can you include nonfiscal staff in financial planning/management to support school readiness?
<p>Facilities, Materials, and Equipment</p> <ul style="list-style-type: none"> • What additional materials or equipment, if any, will you need to ensure that children are healthy, safe, and ready to learn? • What modifications, if any, will you need to make to the facilities? • What materials/equipment do you have that could be used more intentionally to support health services? 	<p>Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)</p> <ul style="list-style-type: none"> • Do your recruitment and selection activities result in enrollment of eligible families who could benefit the most from the health services your program provides? • Are you effectively monitoring the attendance rates for children attending your program? If so, how are you using health data to understand causes of absenteeism to provide health supports to increase attendance?

Adapted from the National Center on Program Management and Fiscal Operations training resource “Do Your Systems Support School Readiness? Questions to Consider?”

Health Management and Program Planning

This section provides you with a starting point of steps you can use to help you with your responsibilities and tasks as a health manager.

1. Planning and Prioritizing
2. Developing Policies and Procedures
3. Coordinating with the Management Team
4. Delivering and Evaluating Health Education Activities
5. Participating in Other Federal and Non-governmental Programs
6. Collecting and Analyzing Data
7. Reviewing Contractual Agreements

For each step, you will find instructions and resources below to help you understand how to get started and complete your necessary tasks.

Step One: Planning and Prioritizing

1. Review the Health Services Milestones document in the Appendices on page 180 of this Guide and the Head Start Program Performance Standards (HSPPS) to ensure you are aware of and up to date on all required tasks.
2. If a timeline of health-related activities does not already exist for your program, you may want to use the Health Services Milestones document to create a plan to identify, prioritize, and complete tasks. Prioritize any tasks that need to be completed immediately.
3. If your program does have a timeline for health activities, check off items that have been completed. Note the following:
 - Who completed them?
 - When were they completed?
 - Is there documentation of completion?
 - Is any follow-up needed?
 - What are the next steps?
4. Review the HSPPS and applicable federal, tribal, state, and local laws related to program licensure. Then, review your program's

existing health-related policies and procedures to ensure they meet all statutory requirements and to determine if any policies and procedures need to be updated or created.

5. Create a work plan for yourself and set a timeline for completion of any outstanding tasks. You may want to develop an action plan for each task, breaking it down into manageable steps. Include the following items for each step:
 - Person(s) responsible
 - Completion due date
 - Resources needed
 - Plan for documentation
 - Tracking system to monitor completed activities
 - Date you will notify your program director and management team about completed work

Step Two: Developing Policies and Procedures

1. Using your existing policies and procedures as a guide, follow the step-by-step process outlined below to amend or create new policies and procedures. Remember to solicit input from program staff, managers, community partners, your Health Services Advisory Committee (HSAC), and families, as appropriate. The HSPPS define the Head Start requirements related to health. [Caring for Our Children, Third Edition](#) and your HSAC are additional resources for evidence-based practices. To develop policies and procedures, follow these steps:
 - a. Define the purpose or goal of the policy or procedure under consideration.
 - b. Ask staff how they are currently delivering services related to the missing policy and procedure. Capture what they are doing in detail so that you can

determine whether they are using an evidence-based practice.

- c. Compare this information to the relevant HSPPS; applicable tribal, state, and local laws related to program licensure; and relevant standards in [Caring for Our Children, Third Edition](#). Note any differences and determine what works best for your program. Whenever possible, your program should adopt evidence-based practices.
 - d. Submit the proposed policies and procedures to your program director for review and approval from the Policy Council, governing body, and any other body or individual required by applicable federal, tribal, state, or local regulations.
2. Once you have developed your policies and procedures and they have been approved, incorporate them into your work:
 - a. Train all program managers, staff, and volunteers who will implement or may be affected by the new policies and procedures.
 - b. Notify families to make them aware of the new policies and procedures.
 3. Use your program planning cycle to evaluate how well your policies and procedures are working:
 - a. Collect, analyze, and use data to determine if your policies and procedures have improved the quality of services.
 - b. Make any changes that may be necessary with support from your HSAC, program director, management team, staff, and families, and continue to check for effectiveness.
 - c. Obtain approval from your program's Policy Council and governing body.
 - d. Celebrate success!

*For sample models of Child Care Health Policies, view https://www.healthykidshealthyfuture.org/content/dam/hkhf/filebox/resources/AAP_Model_Child_Care_Health_Policies.pdf

*For a list of required policies and procedures, review this resource.

Step Three: Coordinating with the Management Team

1. Review the program-level tasks that all managers must complete. They may include:
 - Conducting the community assessment;
 - Developing program and school readiness goals;
 - Creating the program plan;
 - Tracking services provided to children and families;
 - Providing ongoing monitoring of program services;
 - Participating in the program Self-Assessment;
 - Providing professional development and support to staff and volunteers; and
 - Planning and delivering family education activities.
2. Determine whether opportunities exist to work with other members of your management team to accomplish these shared responsibilities. This might involve breaking down steps for each task and determining who will be responsible for each activity. You can use action plan forms to identify tasks and the person responsible for coordinating the work.
3. Make sure that you understand the protocols your program has developed to routinely exchange information so all members of the management team are well informed about program activities.

Step Four: Delivering and Evaluating Health Education Activities

1. Make sure that your program is delivering health education to children, families, staff, and volunteers. Work with your program director, management team, HSAC, community partners, and families to develop a plan for health education that meets the needs of program staff as well as the children and families you serve. Choose developmentally, culturally, and linguistically appropriate health literacy topics that are of interest to your families.

For a list of sample health education topics see page 215.

2. Evaluate the effectiveness of your health education activities by using the planning cycle. Review data from training evaluation forms, parent and staff satisfaction surveys, and child records to determine whether your health education activities were successful. Over time, data from child records may indicate whether children and families have begun to use the new strategies shared during your program activities. You may also see positive child outcomes—such as more prosocial child behaviors, higher attendance rates, fewer injuries or incidents, and fewer illnesses—that will help your program to meet its school readiness goals. An example of a training evaluation form that you can adapt for your own purposes includes:

- [Asthma Resource Toolkit—Training Evaluation Form](#), Office of Head Start and the Environmental Protection Agency

Step Five: Participating in Other Federal and Non-governmental Programs

1. Learn about required participation in federal programs and nongovernmental organizations, and applicable federal, tribal, state, and local laws related to program licensure and certification. These include:
 - The Head Start Program Performance Standards (HSPPS);
 - State and local licensure and health requirements;
 - The United States Department of Agriculture (USDA) Food and Nutrition Service, which includes the following:
 - [Supplemental Nutritional Assistance Program \(SNAP\)](#);
 - [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#);
 - [Child and Adult Care Food Program \(CACFP\)](#); and
 - [National School Lunch Program/Summer Food Service Program/School Breakfast Program](#);

- Federal, tribal, and state health systems, which include:
 - [Medicaid](#);
 - [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) Program](#);
 - [State Children's Health Insurance Program \(SCHIP\)](#); and/or
 - [Indian Health Service \(IHS\)](#); and
 - [Occupational Safety and Health Administration \(OSHA\)](#).

2. Your program may receive funding from a number of sources. Understanding the health and safety requirements required by each funding stream is critical to your job. If you have questions about funding for specific health services, ask your program director to review all relevant sources of program revenue.

Step Six: Collecting and Analyzing Data

1. Collect, analyze, and use program records and reports to evaluate health services. The Reporting Guide will help you determine which reports to analyze.
 - To review trend data, you will need to collect annual reports from multiple years to reflect programmatic changes over time. Please note that most state health departments publish community health assessment data reports that will be helpful for your planning activities. In addition, many [Centers for Disease Control \(CDC\)](#) reports provide state and local data on such topics as [food deserts](#), child well-being, obesity, breastfeeding rates, and other maternal and child health issues. For a list of informational resources, review this resource.
2. Consider whether:
 - The information in these reports is complete;
 - These data are used in program planning; and
 - Additional or different data should be collected, analyzed, and used to evaluate and improve workplace safety.

3. Review expenses for required health services in your program. The sample budget on page 214 can help you organize this information. Once you understand the health expenditures your program requires to meet the needs of children and families, talk with your program director about how these costs fit into the overall program budget.
4. Use all data, including budget data, for on-going monitoring of program health services using the planning cycle.
4. If health services are needed but not currently being delivered by a staff member or a consultant, identify appropriate resource(s) to deliver these services and have your program director develop a contract, or Memorandum of Agreement if appropriate, with a qualified consultant or other entity.
5. Review invoices and records of contract services to ensure that the delivered services are meeting the agreed-upon terms of the contract.

Step Seven: Reviewing Contractual Agreements

1. Determine whether your program is currently contracting with a consultant or organization to deliver health, nutrition, or mental health services. If so, ensure that the consultant meets the following qualifications defined in [45 CFR 1304.52](#):
 - a. Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.
 - b. Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.
 - c. Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.
2. Ensure that your agency is contracting only with food service vendors that are licensed in accordance with applicable federal, tribal, state, or local laws, in accordance with [45 CFR 1304.23](#).
3. Review your contractual agreements to ensure appropriate services are being offered by consultants. Make sure that current consultant contracts are in place, and review them to ensure they include all necessary items.

Health Services Milestones Chart

This chart can be used to help you keep track of the tasks that you need to complete and the month in which you need to complete them. The tasks included in the chart below are the main tasks that are found in "Health Topics Self-Reflection Checklists" section of this guide.

As you use the chart you may want to adapt it to make it more useful for you. You can do this in a number of ways:

- Add steps from the "Health Topics: Delving Deeper" section under each of the tasks
- Add a column to indicate what tasks you have completed
- Highlight items in different colors to help you quickly see what you need to focus on
- Add specific contact people in the supports column

Task		Supports	Timeline	Completion Date											
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1	In partnership with parents or legal guardians, determine the child's health status, make referrals, and support families in accessing treatment and follow-up services for identified health conditions	<ul style="list-style-type: none"> • HSAC • Family services manager • Doctors, nurses, and other health care professionals 	90 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)												
2	Ensure that each child receives age-appropriate and culturally and linguistically responsive screening for developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills	<ul style="list-style-type: none"> • HSAC • Education manager • Family services manager • Doctors, nurses, and other health care professionals 	45 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)												

Task		Supports	Timeline	Completion Date												
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
3	Physical Health <i>(continued)</i> Conduct and record periodic observations of each child's developmental progress, changes in physical appearance, and emotional and behavioral patterns to identify any new or recurring medical, dental, or developmental concerns	<ul style="list-style-type: none"> • Education manager and staff • Family services manager and staff • Mental health professionals • HSAC 	Ongoing													
4	Develop procedures to track child health status including screening, examinations/evaluations, treatment, follow-up, and ongoing health	<ul style="list-style-type: none"> • Health staff • HSAC • Family services manager • Doctors, nurses, and other health care professionals 	Ongoing													
Safe Environments																
1	Prevent illness by maintaining healthy environments	<ul style="list-style-type: none"> • Management team • HSAC • Injury prevention specialists • Safety inspectors 	Ongoing													

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Prevent childhood injuries by identifying and reporting child abuse and neglect and implementing injury prevention strategies	<ul style="list-style-type: none"> • Management team • HSAC • Program staff • Injury prevention specialists • First responders • Safety inspectors 	Ongoing														
3	Provide education for staff, volunteers, children, and families on injury prevention practices	<ul style="list-style-type: none"> • Management team • HSAC • Injury prevention specialists • First responders 	Orientation and ongoing														
4	Conduct inspections of all facilities, equipment, and materials used by the program to ensure compliance with federal, tribal, state, and local licensing, certification, and regulation requirements	<ul style="list-style-type: none"> • Facilities manager 	Ongoing														

Task	Supports	Timeline	Completion Date														
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			
Safe Environments (continued)																	
5	<ul style="list-style-type: none"> • Management team • Staff • Families • First responders • HSAC 	Ongoing															
Oral Health																	
1	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team 	<p>90 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)</p> <p>Pregnant women access dental examinations on a schedule deemed appropriate by the attending health care providers</p>															

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Ensure children and families receive treatment and follow-up of needs identified in oral examinations	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team 	Ongoing														
3	Provide oral health education to Head Start staff, families, pregnant women, and children	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team 	Ongoing														
4	Develop oral health promotion and oral disease prevention activities	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Oral health partners 	Ongoing														

Task		Supports	Timeline	Completion Date											
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1	<p>Healthy Active Living</p> <p>Partnering with families to: (1) provide individualized and culturally and linguistically responsive nutrition assessments for children and for pregnant women (including counseling if needed), (2) develop program menus with family input, (3) meet USDA nutrition requirements, and (4) implement and/or support family-style meals</p>	<ul style="list-style-type: none"> Family services manager and staff Staff nutritionist or nutrition consultant Meal service staff or contractors HSAC Program director 	<p>Ongoing, with exceptions:</p> <ul style="list-style-type: none"> Nutrition assessments must be completed as part of the health assessment during enrollment Children's nutrition data should be updated according to EPSDT schedule 												

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Provide nutrition education for families and staff	<ul style="list-style-type: none"> • Staff nutritionist or nutrition consultant • HSAC • Health staff • Family services manager and staff • Program director • Health education curriculum • Community speakers 	Orientation and ongoing														
	3	Include children with special health care needs (including special dietary needs)	<ul style="list-style-type: none"> • Staff nutritionist or nutrition consultant • Disabilities manager • HSAC • Meal service staff or contractors 	Ongoing													

Task		Supports	Timeline	Completion Date												
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
4	Healthy Active Living <i>(continued)</i> Provide developmentally appropriate daily physical and motor activity for all children	<ul style="list-style-type: none"> • Education manager • Family services manager and staff • Teaching staff/home visitors • HSAC • Community partners 	Ongoing													
Mental Health																
1	Support children's social and emotional development in partnership with members of your program's management team	<ul style="list-style-type: none"> • Family services manager • Family service workers/home visitors • HSAC • Health staff • Management team • Mental health professionals 	Ongoing													

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Work with the mental health manager, specialist, and/or consultant to partner with families in mental health services	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Ongoing														
3	Secure the services of a mental health professional or professionals	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Ongoing														

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
4	Assist pregnant women in accessing mental health interventions and follow-up care	<ul style="list-style-type: none"> • Family services manager • Family service workers/home visitors • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Immediately after enrollment if needed and ongoing														
5	Promote the access of children and families to community mental health services through collaborative relationships	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Ongoing, including as early as is appropriate based on each family's readiness and willingness to participate														

Task		Supports	Timeline	Completion Date														
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			
1	Support and engage families as they identify their own health strengths, needs, and interests through assessment and goal-setting processes	<ul style="list-style-type: none"> Family services manager and staff HSAC 	Ongoing, including as early as is appropriate based on each family's readiness and willingness to participate															
				2	Ensure that families benefit from access to the community health services and resources	<ul style="list-style-type: none"> Family services managers and staff Education managers and staff HSAC 	Ongoing											
								3	Provide ongoing family engagement and health education opportunities based on the expressed needs and interests of families as individuals and group members and/or on the assessed needs of their child	<ul style="list-style-type: none"> Management team Program director HSAC Representative families and staff 	Ongoing							

Task	Supports	Timeline	Completion Date														
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			
Family and Community Engagement <i>(continued)</i>																	
4	<ul style="list-style-type: none"> • Assist pregnant women and expectant families enrolled in Early Head Start (EHS) to access comprehensive prenatal and postpartum care 	<ul style="list-style-type: none"> • Management team • Family service workers/home visitors • HSAC • Partners specializing in prenatal health 	Immediately after enrollment and ongoing; visit each newborn 2 weeks after the infant's birth														
Staff Health																	
1	Develop a schedule of professional development and staff support regarding (1) sanitation, hygiene, standard precautions, and injury prevention; and (2) mental health	<ul style="list-style-type: none"> • Human resources manager • Facilities manager • Mental health professionals • HSAC • Program director 	Orientation and ongoing														

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Ensure all staff and volunteers have initial and current health examinations that include screening for tuberculosis (TB) and periodic reexaminations as recommended by their health care provider or mandates by state, tribal, or local laws; volunteers must be screened for TB in accordance with state, tribal, or local laws (or as recommended by the HSAC)	<ul style="list-style-type: none"> • Human resources manager • HSAC • Program director 	Orientation and ongoing														
3	Provide a healthy, safe, and accessible environment for staff	<ul style="list-style-type: none"> • Facilities manager • Human resources manager • HSAC • Program director 	Ongoing														

Adapted from Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-6.

Informational Resources

The table below provides additional resources that may be useful for your work. Contact your program director, management team, HSAC members, or other health partners if you need help finding or using these resources.

Resources to Help You with Your Work	
What You Need	Where to Find It
Head Start Program Performance Standards	Online: http://eclkc.ohs.acf.hhs.gov/hslc/standards
Head Start Information Memoranda (IMs), Program Instructions (PIs), and Policy Clarifications (PCs)	Online: http://eclkc.ohs.acf.hhs.gov/hslc/standards
Federal Register notices	Online: https://www.federalregister.gov/topics/health
USDA regulations	Online: http://www.usda.gov/wps/portal/usda/usdahome?navid=FOOD_DISTRIB&navtype=RT&parentnav=LAWS_REGS
State/tribal licensing requirements	Online: http://nrckids.org/States/states.htm
State/tribal health, sanitation, and safety standard requirements	Your HSAC and/or state or tribal public health department should have electronic copies available.
Local licensing requirements and local health, sanitation, and safety standard requirements	Your HSAC and/or state or local public health department should have electronic copies available.
Program policies and procedures	Electronic copies should be available upon request.
Community assessment health data	Electronic copies of the community assessment should be available upon request.
Child and family health data	Access to child and family health data should be available through the program recordkeeping and reporting system. Make sure you know how to get reports from the system.

Resources to Help You with Your Work

What You Need	Where to Find It
Program Information Report (PIR) and reporting form	Access to PIR data from the past several years should be available through the Head Start Enterprise System.
Monitoring report and review protocol	Monitoring report information should be available upon request. Review protocols are available on the ECLKC website: https://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring
School readiness goals	Access to school readiness goals should be available upon request as well as through the Head Start Enterprise System.
Program vision, mission, and goals	Access to program goals should be available upon request.
Program plan	Access to the program plan should be available upon request.
Community Health Guide	Access to the Health Resources database/files should be available upon request. This may not exist or may be fragmented so you may want to put this together.
Health forms	Access to existing program health forms should be available upon request. Additional forms can be found on the National Center on Health website.

Key Elements in Community Assessment

Key Elements in Community Assessment	
Key Elements	Components and Considerations
Culture/Race/Religion	Local cultural issues/considerations <ul style="list-style-type: none"> • Language/ethnicity • Healing beliefs/attitudes Spiritual/social diversity
Census/Demographics	Age Distributions <ul style="list-style-type: none"> • Percent of population under 5 years old Average family size for population Education level <ul style="list-style-type: none"> • Percent of non-high school graduates • Percent of high school graduates Percent of population under 200 percent of poverty level Prevalent industries
Funding/Policies/Laws	Medicaid benefits SCHIP availability Private insurance availability and cost Grant opportunities Employment/human resources
Educational Institutions	Adult education High school equivalency ESL classes Nursing/dental hygiene/audiology/PA schools Preschool/daycare centers Disability services School district local education agencies (LEAs)
Health Resources	Hospitals Clinics <ul style="list-style-type: none"> • Free or low-cost clinics Medical specialties <ul style="list-style-type: none"> • Pediatric dentists State and local health departments <ul style="list-style-type: none"> • Immunizations • WIC • Communicable disease control • Community/patient health education • Information on services for children with disabilities Prenatal services/education availability

Key Elements in Community Assessment

Key Elements	Components and Considerations
Allied Health Services/NGOs	American Red Cross chapters American Heart Association March of Dimes Food banks Other service agencies
Focus Group Interviews	Review perceived community's strengths and needs from all groups <ul style="list-style-type: none"> • Head Start eligible parents • Community leaders, professionals, and community partners • Health Services Advisory Committee

Source: National Head Start Training and Technical Assistance Center. (2006). *Physically Healthy and Ready to Learn* (Technical Assistance Paper No. 1). Rosslyn, VA: Pal-Tech.

Oral Health Services: What Works and What Doesn't Work

Use this worksheet to get information from Head Start teachers, home visitors, and family service workers to find the best ways to help pregnant women and children in Head Start get oral health care and education.

Use this worksheet to find out what works and what doesn't work to help pregnant women and parents of children in Head Start get oral health services.

Oral Health Care

In this section, focus on how pregnant women and parents:

- Find dental insurance
- Find a place to get oral health care regularly (dental home)
- Get regular oral health care
- Get treatment and follow-up
- Find oral health specialists (for example, a periodontist who provides care for gum disease) and make appointments

What Works	What Doesn't Work

Oral Health Education

In this section, focus on how pregnant women and parents:

- Brush their teeth or their child's teeth with fluoridated toothpaste
- Figure out how much fluoridated toothpaste to use
- Store toothbrushes
- Choose and serve healthy foods and drinks for meals and snacks
- Avoid sharing germs (for example, using a different spoon to taste their baby's food)
- Treat sore gums from a tooth coming in (for example, giving their baby a cold teething ring)

What Works	What Doesn't Work

Planning Recommendations

Complete each section using the “**Community Assessment Summary**” in the appendix on page 160 to list additions or changes you would like to make to current program plans. Use the questions to think through your decisions:

Questions:

1. How will our program recruit families to participate in our services?
2. What considerations should be made to recruit and serve eligible families?
3. What health services will we need to target (including physical health, oral health, mental health, nutrition, and safety)?
4. What health services do we need to offer within our program?
5. How will we work with community partners?
 - a. What health services do we need to secure through coordination with existing community partners?
 - b. How will we work with community partners to fill some of the existing gaps in health services?

Current plan	Additions/ changes to plan	Resources (including partners) to implement changes	Roles/ responsibilities (including managers, staff, and partners)	Timeline
<i>Physical health</i>				
<i>Mental health</i>				
<i>Oral health</i>				
<i>Nutrition and physical activity</i>				
<i>Safety and injury prevention</i>				

Program Health Data

Use this list to keep track of the health data sources your program uses to collect information on health services for children, pregnant women, families, and staff in physical health, mental health, oral health, nutrition and physical activity, and safety and injury prevention.

Children	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Pregnant Women	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Families	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Staff	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Promoting Health: More Ways Head Start Supports Children

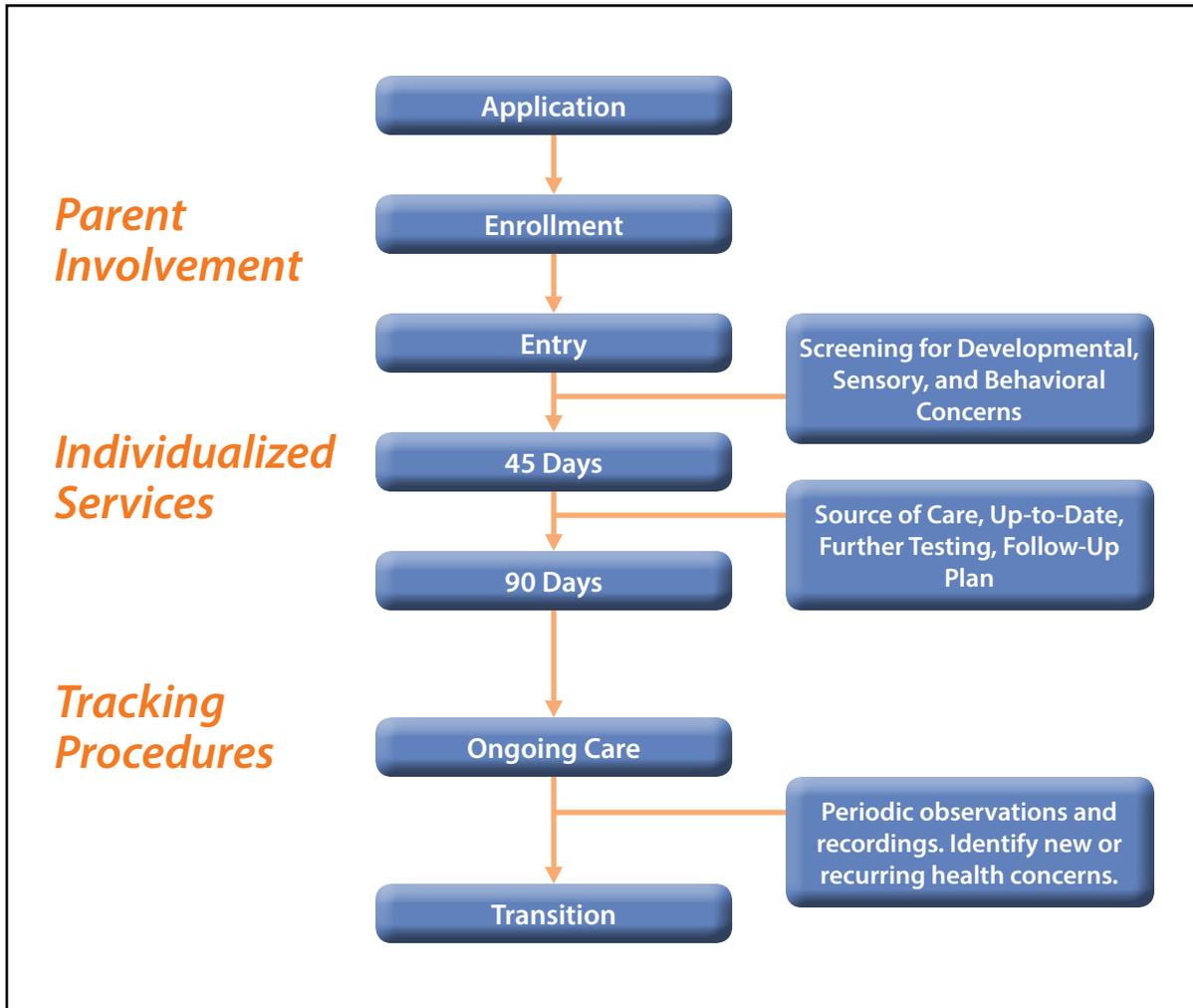
Early Identification, Treatment, and Follow-Up

To support children in being ready to learn, your program is responsible for identifying any child with a possible health condition and making a referral for evaluation in order to access treatment when needed. The HSPPS include specific time frames for these tasks.

See the Child Health and Developmental Services Timeline and Process below.

Timelines are also indicated, when applicable, within each health topic in “Health Topics: Delving Deeper” section of this guide.

Meeting these deadlines helps you identify children who may have a developmental delay so you can refer them for evaluation. Additionally, your program must have a system in place to identify new or recurring health issues, for example, through [daily health checks](#) and by regularly tracking child health [45 CFR 1304.20(d)]. Addressing children’s health needs in a timely



Source: *Head Start Orientation Guide for Health Coordinators*. Office of Head Start, Administration for Children and Families, US Department of Health and Human Services.

manner will help them to access all the learning opportunities your program offers.

Promotion and Prevention

Promotion and prevention have always been a critical part of health services in Head Start. Your program can promote health and prevent illness or injury using these strategies:

Healthy and safe environments in centers, homes, and the community. Creating safe environments requires using age-appropriate materials and equipment, providing effective child supervision, and promoting pedestrian safety. It also includes environmental health activities such as lead remediation or integrated pest management.

Daily opportunities for healthy meals and physical activity. Federal nutrition programs and research-based physical activity programs help children and families stay well-nourished and fit. According to best practices, your program may include physical activity in lesson plans, use a [nature-based learning](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/nature-based-learning/nps.html) approach (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/nature-based-learning/nps.html>), and teach families about the benefits of a [family-style meal](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/education-activities/health_pub_12000_071406.html) (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/education-activities/health_pub_12000_071406.html) with nutritious food options to support healthy child development and growth.

Conferences among family service workers, educators, and health staff. Regularly scheduled meetings that include health staff, family service workers, and child/family educators are an opportunity to discuss interactions with children and families and health promotion activities. These activities may include classroom-based learning opportunities, home-visiting conversations, health education programs, and other everyday experiences your program offers for children and families.

Coordination with the Health Services Advisory Committee (HSAC), health consultants, and health partners. Using the HSAC,

a group of family members, staff, and health care professionals who advise and support your program [45 CFR 1304.41(b)] will reduce duplication of effort and develop services that build on one another. (For more on the HSAC, go to the “Health Services Advisory Committee” section.) Working with health consultants and partners will help you determine the best ways to educate children, families, and staff about local health issues and habits of healthy living.

Family engagement activities. Encouraging families to share their health-related questions and concerns with their health care providers will help families to know they lead all decisions about their children’s wellness.

Mental health services for children, families, and staff. Providing mental health support through mental health consultants, referrals to community mental health providers, and education opportunities to support building positive, nurturing relationships can improve children’s development in all domains.

While providing select examples, the list above demonstrates how programs can take a comprehensive approach to health promotion and illness or injury prevention.

Ultimately, the goal of health services is to improve the health and well-being of Head Start children and families. To do this, programs build prevention and promotion into their everyday work. Together, management and staff identify and address areas of need, using consultants or partners when appropriate.

Reference

Content adapted from: Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-6.

Questionnaire to Assess Health Components of Your Program Plan

Answer the following questions to help you find out how your program plan integrates health services.

Program Narrative and Objectives

1. How does your narrative describe the health needs of your program based on the families you serve and the Community Assessment?
2. What are the objectives for the health services program? (These objectives should reflect the general objectives of health services in the Head Start Program Performance Standards [HSPPS].)

Health Services Advisory Committee (HSAC)

3. What is the membership and selection process for the HSAC, including:
 - a. Professionals and community organizations represented
 - b. Family representatives
 - c. Program staff representatives
4. In what ways will the HSAC support planning and evaluating program health activities?

Health Services

5. How do program objectives reflect the importance of screening and examination?
6. How are fees for medical, dental, nutrition, mental health, and disabilities services paid? How will partnerships cover these costs when appropriate? How will the program document attempts to find other sources to pay for these costs?
7. What are the communication and confidentiality policies and procedures for sharing information with families?
8. What is the procedure for securing advance parental (or legal guardian) consent for all health services to be provided, including:
 - a. Completion of screenings and examinations
 - b. Transportation of the child for screening and examinations, if appropriate

- c. Medical emergencies
- d. Transfer of records

9. What is the procedure for obtaining medical, dental, developmental, behavioral, and dietary histories within the first 90 days of each child's enrollment? Your plan should indicate:
 - a. The source of this information
 - b. The time of year that health procedures will be accomplished and by whom
 - c. What form will be used to collect the information
10. What is the process for implementing screening within the first 45 days of each child's enrollment? Your plan should include:
 - a. A list of the research-based, culturally and linguistically responsive screening tools to use
 - b. Who will administer the screening
 - c. How results will be obtained and recorded
 - d. How follow-up will be implemented
 - e. What forms will be used to make referrals
11. What is the process for reviewing findings on all screenings? Your plan should define:
 - a. Who will review or analyze this information
 - b. How parents will be informed of the results and any concerns
 - c. Who will determine what next steps should occur
12. What is the procedure for determining the status of immunizations within the first 90 days of each child's enrollment? Your plan should specify:
 - a. How you will get this information from families and/or doctors
 - b. How children's immunizations will be updated, if necessary
 - c. How this information will be tracked and by whom

- d. Which provider will update the immunizations
13. What is the procedure for determining whether each child is up to date on a schedule of well-child care (as defined by EPSDT and your HSAC) within the first 90 days of enrollment? Your plan should show how you will determine:
 - a. When medical exams and procedures were conducted
 - b. Who conducted them
 - c. What additional examinations, treatment, and/or follow-up are recommended

For children who have not had physical examinations according to a schedule of well-child care (EPSDT), how does your plan describe the steps you will take to help families get the required services?

14. What are the follow-up and treatment procedures on screening and examination results (including physical, oral health, mental health, and nutrition)?
15. What are the procedures for developing and implementing individualized plans for children with disabilities and/or special health care needs? Your plan should define:
 - a. How you will identify these needs
 - b. Who will be involved in developing and implementing plans—including the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP)—for these children.
16. What are the recordkeeping procedures for child health? Your plan should define:
 - a. What forms are used to gather information
 - b. How that information will be entered into the program recordkeeping system and by whom
 - c. Where records are kept and by whom
 - d. How confidentiality will be maintained
 - e. How family members will review the child's health record

17. What are the ongoing monitoring procedures for each child's health records? Your plan should define:
 - a. Who will review the records
 - b. When they will conduct these reviews
 - c. How they will follow up to ensure all children are up to date and healthy
18. What is the process for referring children for further examination, treatment, and/or follow-up?

Illness Prevention

19. What procedures are used to ensure facilities, equipment, and materials are clean? Your plan should define:
 - a. How to clean and sanitize facilities
 - b. A regular schedule for cleaning
 - c. What equipment should be used
 - d. How to deal with urgent cleaning issues (for example, when children vomit or soil themselves)
20. What are your policies and procedures for reducing exposure to bodily fluids? Your plan should describe procedures for:
 - a. Handwashing
 - b. Toileting
 - c. Gloving
 - d. Other strategies to minimize contact with bloodborne pathogens and other bodily fluids
21. How does your plan ensure that children are not exposed to environmental concerns including pests, mold, chemicals, and other toxins?

Injury Prevention

22. What are your policies and procedures for child supervision in all settings (including centers, family child care, playground, socializations, and/or buses)? Plans should describe strategies to ensure constant child supervision through:
 - a. Adult to child ratios that meet HSPPS requirements
 - b. Communication protocols among staff

- c. Staffing procedures (particularly when staff are absent)
 - d. Active observation of children and engagement when appropriate
23. How do staff conduct safety checks? Your plan should include:
- a. When safety checks are conducted
 - b. How maintenance or repair issues are reported
 - c. What staff should do to keep children safe until repairs are completed
 - d. How to follow up to make sure repairs are made in a timely and competent manner
24. How do staff report injuries and incidents? Plans should include:
- a. What forms staff use
 - b. When and where reports should be filed
 - c. What next steps should occur
 - d. How reports are shared with families
25. What is the procedure for using injury and incident data, maintenance reports, and other relevant program data to reduce the number and severity of injuries in your program?

Emergency Preparedness

26. What are your policies and procedures for health emergencies, safety, and first aid? Your plan should define:
- a. What procedures should be followed and by whom
 - b. Which procedures are appropriate for each setting, if appropriate
 - c. How procedures will be posted and where
27. What is your emergency drill process? Your plan should define:
- a. What the drills will consist of
 - b. When/how often drills will occur
 - c. How children and staff will be prepared
 - d. Who will lead the drills
 - e. How drills will be evaluated

Mental Health

28. What is the role of mental health professionals in the program? Your plan should define:
- a. When and how often you use a mental health consultant
 - b. What the mental health professional's roles and responsibilities are
 - c. How he or she will support staff training, observations, consultation with staff and families, family orientation and education, assistance with developmental and behavioral screening, diagnostic examinations, and assistance in planning the mental health program
29. What is the process for working with families regarding mental health services? Your plan should address:
- a. How observation, screening, and examination results will be shared with families
 - b. How family cultural health practices and beliefs will be identified and considered before discussing and planning mental health services
 - c. How language barriers will be addressed when consulting with families whose home language is other than that of the staff and/or mental health consultant
30. What is the process for referring children and pregnant women for further mental health support?
31. What is the process for partnering with other community mental health organizations? Your plan should describe:
- a. Who is responsible for identifying community mental health partners
 - b. What is the referral process for each partner
 - c. Who is responsible for referrals and follow-up
32. How are teacher/consultant observations, family's observations and considerations, child assessments, mental health evaluations, and team recommendations integrated into individualized planning?

33. What is the process for addressing children with challenging behaviors and mental health concerns? Your plan should define:
 - a. Who will identify these concerns
 - b. How and how often children will be reassessed
 - c. What the referral process is
 - d. What individualization strategies will be used in various settings
 - e. What type of support will be available
34. How does the plan describe the program's:
 - a. Crisis intervention policies and procedures
 - b. Prevention, early identification, and early intervention strategies for problems that interfere with, or have the potential to interfere with, learning
 - c. Positive social-emotional environments
 - d. Positive attitudes about mental health services

Nutrition

35. How do staff obtain nutrition assessment data, including:
 - a. Physical and medical information (body mass index, hemoglobin/hematocrit, dietary intake, food allergies)
 - b. Family eating habits (including cultural preferences and religious restrictions)
 - c. Community nutrition concerns
36. How do nutrition assessments inform program plans? Your plan should define:
 - a. How menus reflect this information
 - b. How and by whom referrals are made for further examinations, treatment, and follow-up
 - c. What support and education families will receive
37. How do staff work with families to access nutrition support programs and other community programs? Your plan should describe:
 - a. What nutrition support programs are available in the community
 - b. Who will assist families in accessing programs for which they are eligible
38. What is the process for planning menus and meals? Your plan should define:
 - a. When meals occur
 - b. How the menu is planned
 - c. What role families play in planning menus
 - d. How meals are delivered and served
 - e. How menus are assessed for cultural and religious appropriateness
 - f. How staff ensure that all dietary restrictions are addressed
 - g. How menus are evaluated to ensure they meet federal, tribal, state, or local menu requirements
39. What nutrition education and promotion activities are planned?
40. What are the procedures for food safety and sanitation? Your plan should define:
 - a. Who is responsible
 - b. How these procedures are communicated and implemented
 - c. How they are evaluated to ensure they meet federal, tribal, state, or local requirements
41. What is the system for maintaining nutrition records? Your plan should include records for:
 - a. Food inventory
 - b. Nutrition services budget
 - c. Expenditures for food and nonfood items
 - d. Menus (both planned and delivered)
 - e. Number and types of meals served daily
 - f. Inspection reports
 - g. Receipts
 - h. Contracts with meal providers or vendors
 - i. Number of adults served daily
 - j. Meal services staff health records

Staff Health

42. What is the procedure for collecting information from staff regarding their most recent physical examinations and immunizations? Your plan should include:
 - a. When this information is gathered and by whom

- b. How the program supports staff in becoming and remaining current on examinations and immunizations
 - c. What is the budget for staff health expenses
43. How does the plan include access to mental health support for staff? The plan should describe:
- a. What kind of support is available
 - b. How staff are informed of the support and how to access it
 - c. How confidentiality is ensured for staff accessing support
44. What are the policies and procedures that ensure a safe and healthy environment for staff?
- a. Who is responsible for maintaining a safe and healthy environment
 - b. How the program monitors the procedures to ensure they are effective
46. What is the procedure for planning staff development to promote staff's ability to deliver health services? Your plan should define:
- a. Topics covered
 - b. Length of training sessions
 - c. Evaluation of training and how content is applied to staff practice
 - d. Presenters
47. How do education activities meet needs defined through the HSPPS and program assessment activities?

Evaluation of Health Services

48. What is the process for integrating health data into the program's self-assessment process?
49. How do ongoing monitoring and self-assessment activities ensure that health services meet the requirements of the HSPPS and the needs of your program's children and families?

Health Education

45. What are the goals for health education activities for children, families, and staff?

Adapted from: Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-16 to I-23.

Reporting Guide

Your program is required to report on health activities to several funding sources. You may be one of the persons who collect this data. Below is an explanation of these data reports. The information collected for these reports can also be used for your own planning.

Program Information Report (PIR)

These data reflect the services your program provides each year. The Office of Head Start (OHS) collects these data from all Head Start grantees on an annual basis. You may be responsible for reporting health data and/or asked to work with someone in your program who is assigned to complete all PIR questions. The health tracking data you maintain as part of your program's recordkeeping and reporting system will help you and other staff answer the PIR questions in the [Head Start Enterprise System \(HSES\)](#), OHS' integrated data management system.

The OHS uses HSES as a central database for all Head Start work. Ask your program director for an orientation to the PIR and clear directions regarding your role in collecting and entering data into the HSES.

To review requirements for the current PIR, go to the [Program Information Report](#) page on the [Early Childhood Learning and Knowledge Center](#) (ECLKC) website. If you have questions, contact the HSES HelpDesk at HSESHelp@ACF.hhs.gov for support in completing the PIR.

Program Monitoring Reviews

Your program will be reviewed on a regular basis by a federal team. OHS is charged with making sure that you are meeting or exceeding all of the requirements in the Head Start Program Performance Standards (HSPPS). Your program receives a report after each review. Ask your program director for the most recent reports to determine whether there were any health and safety findings.

You can find the current and most recent monitoring protocol and guides on the [Office of Head Start Monitoring Reviews'](#) page on the [ECLKC](#) website.

State Child Care Licensing Reports

Like the program monitoring review, facilities that are licensed by your state are inspected for compliance with state requirements. Copies of these reports can be found at Child Care Aware's [Child Care Licensing Inspection Reports](#) page. Note that most states do not regulate *all* child care settings. Some centers, typically those that are operated by public school grantees, are exempt from state child care licensing requirements. In many states, family child care homes are also exempt or have separate requirements, depending on the number of children they enroll. Examining recent reports can help you determine whether the licensing agency has found any health and safety issues over time. If there were any concerns, use your ongoing monitoring systems to ensure that problems have been resolved.

Tribal Child Care Licensing Reports

Each tribe *may* maintain its own child care standards. A resource for tribal programs is [Minimum Standards for Tribal Child Care: A Health and Safety Guide from the Department of Health and Human Services](#).

Reports for Policy Groups and Governing Body

Your program reports information to these bodies on a regular basis. These reports include information about services being delivered and the program's effectiveness in meeting program goals. Be sure that data about health services are included in this report. You will

also want to ensure that the section on health services helps the governing bodies see the relevance and importance of health services to school readiness goals and activities.

Medicaid, State Children's Health Insurance Program (SCHIP), State Emergency Department Databases (SEDD), and Indian Health Service Reports

These reports will compile all of your child health status data to assist state, tribal, and federal health leaders to understand the status of your program work. These reports may help to identify issues related to lead screening and hemoglobin/hematocrit testing. They may also demonstrate your efforts to meet the 90-day requirement for determining child health status. Examining these reports will help you determine areas of strength, challenges, and resources needed to keep children up to date on a schedule of well-child care.

Child and Adult Care Food Program (CACFP)

CACFP requires programs to report the number of meals served to enrolled children.

Details include:

- Eligibility
- Location of service delivery
- Meal patterns (types of meals offered, for example, breakfast, lunch, dinner, or snacks)
- Menus of food served
- Attendance and meal count records
- Reimbursement calculation

Reviewing this information over time will help you note cultural and special health accommodations provided. Your program may also access funding from other US Department of Agriculture (USDA) sources, such as the [National School Lunch Program](#) and others. Look for [USDA Costs Narrative](#) on ECLKC for information on these meal services.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

These reports are helpful in determining WIC resources for families, the number of women who are breastfeeding and receiving formula, and community nutrition information. You can also use your own program data to look at participation rates among Head Start families. Understanding what services are offered locally will help you partner with WIC to offer nutrition education to your families.

Supplemental Nutrition Assistance Program (SNAP)

SNAP reports can help you access nutrition education materials that convey messages from [MyPlate](#). Your local SNAP office can also help you locate SNAP-Ed activities in your area and find out about local farmers' markets. You can also use your own program data to look at participation rates among Head Start families.

Occupational Safety and Health Administration (OSHA)/ State Occupational Safety and Health Reports

Working with your human resources manager, you will keep a record of any work-related employee injuries and illnesses. By looking at the most recent reports, you can determine if there is a need for additional health and safety training and ongoing monitoring of the workplace environment.

Your program may need to produce additional reports depending on the sources of the funding it receives. Ask your program director about other reports that might require your participation. If you pursue additional funding sources to support health activities, add their reporting requirements to this list.

Representative Health Policies and Procedures: A Starting Point of Health Topics

The following is a list of topics that are part of the Head Start Program Performance Standards (HSPPS) requirements. Addressing these topics in your program's policies and procedures will help your program meet all of the Head Start requirements. *Note: This list may not capture all requirements from your state, tribal (when appropriate), or local licensing laws and regulations.*

- Health emergencies, including notifying parents in case of emergency and emergency drills [1304.22(a), 1306.35(b)(1)]
- Short- and long-term exclusion [1304.22(b)]
- Medication administration, handling, and storage [1304.22(c)]
- Safety and injury prevention, including preventing on-site injuries [1304.22(d)]
- Identifying and reporting child abuse and neglect [1301.31(e), 1304.22(a)(5), 1304.40(b)(1)(ii), 1304.53(i)(3)(i)]
- Hygiene, sanitation, and universal precautions, including handwashing, diapering, contact with bloodborne pathogens and other bodily fluids, and crib spacing [1306.35(b)(1)]
- Food safety and sanitation [1304.22(e), 1306.35(b)(1)]
- Facilities, materials, and equipment maintenance and repair [1304.53, 1306.35(b)(1)]
- Child supervision [1304.52(i)(1)(iii), 1306.35(b)(2)(iv)]
- Transportation safety [1310.11-1310.16]
- Nutrition services, including nutrition assessments, menu planning, and meal services [1304.40(c)(1)(i), 1304.40(f)(3), 1304.23(a), 1304.23(b)(1)-(2), 1304.23(c)(3); 1304.23(d)]
- Access to an ongoing source of continuous, accessible care [1304.20(a); 1304.40(c)(1)(ii), 1304.41(a)(2)(i)]
- Health tracking, including developmental, sensory, and behavioral screening; medical/dental examinations; and immunizations [1304.20(a)(b); 1304.40(c)(1)(ii), 1304.41(a)(2)(i)]
- Health tracking and support for medical/dental follow-up and treatment [1304.20(a)(b); 1304.40(c)(1)(ii), 1304.41(a)(2)(i)]
- Parent engagement [1304.20, 1304.40(a)-(b), 1304.40(f)]
- Management of the mental health consultation services [1304.23(a)(2)-(3)]
- Individualization of services to meet the needs of each child [1304.20(f)]
- Confidentiality [1304.51(g)]
- Health Services Advisory Committee [1304.41(b)]

Early Head Start Only

- Services to pregnant women [1304.40(c)]
- Crib-spacing [1304.22(e)]

Sample Health Component Budget Format

Budget Category	1 Total Anticipated Costs	Sources of Funding/Resources					7 Supplemental or Special Pur- pose Funding
		2 USDA Child Food and Nutrition Program Reim- bursements	3 Medicaid*/ EPSDT, CHDP, MediCheck, etc.	4 State/Local	5 General Funds	6 Handicapped Funds	
Indirect Health Services							
a. Travel							
b. Equipment							
c. Supplies							
d. Training Services and Activities							
e. Health Education Materials							
f. Local Conference Costs							
g. Food Service Costs							
h. Transportation to Health Providers							
Direct Health Services							
a. Screening Tests							
b. Lab Work							
c. Medical Examinations							
d. Dental Examinations							
e. Medical Treatment							
f. Dental Prophylaxis							
g. Dental Treatment							
h. Immunizations							
i. Mental Health Screening/Assessments							
j. Mental Health Therapy and Counseling							
k. Mental Health Consultation							
l. Nutrition Consultation							
m. Handicap Diagnostic and Treatment Services							
n. Other Health Services							
Total							

*Note: Medicaid is not a direct funding source since reimbursements are made directly from Medicaid to providers. In budget planning, this column may be considered in the same way as in-kind contributions as covering a cost which would otherwise have to be borne directly by Head Start. It will also remind you to prepare for budget allocation changes as the percentage of Medicaid-eligible children changes.

Sample Health Education Topics

The following lists include some of the health education topics you may want to include in your health education plan. Use information you have collected about the children and families you serve to select and prioritize these topics.

Health Education for Children

- Handwashing
- Toothbrushing
- Toilet-training
- Getting dressed
- Cleaning up (putting toys, books, etc., away safely)
- Nutritious foods and meals
- Movement and physical activity
- Prosocial behavior (handling feelings and getting along with others)
- Pedestrian safety
- Vehicle safety (cars, trucks, and buses)
- Safe behaviors at home, school, on the playground, and in other community spaces
- Evacuation and shelter-in-place drills

Health Education for Parents and Families

- Partnering with health professionals to improve child health care
- Injury prevention, including home, medication, pedestrian, transportation, playground, and water safety
- Child supervision
- Children's healthy hygiene habits
- Nutritious foods and meals
- Movement and physical activity
- Oral health care
- Positive behavior management techniques
- Coping with challenging behaviors

- Adult stress management
- Adult mental health

Health Education for Pregnant Mothers

- Prenatal development
- Effects of environmental hazards—including smoking, alcohol and drug use, lead, medications, and other toxic elements—on prenatal development
- Prenatal nutrition
- Oral health care during pregnancy
- Breastfeeding
- Safety and injury prevention
- Postpartum depression and other mental health issues

Health Education for Management, Staff, and Volunteers¹

- Child supervision
- Safety and injury prevention
- First aid and CPR
- Universal precautions
- Emergency evacuation and shelter-in-place drills
- Pedestrian safety
- Transportation safety
- Food safety
- Sanitation and hygiene, including children's toothbrushing, handwashing, and toileting
- Nutrition policies and procedures
- Physical activity curriculum
- Positive behavior management techniques
- Managing challenging behaviors
- Adult wellness and stress management
- Adult mental health
- Confidentiality

- Communicating with families about health issues in culturally and linguistically responsive ways
- Coordinating with community partners who deliver health services to enrolled children and families

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Endnote

1. This list of topics is in addition to the required components of staff and volunteer training cited in this guide.

Staff Responsibilities

Use this checklist to help ensure that the staff are providing required health services and infusing health and safety throughout its work. You can use or adapt these statements in your own job descriptions, according to how responsibilities are assigned in your program.

Health Staff (including nurses)

- Ensure that all families have an ongoing source of continuous accessible health care
- Determine whether and ensure that all children are up to date on the appropriate schedule of preventive and primary health care
- Conduct or refer families to linguistically, culturally, and age-appropriate screening for children's developmental, sensory, or behavioral concerns
- Ensure the development and implementation of individualized child health plans responsive to children with identified health concerns
- Provide training for families and children in pedestrian safety
- Participate in the development and implementation of Individualized Education Programs (IEPs) for preschool children with disabilities
- Make mental health and wellness information available to staff
- Ensure that only certified/licensed staff perform those health procedures that require such professionals
- Work closely with the Health Services Advisory Committee (HSAC) to identify, plan, and implement program health priorities
- Provide families with the opportunity to learn the principles of preventive medical and oral health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home
- Maintain well-supplied first aid kits and other emergency supplies appropriate for the ages served and the program size
- Help establish and implement policies and procedures to respond to safety and medical/oral health emergencies
- Ensure that emergency equipment (e.g., fire extinguishers, rope ladders, protective equipment, etc.) is available, accessible, and in working order
- Set and monitor procedures for labeling, handling, administration, and storage of all medications
- Ensure that physicians' instructions and written parent or guardian authorizations are obtained for all medications administered by staff
- Maintain records of all medications administered
- Ensure all staff and volunteers have initial and current health examinations that include screening for tuberculosis (TB) and periodic reexaminations
- Ensure that staff members are trained in proper hygiene and sanitation procedures, e.g., handwashing, cleaning spills of bodily fluids, diapering, toileting, and preventing spread of communicable diseases
- Ensure that staff members are trained in safety and injury prevention practices and procedures
- Ensure a healthy and safe work environment for all staff members

For Early Head Start (EHS) only

- Assist pregnant women to access comprehensive prenatal and postpartum care
- Provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression)

- Provide information on the benefits of breastfeeding to all pregnant and nursing mothers
- Ensure visits to each newborn within 2 weeks after the infant's birth to ensure the well-being of both the mother and child
- Participate in the development of Individual Family Service Plans (IFSPs) for infants and toddlers with disabilities

Mental Health Staff/Consultants

- Solicit staff observations of child behaviors and development
- Support the design and implementation of program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children
- Provide group and individual staff, family, and parent education on mental health and wellness issues
- Provide individualized support for children with atypical behavior or development
- Secure mental health interventions and follow-up as needed for pregnant women, including substance abuse prevention and treatment services (EHS)
- Provide opportunities for parents to discuss mental health issues related to their child and family with program staff
- Involve families in planning and implementing any mental health interventions for their children

For Early Head Start only:

- Assist pregnant women in securing mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed (EHS)

Nutrition Staff/Consultants

- Work with families and staff to determine each child's nutritional needs
- Engage families in developing and reviewing menu plans to ensure foods meet cultural, religious, and ethnic preferences and requirements
- Ensure that menu plans are reviewed by a registered dietitian or nutritionist

- Ensure compliance with requirements of the Child and Adult Care Food Program and/or National School Lunch Program as well as any other federal, tribal, state, or local nutrition programs in which the program participates
- Confer with family service workers and other staff regarding information about family eating patterns, including cultural and religious preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities
- Discuss with family service and other staff any relevant nutrition-related assessment data including height, weight, and hemoglobin/hematocrit
- Design and implement a nutrition program that meets the nutritional needs, feeding requirements, and cultural preferences of each child, including those with special dietary needs and children with disabilities
- Provide nutrition education for program staff, parents, and families on the selection and preparation of foods to meet family needs and in the management of food budgets

For Early Head Start only:

- Identify infants' and toddlers' current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition (EHS)

Oral Health Consultants

- Determine whether and ensure that all children are up to date on the appropriate schedule of preventive and primary oral health care and follow-up care as needed
- Provide oral health education for program staff, parents, and families
- Develop and implement strategies to promote oral hygiene (e.g., proper toothbrushing and storage of toothbrushes)

- Engage families in promoting proper oral health habits at home
- Confer with parents about all oral health concerns and referrals
- Participate in or help the HSAC
- Work with health staff to develop an oral health plan
- Identify resources, including oral health professionals in the community
- Act as liaison between Head Start program and local oral health community

For Early Head Start only:

- Advocate for oral health needs of pregnant women, infants, and toddlers

Teachers/Home Visitors/Family Child Care Providers

- Provide constant supervision of children to ensure their safety
- Observe children and record child behaviors to determine child development
- Implement daily health check
- Engage families in their child's health and development
- Develop and implement culturally and linguistically and age-appropriate lesson plans that include all areas of health including physical, mental, and oral health; nutrition and physical activity; and safety and injury prevention
- Include children with special health needs in all program activities
- Provide appropriate support to children with mental health needs
- Promote safety and injury prevention activities in all settings
- Provide education on and opportunities for children and staff to practice emergency procedures, e.g., fire drills, evacuation plans
- Provide training for parents and children in pedestrian safety
- Support activities to promote hygiene, sanitation, and universal precautions in the program (including implementing policies for handwashing, toothbrushing, food sanitation, and facilities maintenance)

- Promote effective dental hygiene among children in conjunction with meals
- Provide developmentally and culturally appropriate opportunities for the involvement of children in food-related activities
- Encourage families to become active partners in their children's medical and dental health care
- Provide opportunities for families to discuss mental health issues related to their child and family with program staff
- Ensure that equipment, toys, materials, and furniture are age-appropriate, safe, durable, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities
- Ensure that all sleeping arrangements for infants use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets, or stuffed toys (EHS)

Family Service Workers

- Assist families in securing and obtaining a source of continuous accessible health care
- Discuss with families and staff any relevant nutrition-related assessment data including height, weight, and hemoglobin/hematocrit
- Obtain information about family eating patterns, including cultural and religious preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities
- Obtain or provide education activities that assist families with culturally responsive food preparation and nutritional skills
- Solicit information, observations, and concerns from families about their child's mental health
- Assist families in accessing safety and injury devices such as child passenger safety seats, smoke detectors, carbon monoxide detectors, etc.

Transportation Staff/Contractors

- Ensure that all children are seated in a child restraint system appropriate for the child's height and weight
- Ensure children's safety when boarding or leaving the vehicle, or when crossing the street to/from the vehicle
- Participate in/conduct emergency evacuation drills on the vehicle in which they transport children to and from Head Start/Early Head Start
- Conduct a daily pretrip inspection of the vehicles
- Implement an annual safety inspection and systematic preventive maintenance for each vehicle
- Ensure that each vehicle is equipped with emergency equipment, including a communication system to call for assistance in case of an emergency, safety equipment (including a fire extinguisher) for use in an emergency, a first-aid kit, and a seat belt cutter for use in an emergency evacuation
- Ensure that vehicles are maintained according to manufacturers' recommendations
- Follow procedures to ensure that no children are ever left unattended on the bus or left in the vehicle at the end of the route

Meal Service Staff/Contractors

- Follow menus approved by a registered dietitian or nutritionist
- Prepare foods for all children using appropriate portion sizes for each age group
- Prepare a variety of foods that introduce children to culturally diverse menus
- Adapt meals to accommodate children with special diets
- Support activities to promote food safety and sanitation
- Support the preparation of menus to ensure meeting federal nutrition guidelines while responding to the diverse cultural and linguistic backgrounds of children and families
- Comply with all applicable federal, tribal, state, and local food safety and sanitation

laws, including those related to the storage, preparation, and service of food and the health of food handlers

Facilities Staff

- Ensure the maintenance, repair, safety, and security of all facilities, materials, and equipment
- Conduct a safety inspection, at least annually, to ensure that the facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and developmental needs of children
- Clean indoor and outdoor areas daily and ensure that they are kept free of undesirable and hazardous materials and conditions
- Obtain and display current health and safety licenses (e.g., occupancy, health, child care licensing, etc.)

Using Your Program's Health Tracking System and Recordkeeping Systems

Your program's health tracking system helps you:

- Determine whether children are on an appropriate schedule of [preventive health visits](http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt) (http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt) and up to date on required [immunizations](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf) (http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf) [45 CFR 1304.20(b)]
- Ensure that children receive treatment if needed and a follow-up plan for identified [illnesses](http://www.cdc.gov/ncidod/diseases/children/index.htm) (http://www.cdc.gov/ncidod/diseases/children/index.htm) or (http://www.cdc.gov/ncidod/diseases/children/index.htm) [45 CFR 1304.20(b)]
- Meet health goals identified in children's individualized health or Section 504 plans (as a part of the Americans with Disabilities Act), Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and Family Partnership Agreements (FPAs) [45 CFR 1304.20(f)]

In addition, your health tracking system is used to collect and record nutrition assessment [45 CFR 1304.23(a)] information to

- Provide nutritional support for pregnant women [45 CFR 1304.40(c)(1)(i)] and children [45 CFR 1304.40(b)(1)(i)], if indicated
- Provide nutrition education for families [45 CFR 1304.40(d)]
- Modify program menus for any child who needs modification due to food sensitivities or intolerances or cultural or religious reasons [45 CFR 1304.40(b)(1)]

Finally, your tracking system helps you collect and record health data to monitor program health activities [45 CFR 1304.51(i)]. This includes data such as injuries and incidents, causes of absenteeism, nutrition requirements for menu planning, and staff and family health education. Review other federal, tribal, state, and local regulations to determine additional

required data elements for recordkeeping and reporting.

When evaluating your recordkeeping and reporting systems, the following questions related to providing health services that address physical health, mental health, oral health, nutrition, physical activity, and safety can help you define a recordkeeping and reporting system that works best for you and your program:

- Are we collecting baseline data on children's and families' health needs when they enroll in our program?
- Do we collect information about child and family health issues as they arise? Do we track the services they receive to address these issues?
- Do we regularly record and report the health services that we deliver? Are we able to determine whether children and families receive these services within the required timeframes, when appropriate?
- Do we track information about the resources we use or need in order to provide health services to children and families? Are we able to determine our strengths and gaps in service delivery?
- Can we determine from our data whether health services are improving and maintaining child and family health? Can we connect the services to positive child and family outcomes (including higher attendance rates)?
- Do we collect information on families' health beliefs, their personal experiences and comfort level with health care professionals, and other factors that may affect their participation in [EPSDT](#) requirements?
- Can we look at the data at multiple levels, including child, family, program, and community, to determine change over time?

To maintain appropriate confidentiality for your recordkeeping and reporting systems,

consider whether your program has policies and procedures for:

- Meeting federal confidentiality requirements defined by [Section 641A\(b\)\(4\)\(A\) of the Head Start Act](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act#641A) (<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head Start Act#641A>)
- Gaining permission from family members to share information with appropriate professionals (including health care providers, educators, special education providers, and other health professionals who work directly with children in your program) [[45 CFR 1304.51\(g\)](#)]
- Safeguarding both paper and electronic records in your program [[45 CFR 1304.51\(g\)](#)]