



CHAPTER 4

Health Topics: Delving Deeper

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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.

The checklists in this section can also be used when meeting with staff as a way to guide discussions on health tasks.

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></p> <p>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/ntl10_mffc_homepageasq.html)
http://www.easterseals.com/site/PageNavigator/ntl10_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)]				

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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/CFOC3/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].				

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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 woman. It is key

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

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.				

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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)

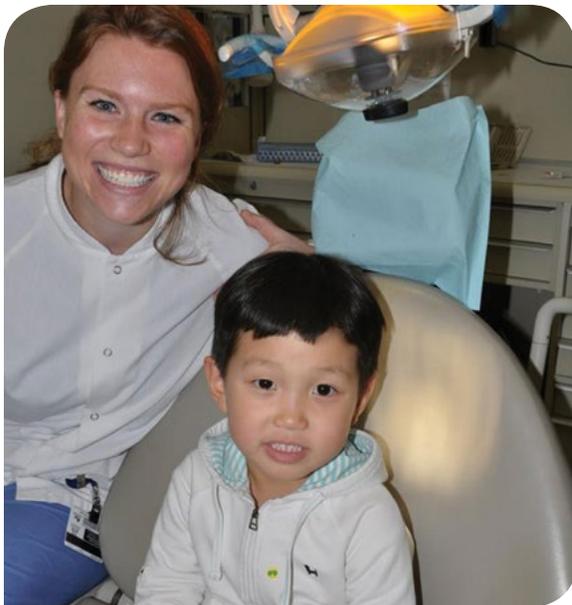
Identifying an oral health care need is not enough. Your program helps each child and pregnant woman with an identified need receive treatment and follow-up care [45 CFR 1304.20(c)]. The policies and procedures your program develops focus on family support [45 CFR 1304.40(f)], individualization [45 CFR 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_Stnd/Nutrition_4.pdf) (http://www.mchlibrary.info/pubs/PDFs/Nutrition_Stnd/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.

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>) for parents to discuss mental health issues related to their child and family with program staff.

- 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/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

- **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/funded-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)].				

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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://csefel.vanderbilt.edu/resources/strategies.html), your program will encourage development (<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://eclkc.ohs.acf.hhs.gov/hslc/sr/quality/class)]

- 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://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/MentalHealth/Resources%26SupportforFamilies/ParentalDepression/betterparentcommunication.pdf)]

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](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental%20Health/Resources%20Support%20for%20Families/Parental%20Depression/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.				

(continued on next page)

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)].				

(continued on next page)

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.

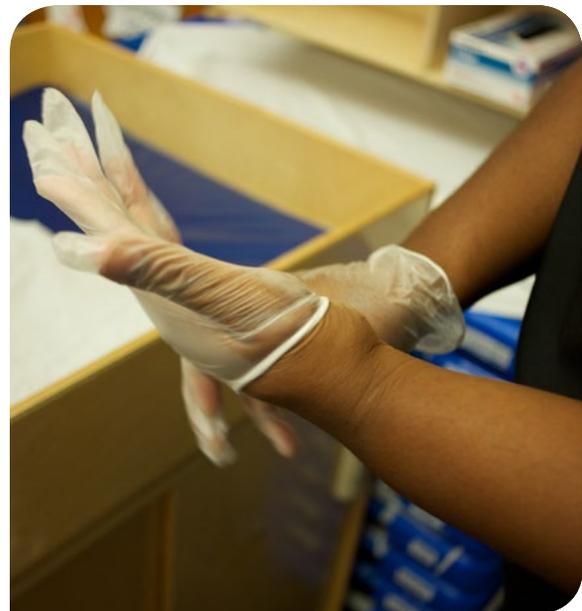
Stress prevention and healthy staff

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:

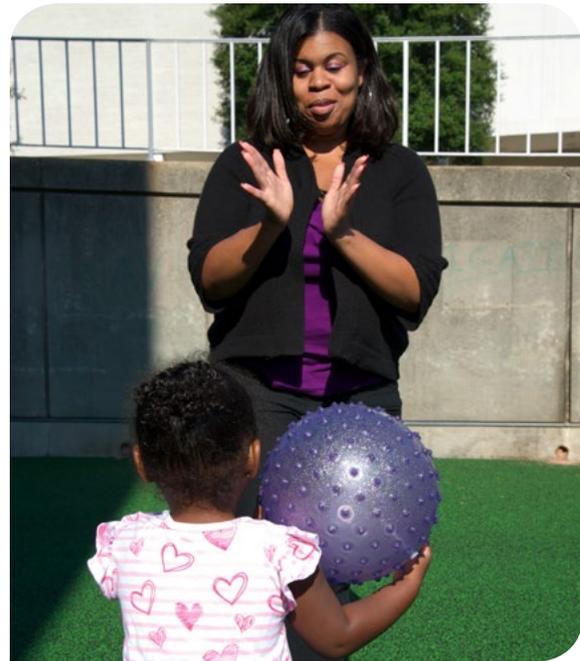
Related HSPPS:

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.



Timeline:

Ongoing

People who can help:

- Facilities manager
- Human resources manager

- HSAC
- Program director

Related tasks:

- Safe Environments Task 1

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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