



Appendices

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Adult-Child Ratios and Group Sizes for Various Head Start Settings

In order to meet requirements for child supervision in the Head Start Program Performance Standards (HSPPS), be sure you maintain appropriate adult-child ratios and maximum group sizes. The following are the requirements from the HSPPS. If tribal, state, or local licensing regulations are more stringent than the HSPPS, you must follow those instead.

For Early Head Start (center-based and family child care)

Ratios for adults to infants and toddlers in center-based and family child care settings must always be 1 adult to 4 children. (See [How Do We Support Services for Infants and Toddlers in a Birth-to-Five Program? Early Head Start Tip Sheet No. 25](#))

For Center-Based Head Start

Each Head Start classroom must have 2 adults (a teacher and assistant teacher or 2 teachers), and whenever possible, a volunteer.

From 1306.32(a)(12)

Predominant age of children in the class	Funded class size (funded enrollment)
4 and 5 year olds	Program average of 17–20 children enrolled per class in these classes. No more than 20 children enrolled in any class.
4 and 5 year olds in double session classes	Program average of 15–17 children enrolled per class in these classes. No more than 17 children enrolled in any class.
3 year olds	Program average of 15–17 children enrolled per class in these classes. No more than 17 children enrolled in any class.
3 year olds in double session classes	Program average of 13–15 children enrolled per class in these classes. No more than 15 children enrolled in any class.

For Family Child Care Head Start

1306.20(g) Grantee and delegate agencies offering the family child care program option must ensure that in each family child care home where Head Start children are enrolled, the group size does not exceed the limits specified in this paragraph. Whenever present, not at school or with another care provider, the family child care provider’s own children under the age of 6 years must be included in the count.

- (1) When there is 1 family child care provider, the maximum group size is 6 children and no more than 2 of the 6 may be under 2 years of age. When there is a provider and an assistant, the maximum group size is 12 children with no more than 4 of the 12 children under 2 years of age.
- (2) One family child care provider may care for up to 4 infants and toddlers, with no more than 2 of the 4 children under the age of 18 months.
- (3) Additional assistance or smaller group size may be necessary when serving children with special needs who require additional care.

Best Practices to Help You Meet Community Assessment (CA) Requirements

The following components offer some best practices to help you meet community assessment (CA) requirements and use your CA data:

- Review and analyze your program's CA.
- Compile recommendations for program planning related to health.
- Consider sources of new data or other ways to improve your program's CA.

Component 1: Review and analyze your program's CA

As shown in the resource Key Elements in Community Assessment, a great deal of information can be found in your program's CA. To help you sift through the data and identify what will be most helpful for your work, focus on the following three areas:

- Children and family health status (including physical, mental, and oral health; nutrition and physical activity; and safety and injury data)
- Existing resources to support child and adult health
- Gaps in health services

You may wish to download and complete the "Community Assessment Summary" worksheet to help you with your analysis.

Using your CA summary and working with your program's management team, analyze data to answer the following questions:

1. What are the health needs in our community (including physical health, oral health, mental health, nutrition, and safety)?
2. Who has the most significant needs?
3. What resources already exist in the community to meet these identified needs?
4. Where are the gaps? What services are not available or accessible to families who need them?

The answers to these questions are key to building systems and partnerships that will promote children's health, safety, and school

readiness. The answers will help you figure out what to focus on, what to do, and who your partners will be.¹

Note that each year you will have an opportunity to determine whether recent changes in your community may require you to adjust your health services plan.

Component 2: Compile recommendations for program planning related to health

CA plays a critical role in defining your program's vision, mission, and program plan. By analyzing needs, gaps in resources, and resources in the community, you can work with your Health Services Advisory Committee (HSAC) to identify new partnerships. You can build relationships that will help you implement your plan for health services. Your role as part of the management team is to define how your program will use the information in the CA to plan and deliver health services and health education [45 CFR 1305.3(d)(2)].

Based on your CA summary findings, consider the following questions with your management team:

1. How will our program recruit families to participate in our services?
2. What considerations should be made to recruit and serve eligible families?
3. What health services will we need to target (including physical health, oral health, mental health, nutrition, and safety)?
4. What health services do we need to secure through coordination with existing community partners?
5. How will we work with community partners?
6. What health services do we need to offer in our program?
7. How will we work with community partners to fill some of the existing gaps in health services?

Share your CA findings with providers. This can help you make the case for why services are needed. It can help you identify partners who may be able to help you with the following tasks:²

- Assist in identifying community health needs
- Provide technical assistance to the program to resolve problems
- Assist in planning and implementing the health education program
- Identify potential members of the HSAC
- Refer children and families to Head Start
- Advocate for the health needs of low-income families
- Become a source of in-kind services to the program, or financial support for health services
- Furnish information in the search for consultants

Working together, your program and the organizations you identify as community partners can build on one another's strengths. This will help you meet families' health needs. However, if all other funding sources have been exhausted, a grantee should cover any costs related to a child's health care by using Head Start grant funds [OHS PC-B-012].

Use the "Planning Recommendations" worksheet in the appendices to organize your thoughts as you collaborate with your management team to develop or revise recommendations for health services within the program plan.

Component 3: Consider ways to improve your program's CA

As you finish your review of the CA and make recommendations for your program plan, think about the usefulness of the information you collected [45 CFR 1305.3(e)]. Are there other sources of information that might be useful for the next CA, particularly in areas related to health? When your program begins its next grant cycle, share your suggestions with your management team. This gives you a way to participate in and guide the process.

Ask yourself the following questions:

1. Did the information in the CA help me understand the health needs of children and families in our service area (including physical health, oral health, mental health, nutrition, and safety)?
2. Did the CA provide me with the information I need to know about health providers and resources in the community?
3. Are there any missing health-related data that need to be captured (e.g., information from hospitals, first responders, health care providers, public health organizations, community organizations, social service organizations, religious organizations, other charitable organizations, etc.)?

Your CA will help your program to individualize its vision, mission, and management systems for your community [45 CFR 1305.3(d)(1)]. This local perspective helps you and your Head Start colleagues tailor your services to what enrolled children and families truly need [45 CFR 1305.3(d)(2)].

Keep a running list of questions. When your program is preparing for the next community assessment, refer to this list to gather new information.

Component 4: Delivering health education activities

1. Work with your program director, management team, HSAC, community partners, and families to develop a plan for health education that meets the needs of program staff as well as the children and families you serve. Choose developmentally, culturally, and linguistically appropriate health literacy topics that are of interest to your families. For a list of sample health education topics, review sample health education resource on page 215 in the appendix. Use [National Center on Health](#) resources whenever you can.

2. Use the planning cycle to evaluate the effectiveness of your health education activities. Review data from training evaluation forms, parent and staff satisfaction surveys, and child records to determine whether your health education activities were successful. Over time, data from child records may help you determine if children and families have begun to use the new strategies shared during your program activities. You may also see positive child outcomes—such as more pro-social child behaviors, higher attendance rates, fewer injuries or incidents, and fewer illnesses—that will help your program to meet its school readiness goals.

An example of a training evaluation form that you can adapt for your own purposes includes:

- [Asthma Resource Toolkit – Training Evaluation Form](#), Office of Head Start and the Environmental Protection Agency

Component 5: Partnering with other federal and nongovernmental programs

1. Learn about required participation in federal programs and nongovernmental organizations, and applicable federal, tribal, state, and local laws related to program licensure and certification. These include:

- The Head Start Program Performance Standards (HSPPS)
- State and local licensure and health requirements
- The United States Department of Agriculture (USDA) Food and Nutrition Service, which includes the following:
 - [Supplemental Nutritional Assistance Program \(SNAP\)](#)
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - [Child and Adult Care Food Program \(CACFP\)](#)
 - [National School Lunch Program/Summer Food Service Program/School Breakfast Program](#)
- Federal, tribal, and state health systems, which include:

- [Medicaid](#)
- [The Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) Program](#)
- [State Children's Health Insurance Program \(SCHIP\)](#)
- [Indian Health Service \(IHS\)](#)
- [Occupational Safety and Health Administration \(OSHA\)](#)

2. Your program may receive funding from a number of sources. Understanding the health and safety requirements for each funding stream is critical to your job. If you have questions about funding for specific health services, ask your program director to review all relevant sources of program revenue.

Component 6: Collecting and analyzing data

1. Collect, analyze, and use program records and reports to evaluate health services. The Reporting Guide on page 211 in the appendix will help you determine which reports to analyze.

- To review trend data, you will need to collect annual reports from multiple years to reflect programmatic changes over time (such as the program information report [PIR]).

Note that most state health departments publish community health assessment data reports. These are useful for your planning activities. Also, many [Centers for Disease Control and Prevention \(CDC\)](#) reports provide state and local data on such topics as [food deserts](#), child well-being, obesity, breastfeeding rates, and other maternal and child health issues. Review the community assessment summary on page 160 in the appendix.

2. Consider whether:

- The information in these reports is complete
- The data are used in program planning
- Additional or different data should be collected, analyzed, and used to evaluate and improve workplace safety

3. Review expenses for required health services in your program. The sample budget on page 214 in the appendix can help you organize this information. Once you know what the health expenditures are for your program to meet the needs of children and families, talk with your program director about how these costs fit into the overall program budget.
4. Use all data, including budget data, for on-going monitoring of program health services using the planning cycle.

Component 7: Reviewing contractual agreements

1. Determine whether your program is currently contracting with a consultant or organization to deliver health, nutrition, or mental health services. If so, make sure that the consultant meets the following qualifications defined in [45 CFR 1304.52](#):
 - Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must ensure that the requirement is followed.

- Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.
 - Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.
2. Ensure that your agency is contracting only with food service vendors that are licensed in accordance with applicable federal, tribal, state, or local laws, in accordance with [45 CFR 1304.23](#).
 3. Review your contractual agreements to ensure that consultants are offering appropriate services. Make sure that current consultant contracts are in place, and review them.
 4. If health services are needed but not currently being delivered by a staff member or a consultant, identify appropriate resource(s) to deliver these services and have your program director develop a contract, or memorandum of agreement if appropriate, with a qualified consultant or other entity.
 5. Review invoices and records of contract services to ensure that the delivered services are meeting the agreed-upon terms of the contract.

References

1. EHSNRC. (2004). *A Holistic Approach to Health and Safety*. Technical Assistance Paper No. 7. Washington, DC: Early Head Start National Resource Center; 9.
2. Head Start Bureau. (1984). *Health Coordination Manual*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-8.

Case Management Summary

Note: It may be helpful to combine this document with the child's Family Participation Plan, individualized child health plans, and any IEPs and/or IFSPs

Date of Enrollment:

Name of Parent(s)/Caregiver(s)/Guardian(s):

Relationship of Parent(s)/Caregiver(s)/Guardian(s) to the Child:

Names of Family Members Participating in the Program and Their Relationship to the Child:

Family Health History:

(Include information on child's disability, medication, social and emotional behaviors, social services child/family receives)

Language(s) Spoken in the Home:

Cultural Factors:

(Including the ability of caregivers to speak/read English)

Specific Health Concerns:

(Include asthma, mental health issues, overweight/obesity)

Family and Child Goals:

(Include goals from Family Participation Agreement, IEP, IFSP)

Family Support Systems:

Other Resources Accessed:

Child's Name:

Date of Birth:

Case Management Log						
Date of services	Description of services	Provider	Staff	Messages shared	Additional steps/ follow-up activities	

Communications Guidelines Worksheet

Use the following worksheet to determine how your program communicates required information (1304.51(b)-(f); 1304.41(a)(1)) to different people in your program.

Using your program plan and protocols from your communication system, complete this chart. Use the third column to define how you currently meet the requirements. If you plan to make changes to your communication systems, record these in the fourth column.

Who	HSPPS requirements	How requirements are currently being met	Changes you would like or need to make
Families 1304.51(c)	(1) Grantee and delegate agencies must ensure that effective 2-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year. (2) Communication with parents must be carried out in the parents' primary or preferred language or through an interpreter, to the extent feasible.		
Governing bodies and policy groups 1304.51(d)	(1) Procedures and timetables for program planning (2) Policies, guidelines, and other communications from HHS (3) Program and financial reports (4) Program plans, policies, procedures, and Early Head Start and Head Start grant applications.		
Staff 1304.51(e)	Grantee and delegate agencies must have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.		

(continued on next page)

Who	HSPPS requirements	How requirements are currently being met	Changes you would like or need to make
<p>Delegate agencies 1304.51(f)</p>	<p>Grantees must have a procedure for ensuring that delegate agency governing bodies, policy committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner.</p>		
<p>Community partners (including HSAC) 1304.41(a)(1)</p>	<p>Grantees and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships (see 45 CFR 1304.51 for additional planning requirements).</p>		

Community Assessment Summary

Instructions: Using data from the community assessment, determine child and family health status, existing community resources, and gaps in services or support for children and families

for each area of health. After the chart is completed, answer the four questions to summarize your findings.

	Child Health Status	Family Health Status	Community Resources	Service/Support Gaps
<i>Physical health</i>				
<i>Mental health</i>				
<i>Oral health</i>				
<i>Nutrition and physical activity</i>				
<i>Safety and injury prevention</i>				

1. What are the health needs within our community (including physical health, oral health, mental health, nutrition, and safety)? Include the following:
 - a. Estimated children with health insurance
 - b. Estimated children with a medical home
 - c. Estimated children who are up to date on EPSDT
 - d. Prevalence of asthma
 - e. Prevalence of anemia
 - f. BMI trends
 - g. Immunization rates
2. Who has the most significant needs in the community?
3. What resources already exist in the community? Including the following:
 - a. ECC
 - b. Proximity to safe play spaces, grocery stores
 - c. Access to health care providers
4. What are the gaps? What services are not available to families who need them?

Glossary

Absenteeism—Chronic lack of presence at program activities.

Accommodate—A change that helps a [child] overcome or work around the disability.

<http://nichcy.org/schoolage/accommodations#part1>

Advocate—One that supports or promotes the interests of another.

<http://www.merriam-webster.com/dictionary/advocate>

Anecdotal Notations—A written record or note of what a child says or does within the context of classroom activities and routines. The use of anecdotal records is one way to collect information about children's development and learning.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/assessment/iss/collect.html>

Assessment—The ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility to identify: (i) the child's unique strengths and needs and the services appropriate to meet those needs; and (ii) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.3%20Definitions..htm>

or from CFC: An in-depth appraisal conducted to diagnose a condition or determine the importance or value of a procedure.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Atypical behavior or development—Some children exhibit behaviors that fall outside the normal, or expected, range of development. These behaviors emerge in a way or at a pace that is different from their peers.

<http://www.idonline.org/article/6047/>

Bacteria—Organisms that may be responsible for localized or generalized diseases and can survive in and out of the body. They are much larger than viruses and can usually be treated effectively with antibiotics.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Bodily Fluids—Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Body Mass Index (BMI)—Measurement of weight in kilograms divided by height in meters squared. Overweight and obesity can be defined by the BMI for age measurement. [Source: Hagan JF, Shaw JS, Duncan PM, eds. (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics.]

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Cardiopulmonary Resuscitation (CPR)—A procedure to support and maintain breathing and circulation for an infant, child, or adolescent who has stopped breathing (respiratory arrest) and/or whose heart has stopped (cardiac arrest).

<http://www.healthofchildren.com/C/Cardiopulmonary-Resuscitation.html>

Case Management—A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote high-quality, cost-effective outcomes.

Child Supervision—Ongoing adult observation of children to keep them safe and ensure they are never alone.

Children's Health Insurance Program—A program administered at the state level, providing health care to low-income children whose parents do not qualify for Medicaid. CHIP may be known by different names in different states. The CHIP program may also be known by its former name, the State Children's Health Insurance Program (SCHIP).

CHIP—See Children's Health Insurance Program

Community Violence—Exposure to acts of interpersonal violence committed by individuals who are not intimately related to the victim.
<http://www.nccev.org>

Continuity of Care—The policy of assigning a primary caregiver to an infant at the time of enrollment in a child care program and continuing this relationship until the child is 3 years old or leaves the program.
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/domains%20of%20child%20development/social%20and%20emotional%20development/what%20do%20we%20mean%20by%20continuity%20of%20care%20in%20out-of-home%20settings.htm>

Contractual Agreements—An agreement with specific terms between two or more persons or entities in which there is a promise to do something in return for a valuable benefit known as consideration.
<http://legal-dictionary.thefreedictionary.com/Contractual+agreement>

Cross Contamination—The transfer of an infection directly from one person to another or indirectly from one person to a second person via an inanimate object.
<http://medical-dictionary.thefreedictionary.com/cross-contamination>

Culturally Responsive/Culturally and Linguistically Responsive—Respect for and incorporation of families' cultures and languages into program systems and services. Promotion of a positive cultural, linguistic, and individual identity for all children and staff.

Delegate Agency—Delegate agency means a public or private nonprofit organization or agency to which a grantee has delegated all or part of its responsibility for operating a Head Start program.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1301/1301.2%20Definitions.htm>

Dental Home—The ongoing relationship between the dentist and the patient, including all aspects of oral health care, delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than age 12 months.

A dental home is a place where the following is available:

- An accurate risk assessment for oral diseases and conditions
- An individualized preventive oral health program based on risk assessment
- Anticipatory guidance about growth and development issues (for example, teething; thumb, finger, or pacifier habits; and feeding practices)
- A plan for emergency oral trauma treatment
- Information about proper care of infants' or children's teeth and soft oral tissues
- Information about proper nutrition and dietary practices
- Comprehensive oral health care in accordance with infants' or children's needs and accepted guidelines and periodicity schedules for pediatric oral health
- Referrals to other oral health specialists when care cannot be provided directly within the dental home

Developmentally Appropriate—Any behavior or experience that is appropriate for the age span of the children and is implemented with attention to the different needs, interests, and developmental levels and cultural backgrounds of individual children.
<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.3%20Definitions..htm>

Disinfecting—Destroying or inactivating germs on an inanimate object using a disinfectant product.

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixJ.pdf>

Distracted—Unable to concentrate because one's mind is preoccupied.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)—The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for infants, children, and adolescents under age 21 years who are enrolled in Medicaid. EPSDT is key to ensuring that infants, children, and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

Early Intervention Program—Organizations delivering services to infants and toddlers with disabilities in accordance with Part C of the [Individuals with Disabilities Education Act](#).

Educators—Individuals who facilitate learning for pregnant women, children and families, and staff.

Engagement Strategies—Engagement strategies are approaches used to build relationships between Head Start staff and families to support family well-being, strong relationships between parents and their children, and ongoing learning and development for parents and children.
<http://eclkc.ohs.acf.hhs.gov/hslc/standards/IMs/2011/pfce-framework.pdf>

Environmental Health—All the physical, chemical, and biological factors external to a person, and all the related factors influencing behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health.
http://www.who.int/topics/environmental_health/en/

EPSDT—See Early and Periodic Screening, Diagnosis, and Treatment.

Evaluation—Determine or diagnose a developmental delay and develop strategies for intervention. Only children suspected of

having a developmental delay are referred for an in-depth evaluation.

http://eclkc.ohs.acf.hhs.gov/hslc/hs/resources/ECLKC_Bookstore/PDFs/FinalTAP%5B1%5D.pdf

or from CFC: Impressions and recommendations formed after a careful appraisal and study.

Evidence-based Practice—A decision-making process that integrates the best available research evidence with family and professional wisdom and values.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Examination—A thorough checkup of the child's overall health and development. It is done by a licensed physician, nurse practitioner, or physician's assistant.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/Factsheets.pdf>

Expectant Families—Pregnant women and their relatives including the baby's father, grandparents, aunts, uncles, and siblings.

Exposure to Bodily Fluids—Contact with mucus, saliva, urine, feces, blood, and other [bodily fluids](#).

Family Eating Patterns—The schedule and routines a family uses for meals.

Family Partnership Agreements (FPA)—An agreement that offers opportunities for parents to expand their knowledge about community services and resources, and develop networks and relationships with families, service providers, community agencies, and school systems.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Family-Style Meal—Meal service where adults and children sit together at a table serving foods from bowls or dishes. Children are encouraged to serve themselves, or serve themselves with help from an adult. Enough food must be placed on the table to provide the full required portion size for all the children at the table.

https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/center/nutrition/education-activities/health_pub_12000_071406.html

Fine Motor Development—Skills children develop that rely on their small muscles (e.g., holding materials, turning knobs, snapping buttons).

<http://dese.mo.gov/se/fs/termsandacronyms.html>

First Aid—Emergency care or treatment given to an ill or injured person before regular medical aid can be obtained.

<http://www.merriam-webster.com/dictionary/first%20aid>

Fluoridated—Fluorine compound added (to a drinking water supply, for example) for the purpose of reducing tooth decay.

<http://www.thefreedictionary.com/fluoridated>

Fluoride Treatments—A compound of fluorine with another element or radical used topically and systemically in the prevention of tooth decay.

<http://www.medterms.com/script/main/art.asp?articlekey=23960>

Follow-Up Plan—A plan designed to ensure treatment for identified illnesses and conditions is implemented appropriately.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.20%20Child%20health%20and%20developmental%20services..htm>

Grantee—A public or private nonprofit agency or organization whose application to operate a Head Start program pursuant to section 514 of the Act has been approved by the responsible HHS official.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1302/1302.2%20Definitions..htm>

Gross Motor Development—Skills children develop that rely on their large muscles (e.g., crawling, sitting, walking).

<http://dese.mo.gov/se/fs/termsandacronyms.html>

Hand Hygiene—A term used to cover both handwashing using soap and water, and cleaning hands with waterless or alcohol-based hand sanitizers.

<http://www.health.state.mn.us/handhygiene/index.html>

Hazard—A condition or phenomenon that increases the probability of a loss or injury.

<http://medical-dictionary.thefreedictionary.com/hazard>

Hazard Map—Highlights areas that are affected by or vulnerable for a particular hazard.

http://en.wikipedia.org/wiki/Hazard_map

Health Fairs—Community health education events focused on preventing disease and promoting health.

<http://www.reference.md/files/D006/mD006277.html>

Health Services Advisory Committee

(HSAC)—A group that includes professionals and volunteers from the community, HSACs are established to address health service issues and help agencies respond to community needs.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Hematocrit—A blood test that measures the percentage of the volume of whole blood that is made up of red blood cells. This measurement depends on the number of red blood cells and the size of red blood cells. The test helps determine anemia, diet deficiency, leukemia, and other medical conditions.

<http://www.nlm.nih.gov/medlineplus/ency/article/003646.htm>

Hemoglobin—Hemoglobin is a protein in red blood cells that carries oxygen. A blood test can tell how much hemoglobin you have in your blood. Results can indicate various health conditions including anemia, malnutrition, dehydration, and nutritional deficiencies.

<http://www.nlm.nih.gov/medlineplus/ency/article/003645.htm>

Hepatitis—Inflammation of the liver caused by viral infection. There are six types of infectious hepatitis: type A; type B; nonA; nonB; type C; and type D.

<http://cfoc.nrckids.org/Glossary.cfm>

Home Language—The language a person acquires first in life or identifies with as a member of an ethnic group (Baker 2000). It is

sometimes referred to as the first, native, or primary language.
http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/Dual%20Language%20Learners/DLL_%20Resources/GlossaryofTerms.htm

Human Immunodeficiency Virus (HIV)—A virus that affects the body in various ways. In the most severe infections, the virus progressively destroys the body's immune system, causing a condition called acquired immune deficiency syndrome, or AIDS. [Source: Aronson SS, Shope TR, eds. (2009). *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*. 2nd ed. Elk Grove Village, IL: American Academy of Pediatrics]
<http://cfoc.nrckids.org/Glossary.cfm>

Hygiene—The conditions and practices that serve to promote or preserve health.
<http://medical-dictionary.thefreedictionary.com/hygiene>

Incident—Something that occurs casually in connection with something else.
<http://dictionary.reference.com/browse/incident>

Indian Health Service (IHS)—A health care program through which the Department of Health and Human Services provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities.

Individualized Educational Program (IEP)—A written document, derived from Part B of IDEA (Individuals with Disabilities Education Act), which is designed to meet a child's individual educational program needs. The main purposes for an IEP are to set reasonable learning goals and to state the services that the school district will provide for a child with special educational needs. Every child who is qualified for special educational services provided by the school is required to have an IEP.
<http://cfoc.nrckids.org/Glossary.cfm>

Individualized Family Service Plan (IFSP)—A written document, derived from Part C of IDEA (Individuals with Disabilities Education Act), which is formulated in collaboration with the family to meet the needs of a child with a developmental disability or delay, to assist the family in its care for a child's educational, therapeutic, and health needs, and to deal with the family's needs to the extent to which the family wishes assistance.
<http://cfoc.nrckids.org/Glossary.cfm>

Infectious Disease—A disease caused by a microorganism (bacterium, virus, fungus, or parasite) that can be transmitted from person to person via infected body fluids or respiratory spray, with or without an intermediary agent (such as a louse, mosquito) or environmental object (such as a table surface). Many infectious diseases are reportable to the local health authority.
<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Injury, Unintentional—Physical damage to a human being resulting from an unintentional event (one not done by design) involving a transfer of energy (physical, chemical, or heat energy).
<http://cfoc.nrckids.org/Glossary.cfm>

Intake Forms—A form used by programs to collect information including demographics, assessment information, goals, and other related data for federal reporting.
<http://www.doe.virginia.gov/instruction/adult-ed/glossary.shtml>

Invoice—An itemized list of goods shipped usually specifying the price and the terms of sale.
<http://www.merriam-webster.com/dictionary/invoice>

Licensed Mental Health Professional—A physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist, or a psychiatric clinical nurse specialist. Licensure requirements vary by tribal, state, and local government.
<http://www.d19csb.com/hr/definitions.htm>

Local Education Agency—A school district, an entity that operates local public primary and secondary schools.

http://en.wikipedia.org/wiki/Local_Education_Agency

Medicaid—A program that provides medical assistance for individuals and families with low incomes and resources.

<http://cfoc.nrckids.org/Glossary.cfm>

Medical Home—Primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally and linguistically effective. The child health care professional works in partnership with the family and patient to ensure that all the medical and nonmedical needs of the patient are met. [Source: Hagan JF, Shaw JS, Duncan PM, eds. (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics.]

<http://cfoc.nrckids.org/Glossary.cfm>

Medicare—Federal program that helps pay health care costs for people ages 65 years and older and for certain people under 65 years with long-term disabilities.

Memorandum of Agreement (MOA)—A document written between parties to cooperate on an agreed-upon project or meet an agreed-upon objective. The purpose of an MOA is to have a written understanding of the agreement between parties.

http://en.wikipedia.org/wiki/Memorandum_of_agreement

Mental Health Consultation—Culturally and linguistically sensitive services for children birth through 6 years of age in group care and early education settings. Services include capacity building for staff and family members, directly observing children and the caregiving environment, and designing interventions that involve changes in the behaviors of caregivers. Early childhood mental health consultants collaborate with administrators, staff, family members, and caregivers to promote social and emotional development in children and transform children's challenging behaviors.

Consultation is offered by persons with formal preparation in children's mental health and experience working with young children and their families.

http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/ecmhc_toolkit.pdf

Military Health Care—Includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA).

TRICARE is a military health care program for active duty and retired members of the uniformed services, their families, and survivors. CHAMPVA is a medical program through which the Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veteran's dependents, and survivors of veterans. The Department of Veterans Affairs provides medical assistance to eligible veterans of the Armed Forces.

Mitigate—The act of making a condition or consequence less severe.

<http://dictionary.reference.com/browse/mitigation>

Needs Assessment—A systematic process for determining and addressing needs, or "gaps" between current conditions and desired conditions or "wants."

http://en.wikipedia.org/wiki/Needs_assessment

Nongovernmental Organization (NGO)—An organization that is not part of the local or state or federal government.

<http://www.thefreedictionary.com/nongovernmental+organization>

Optimal—Best or most favorable.

<http://www.merriam-webster.com/dictionary/optimal>

Oral Disease—The most common oral diseases are dental cavities, periodontal (gum) disease, oral cancer, oral infectious diseases, trauma from injuries, and hereditary lesions.

<http://www.who.int/mediacentre/factsheets/fs318/en/index.html>

Oral Examination—An examination including: (1) a dental history; (2) a clinical assessment of the lips, tongue, teeth, gums, inside of the cheeks, roof of the mouth, and throat; (3) diagnostic procedures, such as X-rays; (4) assessment of risk of developing oral diseases; and (5) establishment of a prevention and/or treatment plan. To be reported in the Head Start Program Information Report, a “professional oral examination” must be completed by a dentist or by a dental hygienist qualified to perform preliminary oral examinations based on state practice acts and regulations.

Oral Health Screening—A visual and manual inspection of the mouth that is conducted to identify oral disease or other oral conditions that may require management by a dentist. (e.g., delayed tooth eruption or premature tooth loss, abscesses, or trauma from injury). Oral health screenings can be performed by oral health professionals (dentists and dental hygienists) or other trained health professionals (for example, pediatricians, nurse practitioners, or physician assistants) and do not involve making diagnoses that lead to treatment plans. A 2- to 3-minute screening includes an inspection of the lips, tongue, teeth, gums, inside of the cheeks, roof of the mouth, and throat.

Oral health screenings apply to infants and young children in Early Head Start and Migrant and Seasonal Head Start programs. These programs should report the number of infants and young children receiving an oral health screening conducted by a health professional as part of an EPSDT physical examination in the Program Information Report.

Oral Motor—Relating to the muscles of the mouth and/or mouth movements.
<http://www.medterms.com/script/main/art.asp?articlekey=11777>

Paraprofessionals—Individuals with training in a specific field, including health or education, who aid or assist in program activities, but without the certification or licensure necessary to serve in the lead position.

Parent Committees—Groups composed of parents of children currently enrolled at the center level for center-based programs, or at the equivalent level for other program options, that share governance with the policy committee and policy council.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/mgmt-admin/hr/staff-dev/glossary-of-hs-terms.pdf>

Parental Consent—All information and activities related to services for each child in Head Start must be shared with and approved by that child’s parent(s) or legal guardian(s). Parents or guardians must provide written consent before any information can be shared in accordance with the [Health Insurance Portability and Accountability Act \(HIPAA\)](#).

Policies and Procedures—Policies are a set of principles and rules designed to guide future actions and decisions. Head Start Program Performance Standards provide the basis for individual program policies that are enacted by the program policy council and governing body as recommended by the HSAC. Procedures outline the sequence of steps to be followed to carry out policies and plans; a procedure manual is a management guide giving details about different aspects of the health plan.” [Source: Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-12.]

Policy Committee—An appointed group that shares program governance with the parent committee and policy council. At least 50% of the membership must be parents of the children enrolled in that delegate agency program, and it must also include representatives from the community.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Policy Council—A committee set up at the grantee level which shares program governance with the parent and policy committees. It includes representation from parents, the

community, and all delegate agencies. If the grantee has no delegates, then the representation is from all centers and other factions of that program.

<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/operations/docs/glossary-of-hs-terms.pdf>

Program—A Head Start organization that offers services to low-income children and families. Can be either a delegate or grantee organization.

Program Needs Assessment—Systematic process to acquire an accurate, thorough picture of the strengths and weaknesses of a program. <http://www.dpi.state.nd.us/grants/needs.pdf>

Program Options—Organization of the ways a program is organized to deliver services including center-based (1304.32), home-based (1306.33), family child care (1306.35), combination (1306.34), and alternative program variations approved by the Director of Head Start (1306.36).

Prosocial Child Behaviors—Positive behaviors such as sharing, cooperating, empathy, and taking turns when interacting with others. <http://www.sesameworkshop.org/our-blog/2012/02/21/the-meaning-and-importance-of-pro-social-behavior/>

Public or Private Insurance—Public or government health insurance includes plans funded by governments at the federal, state, or local level. The major categories of government health insurance are Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), military health care, state-specific health insurance plans, and the Indian Health Service. Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company. Employment-based health insurance is coverage offered through one’s own employment or a relative’s. It may be offered by an employer or by a union. Own employment-based health insurance is coverage offered through one’s own employment and only the policyholder is covered by the plan. Direct-purchase health insurance is coverage

through a plan purchased by an individual from a private company.

<http://www.census.gov/hhes/www/hlthins/methodology/definitions/cps.html>

Random Acts of Violence—Immediate or chronic situations that result in injury to the psychological, social, or physical well-being of individuals or groups.

<http://www.apa.org/pi/violence&youth.pdf>

Rapport—When two or more people feel they are in sync or on the same wavelength because they feel similar or relate well to each other.

<http://en.wikipedia.org/wiki/Rapport>

Record of Service—A description of any service provided to a consumer that assists them in achieving a successful employment outcome; otherwise called a case note.

<http://www.ccer.org/natamer/definitions.htm>

Referral—Directing an Early Head Start or Head Start child or family member(s) to an appropriate source or resource for help, treatment, or information

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1304/1304.3%20Definitions..htm>

Regulatory—A written instrument containing rules having the force of law.

<http://en.wikipedia.org/wiki/Regulation>

Revenue—All income produced by a particular source (through donations and support).

<http://www.thefreedictionary.com/revenue>

Sanitation—The state of being clean and conducive to health.

<http://www.thefreedictionary.com/sanitation>

SCHIP—See State Children’s Health Insurance Program.

School Readiness Goals—Articulation of the program’s expectations of children’s status and progress across the five essential domains of child development and early learning that will improve children’s readiness for kindergarten [§ 1307.2]. Goals are broad statements that articulate the highest developmental achievement children should attain as a result of Early Head Start and Head Start services. Agencies

outline the steps of progression toward these goals through a developmental sequence of age- and stage-appropriate behaviors, skills, and knowledge that children birth-to-5 need to acquire to accomplish each broad goal.

<http://eclkc.ohs.acf.hhs.gov/hslc/sr/faq>

Scope of Practice—Scope of practice refers to the range of services a licensed health professional is allowed to perform, which is defined by scope of practice laws and regulations. Scope of practice is defined by the government agency, usually at the state level, that issues the license.

Screening—Services to detect physical and mental conditions must be covered at established, periodic intervals (periodic screens) and whenever a problem is suspected (interperiodic screens). Screening includes a comprehensive health and developmental history, an unclothed physical examination, appropriate immunizations, laboratory tests, and health education.

<http://mchb.hrsa.gov/epsdt/overview.html>

or from CFC: Examination of a population group or individual to detect the existence of a particular disease (such as diabetes or tuberculosis).

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Section 504 Plan—Section 504 provides appropriate educational services that meet the individual needs of students with disabilities in order to ensure that they are offered the same opportunities for a Free and Appropriate Public Education (FAPE) as students without disabilities. A 504 plan is an education plan created under the authority of Section 504 of the Rehabilitation Act of 1973. It is designed to create modifications and accommodations for students with special needs who are in their school's general education setting. For this reason, the 504 plan should not be confused with an IEP.

<http://www.doe.in.gov/achievement/individualized-learning/faq/section-504-what-section-504-plan>

Socialization—The opportunities for children enrolled in the Head Start home-based option and their parents to engage in activities outside their home. These group experiences are offered twice a month and involve children and parents in activities that further the goals addressed during home visits.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00205_072505.html

Special Dietary Needs—Restrictions for what a child can eat due to allergies (including gluten, milk, eggs, wheat, seafood, and shellfish) or medical recommendations.

Special Health Care Needs—Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.

http://www.aapd.org/media/Policies_Guidelines/D_SHCN.pdf

Standard Precautions—Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

State Children's Health Insurance Program (SCHIP)—The State Children's Health Insurance Program, or SCHIP, was established by the federal government to provide health insurance to children in families at or below 200% of the federal poverty line. Now primarily known as CHIP.

<http://www.schip-info.org/>

State Collaboration Office—A collaboration grant to each state and national administrative office serving Indian Head Start programs and migrant or seasonal Head Start programs to facilitate collaboration among Head Start agencies (including Early Head Start agencies) and entities that carry out activities designed

to benefit low-income children from birth to school entry, and their families. Head Start Act Section 642B(a)(2)(A)

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act#642B>

State-Specific Health Insurance Plans—Some states have their own health insurance programs for low-income uninsured individuals. These health plans may be known by different names in different states.

Stress—A physical, mental, or emotional response to events that causes bodily or mental tension.

<http://www.ecmhc.org/documents/TCOstress-wkshp.ppt>

Sufficient Frequency—An amount of health services that is considered to be enough to have an impact on the child or family who receives it, as defined by the program with guidance from the HSAC using data about needs from the community assessment, child assessment, health tracking, and other program data.

Supervision—Management by overseeing the performance or operation of a person or group.

<http://www.merriam-webster.com/dictionary/supervision>

Technical Hazards—Chemical spills and accidents associated with chemicals used by your program present the possibility of technical hazards for your program. Children and adults may be harmed by inhaling, touching, or tasting dangerous chemicals in the environment. Specifically, two particular types of technical hazards may present concern for your program: center-based chemical emergencies including cleaning products, indoor pesticides, and lawn and garden products; and hazardous materials incidents including spills or explosions at chemical plants, gas stations, hospitals, farms, and truck routes.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf

Toileting Patterns—The schedule and routines for children's use of the toilet or urination and bowel movements.

Tooth Decay—A process whereby bacteria on teeth consume sugar to produce an acid that dissolves tooth mineral. A cavity or hole in the tooth, tooth loss, or infection can result from untreated tooth decay.

Treatment—Management and care of a patient or the combating of disease or disorder.

<http://medical-dictionary.thefreedictionary.com/treatment>

Trend Data—Data collected over time that show a pattern. This helps determine what has happened in the past and helps predict what could happen in the future.

Universal Precautions—Use of barriers to handle potential exposure to blood, including blood-containing body fluids and tissue discharges, and to handle other potentially infectious fluids and the process to clean and disinfect contaminated surfaces.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html#>

Virus—A microscopic organism, smaller than a bacterium, that may cause disease. Viruses can grow or reproduce only in living cells.

<http://nrckids.org/CFOC3/HTMLVersion/Glossary.html>

Waiting List—A list that ranks children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.

<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Requirements/1305/1305.6%20Selection%20process.htm>

Weather-Related Disasters—According to FEMA, "natural hazards are natural events that threaten lives, property, and other assets" (FEMA, *Are You Ready? Natural Hazards*, http://www.fema.gov/areyouready/natural_hazards.shtm). They are often predictable and tend to be linked to specific geographic locations, climates, or seasons. Additionally, they are the most frequent kind of emergency situation and can affect programs at least several times a

year. It is easier to prepare for natural disasters due to their predictability and frequency.

http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep/Head_Start_Emergency_Preparedness_Manual.pdf

Withdrawn—Socially detached and unresponsive.

<http://www.merriam-webster.com/dictionary/withdrawn>

Head Start Health Records

You are required to maintain confidential health records for children, families, staff/volunteers, and the program. Use the lists below to make sure you comply with the HSPPS and other federal, state, tribal, and local licensure requirements.

A Head Start program's Individual Child Health Record must contain:

- Parent contact information
- Emergency contact information
- Health care provider contact information
- Medicaid eligibility and status, insurance provider
- Individual and family medical history
- Immunizations
- Screening results
- Physical examination results
- Signed family informed consent forms for: release of records, medical emergencies, mental health services, transportation, diagnostic evaluation, consultations
- Dental history, examination results, and treatment information
- Dietary assessment
- Family mental health and child's mental health and development assessment results
- Cultural beliefs that may affect the health care of the family
- Progress notes
- Daily medications and dosages
- Record of injuries occurring during program activities
- Recommendations to the child's home and to the Head Start program
- Diagnosis and treatment plans, completed treatment, follow-up¹

Staff Health Records *must* contain:

- Emergency contact information
- Initial physical examination results, including TB screening²

- Periodic re-exam results,² as recommended by health provider or mandated by state, tribal, or local law
- Hepatitis B vaccination status, including dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination
- Documentation of training and certifications relevant to health and safety
- Other documentation as recommended by your HSAC

Staff Health Records *should also* include:³

- **Immunization/vaccination** records
- Documentation of work-related injuries/illness in compliance with **OSHA** regulations
- Documentation of staff health problems

Volunteer Health Records (for "regular volunteers"⁴) must include:

- Screening results for tuberculosis, in accordance with state, tribal, or local laws, or in the absence of these, in consultation with your HSAC

Program should track and record information on the following:

- Emergency drills
- Staff training in exposure to **bloodborne pathogens**²
- Adult and child illness-related absences
- Injury report forms documenting indoor and outdoor injuries
- Notifications of parents in cases of children's injury or illness
- Documentation of health consultations (health, mental health, oral health) and training
- Lead test results
- Facility and equipment inspection and maintenance records
- Other documentation as recommended by your Health Services Advisory Committee

Your state, tribal, and/or local licensing agency will provide you with any additional health record components that are requirements for your area. Be sure you are familiar with these as well.

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References

1. National Head Start Training and Technical Assistance Resource Center. (2006). [Physically Healthy and Ready to Learn \(Technical Assistance Paper No. 1\)](#). Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Head Start Bureau.
2. See also [Clarification](#) from OHS on “screening for tuberculosis.”
3. Find a sample staff health assessment form in [Appendix E of Caring for Our Children](#).
4. See also [Clarification](#) from OHS on definition of “regular volunteer.”

Head Start Management Systems



Adapted from the National Center on Program Management and Fiscal Operations training resource “Do Your Systems Support School Readiness? Questions to Consider.”

Do Your Systems Support Health Services? Questions to Consider

<p>Self-Assessment</p> <ul style="list-style-type: none"> • What program goals/needs were identified? How do they relate to or affect health services? • What strengths were identified? How can you leverage those strengths to improve health services? 	<p>Recordkeeping and Reporting</p> <ul style="list-style-type: none"> • What recordkeeping and reporting systems do you have in place to track the activities planned to support health services, as well as progress toward meeting the Head Start requirements and identified health needs? • Do you need to create new tools or make modifications to existing ones? If so, describe.
<p>Planning</p> <ul style="list-style-type: none"> • Consider your T/TA Plan and Individual Professional Development Plans, Services Area Plans, Policies and Procedures, Transition Plans, and Community Assessment. What information is available in these resources to: <ul style="list-style-type: none"> • support your health services? • help you to decide which activities to implement to achieve those goals? • let you know if you need to modify your plans to reflect these decisions? If so, how? 	<p>Communication</p> <ul style="list-style-type: none"> • How will you communicate your health service plans and activities to your stakeholders (families, community, boards, etc.)? • How will you individualize your communication for a wide variety of audiences to ensure it is accessible? • How will the progress and status of your health services be communicated consistently and regularly? • What recordkeeping and reporting systems do you have in place to support your communication? • Do you need to make modifications?
<p>Program Governance</p> <ul style="list-style-type: none"> • Have you engaged your governing bodies in the development of your program plan specifically focusing on integrated health services? • How can the Policy Council and governing body support these activities? • What is their role in the other areas of this management systems framework (monitoring, communication, fiscal management, etc.)? 	<p>Ongoing Monitoring</p> <ul style="list-style-type: none"> • Do you have a comprehensive system for ongoing monitoring? • How will you track progress toward each health goal and use the information you are gathering to make necessary adjustments? • Do you need to modify and/or create new tools to support ongoing monitoring? How will you communicate your findings?
<p>Human Resources</p> <ul style="list-style-type: none"> • Do your staff members meet the minimum requirements for their positions? • How are management staff ensuring that staff are meeting performance expectations? • Do your staff members have the skills and knowledge they need to support health services? If not, what professional development activities/trainings are needed? 	<p>Financial Management</p> <ul style="list-style-type: none"> • Do you have the resources available to support the activities identified? • If not, how can you ensure your budget planning for next year supports the health services in your program plan? • How can you include nonfiscal staff in financial planning/management to support school readiness?
<p>Facilities, Materials, and Equipment</p> <ul style="list-style-type: none"> • What additional materials or equipment, if any, will you need to ensure that children are healthy, safe, and ready to learn? • What modifications, if any, will you need to make to the facilities? • What materials/equipment do you have that could be used more intentionally to support health services? 	<p>Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)</p> <ul style="list-style-type: none"> • Do your recruitment and selection activities result in enrollment of eligible families who could benefit the most from the health services your program provides? • Are you effectively monitoring the attendance rates for children attending your program? If so, how are you using health data to understand causes of absenteeism to provide health supports to increase attendance?

Adapted from the National Center on Program Management and Fiscal Operations training resource “Do Your Systems Support School Readiness? Questions to Consider?”

Health Management and Program Planning

This section provides you with a starting point of steps you can use to help you with your responsibilities and tasks as a health manager.

1. Planning and Prioritizing
2. Developing Policies and Procedures
3. Coordinating with the Management Team
4. Delivering and Evaluating Health Education Activities
5. Participating in Other Federal and Non-governmental Programs
6. Collecting and Analyzing Data
7. Reviewing Contractual Agreements

For each step, you will find instructions and resources below to help you understand how to get started and complete your necessary tasks.

Step One: Planning and Prioritizing

1. Review the Health Services Milestones document in the Appendices on page 180 of this Guide and the Head Start Program Performance Standards (HSPPS) to ensure you are aware of and up to date on all required tasks.
2. If a timeline of health-related activities does not already exist for your program, you may want to use the Health Services Milestones document to create a plan to identify, prioritize, and complete tasks. Prioritize any tasks that need to be completed immediately.
3. If your program does have a timeline for health activities, check off items that have been completed. Note the following:
 - Who completed them?
 - When were they completed?
 - Is there documentation of completion?
 - Is any follow-up needed?
 - What are the next steps?
4. Review the HSPPS and applicable federal, tribal, state, and local laws related to program licensure. Then, review your program's

existing health-related policies and procedures to ensure they meet all statutory requirements and to determine if any policies and procedures need to be updated or created.

5. Create a work plan for yourself and set a timeline for completion of any outstanding tasks. You may want to develop an action plan for each task, breaking it down into manageable steps. Include the following items for each step:
 - Person(s) responsible
 - Completion due date
 - Resources needed
 - Plan for documentation
 - Tracking system to monitor completed activities
 - Date you will notify your program director and management team about completed work

Step Two: Developing Policies and Procedures

1. Using your existing policies and procedures as a guide, follow the step-by-step process outlined below to amend or create new policies and procedures. Remember to solicit input from program staff, managers, community partners, your Health Services Advisory Committee (HSAC), and families, as appropriate. The HSPPS define the Head Start requirements related to health. [Caring for Our Children, Third Edition](#) and your HSAC are additional resources for evidence-based practices. To develop policies and procedures, follow these steps:
 - a. Define the purpose or goal of the policy or procedure under consideration.
 - b. Ask staff how they are currently delivering services related to the missing policy and procedure. Capture what they are doing in detail so that you can

determine whether they are using an evidence-based practice.

- c. Compare this information to the relevant HSPPS; applicable tribal, state, and local laws related to program licensure; and relevant standards in [Caring for Our Children, Third Edition](#). Note any differences and determine what works best for your program. Whenever possible, your program should adopt evidence-based practices.
 - d. Submit the proposed policies and procedures to your program director for review and approval from the Policy Council, governing body, and any other body or individual required by applicable federal, tribal, state, or local regulations.
2. Once you have developed your policies and procedures and they have been approved, incorporate them into your work:
 - a. Train all program managers, staff, and volunteers who will implement or may be affected by the new policies and procedures.
 - b. Notify families to make them aware of the new policies and procedures.
 3. Use your program planning cycle to evaluate how well your policies and procedures are working:
 - a. Collect, analyze, and use data to determine if your policies and procedures have improved the quality of services.
 - b. Make any changes that may be necessary with support from your HSAC, program director, management team, staff, and families, and continue to check for effectiveness.
 - c. Obtain approval from your program's Policy Council and governing body.
 - d. Celebrate success!

*For sample models of Child Care Health Policies, view https://www.healthykidshealthyfuture.org/content/dam/hkhf/filebox/resources/AAP_Model_Child_Care_Health_Policies.pdf

*For a list of required policies and procedures, review this resource.

Step Three: Coordinating with the Management Team

1. Review the program-level tasks that all managers must complete. They may include:
 - Conducting the community assessment;
 - Developing program and school readiness goals;
 - Creating the program plan;
 - Tracking services provided to children and families;
 - Providing ongoing monitoring of program services;
 - Participating in the program Self-Assessment;
 - Providing professional development and support to staff and volunteers; and
 - Planning and delivering family education activities.
2. Determine whether opportunities exist to work with other members of your management team to accomplish these shared responsibilities. This might involve breaking down steps for each task and determining who will be responsible for each activity. You can use action plan forms to identify tasks and the person responsible for coordinating the work.
3. Make sure that you understand the protocols your program has developed to routinely exchange information so all members of the management team are well informed about program activities.

Step Four: Delivering and Evaluating Health Education Activities

1. Make sure that your program is delivering health education to children, families, staff, and volunteers. Work with your program director, management team, HSAC, community partners, and families to develop a plan for health education that meets the needs of program staff as well as the children and families you serve. Choose developmentally, culturally, and linguistically appropriate health literacy topics that are of interest to your families.

For a list of sample health education topics see page 215.

2. Evaluate the effectiveness of your health education activities by using the planning cycle. Review data from training evaluation forms, parent and staff satisfaction surveys, and child records to determine whether your health education activities were successful. Over time, data from child records may indicate whether children and families have begun to use the new strategies shared during your program activities. You may also see positive child outcomes—such as more prosocial child behaviors, higher attendance rates, fewer injuries or incidents, and fewer illnesses—that will help your program to meet its school readiness goals. An example of a training evaluation form that you can adapt for your own purposes includes:

- [Asthma Resource Toolkit—Training Evaluation Form](#), Office of Head Start and the Environmental Protection Agency

Step Five: Participating in Other Federal and Non-governmental Programs

1. Learn about required participation in federal programs and nongovernmental organizations, and applicable federal, tribal, state, and local laws related to program licensure and certification. These include:
 - The Head Start Program Performance Standards (HSPPS);
 - State and local licensure and health requirements;
 - The United States Department of Agriculture (USDA) Food and Nutrition Service, which includes the following:
 - [Supplemental Nutritional Assistance Program \(SNAP\)](#);
 - [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#);
 - [Child and Adult Care Food Program \(CACFP\)](#); and
 - [National School Lunch Program/Summer Food Service Program/School Breakfast Program](#);

- Federal, tribal, and state health systems, which include:
 - [Medicaid](#);
 - [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) Program](#);
 - [State Children's Health Insurance Program \(SCHIP\)](#); and/or
 - [Indian Health Service \(IHS\)](#); and
 - [Occupational Safety and Health Administration \(OSHA\)](#).

2. Your program may receive funding from a number of sources. Understanding the health and safety requirements required by each funding stream is critical to your job. If you have questions about funding for specific health services, ask your program director to review all relevant sources of program revenue.

Step Six: Collecting and Analyzing Data

1. Collect, analyze, and use program records and reports to evaluate health services. The Reporting Guide will help you determine which reports to analyze.
 - To review trend data, you will need to collect annual reports from multiple years to reflect programmatic changes over time. Please note that most state health departments publish community health assessment data reports that will be helpful for your planning activities. In addition, many [Centers for Disease Control \(CDC\)](#) reports provide state and local data on such topics as [food deserts](#), child well-being, obesity, breastfeeding rates, and other maternal and child health issues. For a list of informational resources, review this resource.
2. Consider whether:
 - The information in these reports is complete;
 - These data are used in program planning; and
 - Additional or different data should be collected, analyzed, and used to evaluate and improve workplace safety.

3. Review expenses for required health services in your program. The sample budget on page 214 can help you organize this information. Once you understand the health expenditures your program requires to meet the needs of children and families, talk with your program director about how these costs fit into the overall program budget.
4. Use all data, including budget data, for on-going monitoring of program health services using the planning cycle.
4. If health services are needed but not currently being delivered by a staff member or a consultant, identify appropriate resource(s) to deliver these services and have your program director develop a contract, or Memorandum of Agreement if appropriate, with a qualified consultant or other entity.
5. Review invoices and records of contract services to ensure that the delivered services are meeting the agreed-upon terms of the contract.

Step Seven: Reviewing Contractual Agreements

1. Determine whether your program is currently contracting with a consultant or organization to deliver health, nutrition, or mental health services. If so, ensure that the consultant meets the following qualifications defined in [45 CFR 1304.52](#):
 - a. Health services must be supported by staff or consultants with training and experience in public health, nursing, health education, maternal and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency must assure that the requirement is followed.
 - b. Nutrition services must be supported by staff or consultants who are registered dietitians or nutritionists.
 - c. Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.
2. Ensure that your agency is contracting only with food service vendors that are licensed in accordance with applicable federal, tribal, state, or local laws, in accordance with [45 CFR 1304.23](#).
3. Review your contractual agreements to ensure appropriate services are being offered by consultants. Make sure that current consultant contracts are in place, and review them to ensure they include all necessary items.

Health Services Milestones Chart

This chart can be used to help you keep track of the tasks that you need to complete and the month in which you need to complete them. The tasks included in the chart below are the main tasks that are found in "Health Topics Self-Reflection Checklists" section of this guide.

As you use the chart you may want to adapt it to make it more useful for you. You can do this in a number of ways:

- Add steps from the "Health Topics: Delving Deeper" section under each of the tasks
- Add a column to indicate what tasks you have completed
- Highlight items in different colors to help you quickly see what you need to focus on
- Add specific contact people in the supports column

Task		Supports	Timeline	Completion Date											
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1	In partnership with parents or legal guardians, determine the child's health status, make referrals, and support families in accessing treatment and follow-up services for identified health conditions	<ul style="list-style-type: none"> • HSAC • Family services manager • Doctors, nurses, and other health care professionals 	90 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)												
2	Ensure that each child receives age-appropriate and culturally and linguistically responsive screening for developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills	<ul style="list-style-type: none"> • HSAC • Education manager • Family services manager • Doctors, nurses, and other health care professionals 	45 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)												

Task		Supports	Timeline	Completion Date												
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
3	Physical Health (continued) Conduct and record periodic observations of each child's developmental progress, changes in physical appearance, and emotional and behavioral patterns to identify any new or recurring medical, dental, or developmental concerns	<ul style="list-style-type: none"> • Education manager and staff • Family services manager and staff • Mental health professionals • HSAC 	Ongoing													
4	Develop procedures to track child health status including screening, examinations/evaluations, treatment, follow-up, and ongoing health	<ul style="list-style-type: none"> • Health staff • HSAC • Family services manager • Doctors, nurses, and other health care professionals 	Ongoing													
Safe Environments																
1	Prevent illness by maintaining healthy environments	<ul style="list-style-type: none"> • Management team • HSAC • Injury prevention specialists • Safety inspectors 	Ongoing													

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Prevent childhood injuries by identifying and reporting child abuse and neglect and implementing injury prevention strategies	<ul style="list-style-type: none"> • Management team • HSAC • Program staff • Injury prevention specialists • First responders • Safety inspectors 	Ongoing														
3	Provide education for staff, volunteers, children, and families on injury prevention practices	<ul style="list-style-type: none"> • Management team • HSAC • Injury prevention specialists • First responders 	Orientation and ongoing														
4	Conduct inspections of all facilities, equipment, and materials used by the program to ensure compliance with federal, tribal, state, and local licensing, certification, and regulation requirements	<ul style="list-style-type: none"> • Facilities manager 	Ongoing														

Task	Supports	Timeline	Completion Date														
			Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug			
Safe Environments (continued)																	
5	<ul style="list-style-type: none"> • Management team • Staff • Families • First responders • HSAC 	Ongoing															
Oral Health																	
1	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team 	<p>90 calendar days from the child's entry into the program (30 days for programs operating 90 days or less)</p> <p>Pregnant women access dental examinations on a schedule deemed appropriate by the attending health care providers</p>															

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Ensure children and families receive treatment and follow-up of needs identified in oral examinations	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team 	Ongoing														
3	Provide oral health education to Head Start staff, families, pregnant women, and children	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team 	Ongoing														
4	Develop oral health promotion and oral disease prevention activities	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Oral health partners 	Ongoing														

Task		Supports	Timeline	Completion Date											
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
1	<p>Partnering with families to:</p> <p>(1) provide individualized and culturally and linguistically responsive nutrition assessments for children and for pregnant women (including counseling if needed),</p> <p>(2) develop program menus with family input,</p> <p>(3) meet USDA nutrition requirements, and (4) implement and/or support family-style meals</p>	<ul style="list-style-type: none"> Family services manager and staff Staff nutritionist or nutrition consultant Meal service staff or contractors HSAC Program director 	<p>Ongoing, with exceptions:</p> <ul style="list-style-type: none"> Nutrition assessments must be completed as part of the health assessment during enrollment Children's nutrition data should be updated according to EPSDT schedule 												

Task		Supports	Timeline	Completion Date												
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
2	Provide nutrition education for families and staff	<ul style="list-style-type: none"> • Staff nutritionist or nutrition consultant • HSAC • Health staff • Family services manager and staff • Program director • Health education curriculum • Community speakers 	Orientation and ongoing													
3	Include children with special health care needs (including special dietary needs)	<ul style="list-style-type: none"> • Staff nutritionist or nutrition consultant • Disabilities manager • HSAC • Meal service staff or contractors 	Ongoing													

Task		Supports	Timeline	Completion Date												
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
4	Provide developmentally appropriate daily physical and motor activity for all children	<ul style="list-style-type: none"> • Education manager • Family services manager and staff • Teaching staff/home visitors • HSAC • Community partners 	Ongoing													
Mental Health																
1	Support children's social and emotional development in partnership with members of your program's management team	<ul style="list-style-type: none"> • Family services manager • Family service workers/home visitors • HSAC • Health staff • Management team • Mental health professionals 	Ongoing													

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Work with the mental health manager, specialist, and/or consultant to partner with families in mental health services	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Ongoing														
3	Secure the services of a mental health professional or professionals	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Ongoing														

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
4	Assist pregnant women in accessing mental health interventions and follow-up care	<ul style="list-style-type: none"> • Family services manager • Family service workers/home visitors • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Immediately after enrollment if needed and ongoing														
5	Promote the access of children and families to community mental health services through collaborative relationships	<ul style="list-style-type: none"> • Family services manager • HSAC • Health staff • Management team • Mental health professionals • Education manager 	Ongoing, including as early as is appropriate based on each family's readiness and willingness to participate														

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
1	Support and engage families as they identify their own health strengths, needs, and interests through assessment and goal-setting processes	<ul style="list-style-type: none"> Family services manager and staff HSAC 	Ongoing, including as early as is appropriate based on each family's readiness and willingness to participate														
				2	Ensure that families benefit from access to the community health services and resources	<ul style="list-style-type: none"> Family services managers and staff Education managers and staff HSAC 	Ongoing										
								3	Provide ongoing family engagement and health education opportunities based on the expressed needs and interests of families as individuals and group members and/or on the assessed needs of their child	<ul style="list-style-type: none"> Management team Program director HSAC Representative families and staff 	Ongoing						

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Family and Community Engagement <i>(continued)</i>																	
4	Assist pregnant women and expectant families enrolled in Early Head Start (EHS) to access comprehensive prenatal and postpartum care	<ul style="list-style-type: none"> • Management team • Family service workers/home visitors • HSAC • Partners specializing in prenatal health 	Immediately after enrollment and ongoing; visit each newborn 2 weeks after the infant's birth														
Staff Health																	
1	Develop a schedule of professional development and staff support regarding (1) sanitation, hygiene, standard precautions, and injury prevention; and (2) mental health	<ul style="list-style-type: none"> • Human resources manager • Facilities manager • Mental health professionals • HSAC • Program director 	Orientation and ongoing														

Task		Supports	Timeline	Completion Date													
				Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
2	Ensure all staff and volunteers have initial and current health examinations that include screening for tuberculosis (TB) and periodic reexaminations as recommended by their health care provider or mandates by state, tribal, or local laws; volunteers must be screened for TB in accordance with state, tribal, or local laws (or as recommended by the HSAC)	<ul style="list-style-type: none"> • Human resources manager • HSAC • Program director 	Orientation and ongoing														
3	Provide a healthy, safe, and accessible environment for staff	<ul style="list-style-type: none"> • Facilities manager • Human resources manager • HSAC • Program director 	Ongoing														

Adapted from Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-6.

Informational Resources

The table below provides additional resources that may be useful for your work. Contact your program director, management team, HSAC members, or other health partners if you need help finding or using these resources.

Resources to Help You with Your Work	
What You Need	Where to Find It
Head Start Program Performance Standards	Online: http://eclkc.ohs.acf.hhs.gov/hslc/standards
Head Start Information Memoranda (IMs), Program Instructions (PIs), and Policy Clarifications (PCs)	Online: http://eclkc.ohs.acf.hhs.gov/hslc/standards
Federal Register notices	Online: https://www.federalregister.gov/topics/health
USDA regulations	Online: http://www.usda.gov/wps/portal/usda/usdahome?navid=FOOD_DISTRIB&navtype=RT&parentnav=LAWS_REGS
State/tribal licensing requirements	Online: http://nrckids.org/States/states.htm
State/tribal health, sanitation, and safety standard requirements	Your HSAC and/or state or tribal public health department should have electronic copies available.
Local licensing requirements and local health, sanitation, and safety standard requirements	Your HSAC and/or state or local public health department should have electronic copies available.
Program policies and procedures	Electronic copies should be available upon request.
Community assessment health data	Electronic copies of the community assessment should be available upon request.
Child and family health data	Access to child and family health data should be available through the program recordkeeping and reporting system. Make sure you know how to get reports from the system.

Resources to Help You with Your Work

What You Need	Where to Find It
Program Information Report (PIR) and reporting form	Access to PIR data from the past several years should be available through the Head Start Enterprise System.
Monitoring report and review protocol	Monitoring report information should be available upon request. Review protocols are available on the ECLKC website: https://eclkc.ohs.acf.hhs.gov/hslc/grants/monitoring
School readiness goals	Access to school readiness goals should be available upon request as well as through the Head Start Enterprise System.
Program vision, mission, and goals	Access to program goals should be available upon request.
Program plan	Access to the program plan should be available upon request.
Community Health Guide	Access to the Health Resources database/files should be available upon request. This may not exist or may be fragmented so you may want to put this together.
Health forms	Access to existing program health forms should be available upon request. Additional forms can be found on the National Center on Health website.

Key Elements in Community Assessment

Key Elements in Community Assessment	
Key Elements	Components and Considerations
Culture/Race/Religion	Local cultural issues/considerations <ul style="list-style-type: none"> • Language/ethnicity • Healing beliefs/attitudes Spiritual/social diversity
Census/Demographics	Age Distributions <ul style="list-style-type: none"> • Percent of population under 5 years old Average family size for population Education level <ul style="list-style-type: none"> • Percent of non-high school graduates • Percent of high school graduates Percent of population under 200 percent of poverty level Prevalent industries
Funding/Policies/Laws	Medicaid benefits SCHIP availability Private insurance availability and cost Grant opportunities Employment/human resources
Educational Institutions	Adult education High school equivalency ESL classes Nursing/dental hygiene/audiology/PA schools Preschool/daycare centers Disability services School district local education agencies (LEAs)
Health Resources	Hospitals Clinics <ul style="list-style-type: none"> • Free or low-cost clinics Medical specialties <ul style="list-style-type: none"> • Pediatric dentists State and local health departments <ul style="list-style-type: none"> • Immunizations • WIC • Communicable disease control • Community/patient health education • Information on services for children with disabilities Prenatal services/education availability

Key Elements in Community Assessment

Key Elements	Components and Considerations
Allied Health Services/NGOs	American Red Cross chapters American Heart Association March of Dimes Food banks Other service agencies
Focus Group Interviews	Review perceived community's strengths and needs from all groups <ul style="list-style-type: none"> • Head Start eligible parents • Community leaders, professionals, and community partners • Health Services Advisory Committee

Source: National Head Start Training and Technical Assistance Center. (2006). *Physically Healthy and Ready to Learn* (Technical Assistance Paper No. 1). Rosslyn, VA: Pal-Tech.

Oral Health Services: What Works and What Doesn't Work

Use this worksheet to get information from Head Start teachers, home visitors, and family service workers to find the best ways to help pregnant women and children in Head Start get oral health care and education.

Use this worksheet to find out what works and what doesn't work to help pregnant women and parents of children in Head Start get oral health services.

Oral Health Care

In this section, focus on how pregnant women and parents:

- Find dental insurance
- Find a place to get oral health care regularly (dental home)
- Get regular oral health care
- Get treatment and follow-up
- Find oral health specialists (for example, a periodontist who provides care for gum disease) and make appointments

What Works	What Doesn't Work

Oral Health Education

In this section, focus on how pregnant women and parents:

- Brush their teeth or their child's teeth with fluoridated toothpaste
- Figure out how much fluoridated toothpaste to use
- Store toothbrushes
- Choose and serve healthy foods and drinks for meals and snacks
- Avoid sharing germs (for example, using a different spoon to taste their baby's food)
- Treat sore gums from a tooth coming in (for example, giving their baby a cold teething ring)

What Works	What Doesn't Work

Planning Recommendations

Complete each section using the “**Community Assessment Summary**” in the appendix on page 160 to list additions or changes you would like to make to current program plans. Use the questions to think through your decisions:

Questions:

1. How will our program recruit families to participate in our services?
2. What considerations should be made to recruit and serve eligible families?
3. What health services will we need to target (including physical health, oral health, mental health, nutrition, and safety)?
4. What health services do we need to offer within our program?
5. How will we work with community partners?
 - a. What health services do we need to secure through coordination with existing community partners?
 - b. How will we work with community partners to fill some of the existing gaps in health services?

Current plan	Additions/ changes to plan	Resources (including partners) to implement changes	Roles/ responsibilities (including managers, staff, and partners)	Timeline
<i>Physical health</i>				
<i>Mental health</i>				
<i>Oral health</i>				
<i>Nutrition and physical activity</i>				
<i>Safety and injury prevention</i>				

Program Health Data

Use this list to keep track of the health data sources your program uses to collect information on health services for children, pregnant women, families, and staff in physical health, mental health, oral health, nutrition and physical activity, and safety and injury prevention.

Children	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Pregnant Women	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Families	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Staff	
<i>Physical health</i>	Data Sources:
<i>Mental health</i>	Data Sources:
<i>Oral health</i>	Data Sources:
<i>Nutrition and physical activity</i>	Data Sources:
<i>Safety and injury prevention</i>	Data Sources:

Promoting Health: More Ways Head Start Supports Children

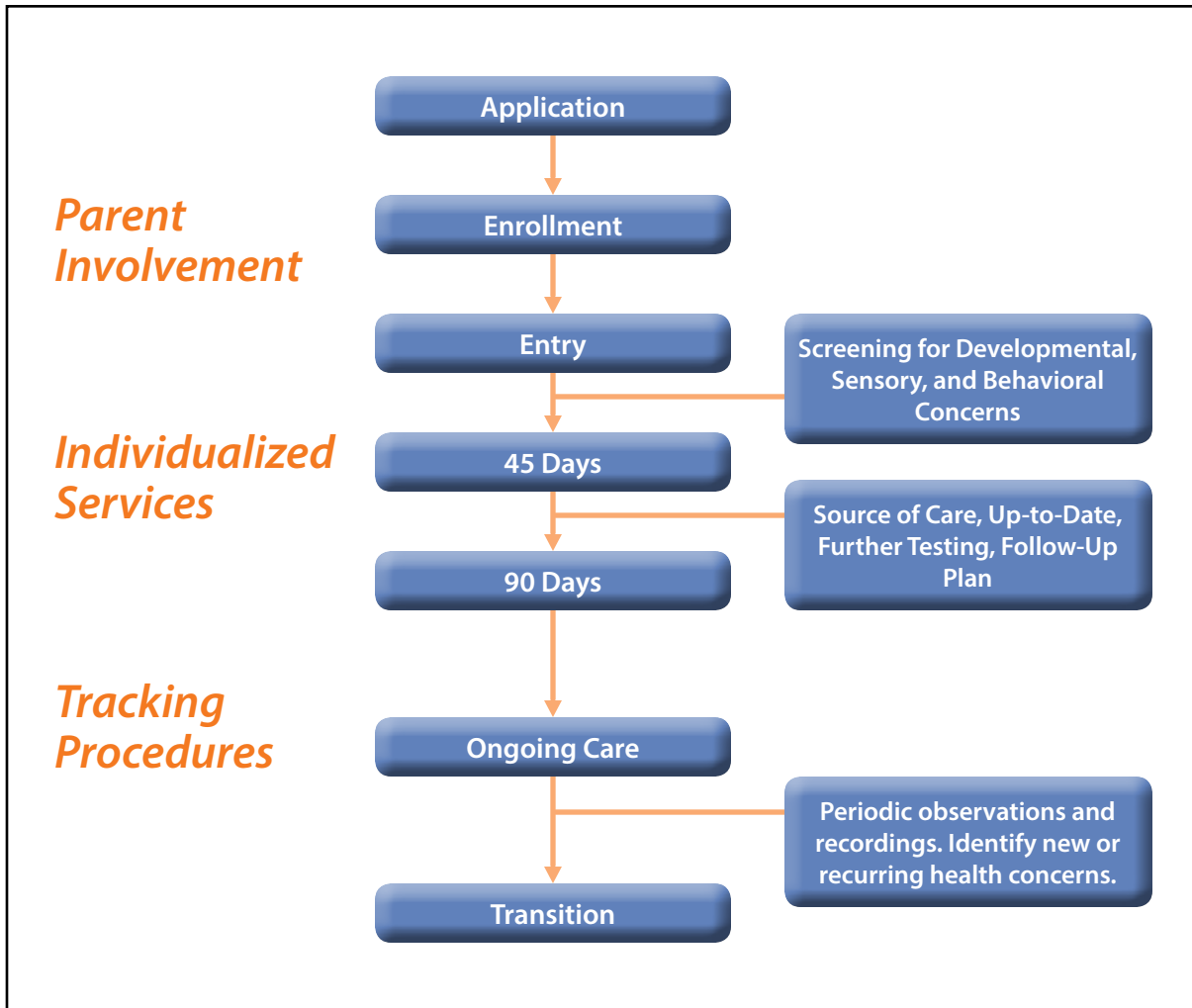
Early Identification, Treatment, and Follow-Up

To support children in being ready to learn, your program is responsible for identifying any child with a possible health condition and making a referral for evaluation in order to access treatment when needed. The HSPPS include specific time frames for these tasks.

See the Child Health and Developmental Services Timeline and Process below.

Timelines are also indicated, when applicable, within each health topic in “Health Topics: Delving Deeper” section of this guide.

Meeting these deadlines helps you identify children who may have a developmental delay so you can refer them for evaluation. Additionally, your program must have a system in place to identify new or recurring health issues, for example, through [daily health checks](#) and by regularly tracking child health [45 CFR 1304.20(d)]. Addressing children’s health needs in a timely



Source: *Head Start Orientation Guide for Health Coordinators*. Office of Head Start, Administration for Children and Families, US Department of Health and Human Services.

manner will help them to access all the learning opportunities your program offers.

Promotion and Prevention

Promotion and prevention have always been a critical part of health services in Head Start. Your program can promote health and prevent illness or injury using these strategies:

Healthy and safe environments in centers, homes, and the community. Creating safe environments requires using age-appropriate materials and equipment, providing effective child supervision, and promoting pedestrian safety. It also includes environmental health activities such as lead remediation or integrated pest management.

Daily opportunities for healthy meals and physical activity. Federal nutrition programs and research-based physical activity programs help children and families stay well-nourished and fit. According to best practices, your program may include physical activity in lesson plans, use a [nature-based learning](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/nature-based-learning/nps.html) approach (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/nature-based-learning/nps.html>), and teach families about the benefits of a [family-style meal](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/education-activities/health_pub_12000_071406.html) (http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/education-activities/health_pub_12000_071406.html) with nutritious food options to support healthy child development and growth.

Conferences among family service workers, educators, and health staff. Regularly scheduled meetings that include health staff, family service workers, and child/family educators are an opportunity to discuss interactions with children and families and health promotion activities. These activities may include classroom-based learning opportunities, home-visiting conversations, health education programs, and other everyday experiences your program offers for children and families.

Coordination with the Health Services Advisory Committee (HSAC), health consultants, and health partners. Using the HSAC,

a group of family members, staff, and health care professionals who advise and support your program [45 CFR 1304.41(b)] will reduce duplication of effort and develop services that build on one another. (For more on the HSAC, go to the “Health Services Advisory Committee” section.) Working with health consultants and partners will help you determine the best ways to educate children, families, and staff about local health issues and habits of healthy living.

Family engagement activities. Encouraging families to share their health-related questions and concerns with their health care providers will help families to know they lead all decisions about their children’s wellness.

Mental health services for children, families, and staff. Providing mental health support through mental health consultants, referrals to community mental health providers, and education opportunities to support building positive, nurturing relationships can improve children’s development in all domains.

While providing select examples, the list above demonstrates how programs can take a comprehensive approach to health promotion and illness or injury prevention.

Ultimately, the goal of health services is to improve the health and well-being of Head Start children and families. To do this, programs build prevention and promotion into their everyday work. Together, management and staff identify and address areas of need, using consultants or partners when appropriate.

Reference

Content adapted from: Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-6.

Questionnaire to Assess Health Components of Your Program Plan

Answer the following questions to help you find out how your program plan integrates health services.

Program Narrative and Objectives

1. How does your narrative describe the health needs of your program based on the families you serve and the Community Assessment?
2. What are the objectives for the health services program? (These objectives should reflect the general objectives of health services in the Head Start Program Performance Standards [HSPPS].)

Health Services Advisory Committee (HSAC)

3. What is the membership and selection process for the HSAC, including:
 - a. Professionals and community organizations represented
 - b. Family representatives
 - c. Program staff representatives
4. In what ways will the HSAC support planning and evaluating program health activities?

Health Services

5. How do program objectives reflect the importance of screening and examination?
6. How are fees for medical, dental, nutrition, mental health, and disabilities services paid? How will partnerships cover these costs when appropriate? How will the program document attempts to find other sources to pay for these costs?
7. What are the communication and confidentiality policies and procedures for sharing information with families?
8. What is the procedure for securing advance parental (or legal guardian) consent for all health services to be provided, including:
 - a. Completion of screenings and examinations
 - b. Transportation of the child for screening and examinations, if appropriate

- c. Medical emergencies
- d. Transfer of records

9. What is the procedure for obtaining medical, dental, developmental, behavioral, and dietary histories within the first 90 days of each child's enrollment? Your plan should indicate:
 - a. The source of this information
 - b. The time of year that health procedures will be accomplished and by whom
 - c. What form will be used to collect the information
10. What is the process for implementing screening within the first 45 days of each child's enrollment? Your plan should include:
 - a. A list of the research-based, culturally and linguistically responsive screening tools to use
 - b. Who will administer the screening
 - c. How results will be obtained and recorded
 - d. How follow-up will be implemented
 - e. What forms will be used to make referrals
11. What is the process for reviewing findings on all screenings? Your plan should define:
 - a. Who will review or analyze this information
 - b. How parents will be informed of the results and any concerns
 - c. Who will determine what next steps should occur
12. What is the procedure for determining the status of immunizations within the first 90 days of each child's enrollment? Your plan should specify:
 - a. How you will get this information from families and/or doctors
 - b. How children's immunizations will be updated, if necessary
 - c. How this information will be tracked and by whom

- d. Which provider will update the immunizations
13. What is the procedure for determining whether each child is up to date on a schedule of well-child care (as defined by EPSDT and your HSAC) within the first 90 days of enrollment? Your plan should show how you will determine:
 - a. When medical exams and procedures were conducted
 - b. Who conducted them
 - c. What additional examinations, treatment, and/or follow-up are recommended

For children who have not had physical examinations according to a schedule of well-child care (EPSDT), how does your plan describe the steps you will take to help families get the required services?

14. What are the follow-up and treatment procedures on screening and examination results (including physical, oral health, mental health, and nutrition)?
15. What are the procedures for developing and implementing individualized plans for children with disabilities and/or special health care needs? Your plan should define:
 - a. How you will identify these needs
 - b. Who will be involved in developing and implementing plans—including the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP)—for these children.
16. What are the recordkeeping procedures for child health? Your plan should define:
 - a. What forms are used to gather information
 - b. How that information will be entered into the program recordkeeping system and by whom
 - c. Where records are kept and by whom
 - d. How confidentiality will be maintained
 - e. How family members will review the child's health record

17. What are the ongoing monitoring procedures for each child's health records? Your plan should define:
 - a. Who will review the records
 - b. When they will conduct these reviews
 - c. How they will follow up to ensure all children are up to date and healthy
18. What is the process for referring children for further examination, treatment, and/or follow-up?

Illness Prevention

19. What procedures are used to ensure facilities, equipment, and materials are clean? Your plan should define:
 - a. How to clean and sanitize facilities
 - b. A regular schedule for cleaning
 - c. What equipment should be used
 - d. How to deal with urgent cleaning issues (for example, when children vomit or soil themselves)
20. What are your policies and procedures for reducing exposure to bodily fluids? Your plan should describe procedures for:
 - a. Handwashing
 - b. Toileting
 - c. Gloving
 - d. Other strategies to minimize contact with bloodborne pathogens and other bodily fluids
21. How does your plan ensure that children are not exposed to environmental concerns including pests, mold, chemicals, and other toxins?

Injury Prevention

22. What are your policies and procedures for child supervision in all settings (including centers, family child care, playground, socializations, and/or buses)? Plans should describe strategies to ensure constant child supervision through:
 - a. Adult to child ratios that meet HSPPS requirements
 - b. Communication protocols among staff

- c. Staffing procedures (particularly when staff are absent)
 - d. Active observation of children and engagement when appropriate
23. How do staff conduct safety checks? Your plan should include:
- a. When safety checks are conducted
 - b. How maintenance or repair issues are reported
 - c. What staff should do to keep children safe until repairs are completed
 - d. How to follow up to make sure repairs are made in a timely and competent manner
24. How do staff report injuries and incidents? Plans should include:
- a. What forms staff use
 - b. When and where reports should be filed
 - c. What next steps should occur
 - d. How reports are shared with families
25. What is the procedure for using injury and incident data, maintenance reports, and other relevant program data to reduce the number and severity of injuries in your program?

Emergency Preparedness

26. What are your policies and procedures for health emergencies, safety, and first aid? Your plan should define:
- a. What procedures should be followed and by whom
 - b. Which procedures are appropriate for each setting, if appropriate
 - c. How procedures will be posted and where
27. What is your emergency drill process? Your plan should define:
- a. What the drills will consist of
 - b. When/how often drills will occur
 - c. How children and staff will be prepared
 - d. Who will lead the drills
 - e. How drills will be evaluated

Mental Health

28. What is the role of mental health professionals in the program? Your plan should define:
- a. When and how often you use a mental health consultant
 - b. What the mental health professional's roles and responsibilities are
 - c. How he or she will support staff training, observations, consultation with staff and families, family orientation and education, assistance with developmental and behavioral screening, diagnostic examinations, and assistance in planning the mental health program
29. What is the process for working with families regarding mental health services? Your plan should address:
- a. How observation, screening, and examination results will be shared with families
 - b. How family cultural health practices and beliefs will be identified and considered before discussing and planning mental health services
 - c. How language barriers will be addressed when consulting with families whose home language is other than that of the staff and/or mental health consultant
30. What is the process for referring children and pregnant women for further mental health support?
31. What is the process for partnering with other community mental health organizations? Your plan should describe:
- a. Who is responsible for identifying community mental health partners
 - b. What is the referral process for each partner
 - c. Who is responsible for referrals and follow-up
32. How are teacher/consultant observations, family's observations and considerations, child assessments, mental health evaluations, and team recommendations integrated into individualized planning?

33. What is the process for addressing children with challenging behaviors and mental health concerns? Your plan should define:
 - a. Who will identify these concerns
 - b. How and how often children will be reassessed
 - c. What the referral process is
 - d. What individualization strategies will be used in various settings
 - e. What type of support will be available
34. How does the plan describe the program's:
 - a. Crisis intervention policies and procedures
 - b. Prevention, early identification, and early intervention strategies for problems that interfere with, or have the potential to interfere with, learning
 - c. Positive social-emotional environments
 - d. Positive attitudes about mental health services

Nutrition

35. How do staff obtain nutrition assessment data, including:
 - a. Physical and medical information (body mass index, hemoglobin/hematocrit, dietary intake, food allergies)
 - b. Family eating habits (including cultural preferences and religious restrictions)
 - c. Community nutrition concerns
36. How do nutrition assessments inform program plans? Your plan should define:
 - a. How menus reflect this information
 - b. How and by whom referrals are made for further examinations, treatment, and follow-up
 - c. What support and education families will receive
37. How do staff work with families to access nutrition support programs and other community programs? Your plan should describe:
 - a. What nutrition support programs are available in the community
 - b. Who will assist families in accessing programs for which they are eligible
38. What is the process for planning menus and meals? Your plan should define:
 - a. When meals occur
 - b. How the menu is planned
 - c. What role families play in planning menus
 - d. How meals are delivered and served
 - e. How menus are assessed for cultural and religious appropriateness
 - f. How staff ensure that all dietary restrictions are addressed
 - g. How menus are evaluated to ensure they meet federal, tribal, state, or local menu requirements
39. What nutrition education and promotion activities are planned?
40. What are the procedures for food safety and sanitation? Your plan should define:
 - a. Who is responsible
 - b. How these procedures are communicated and implemented
 - c. How they are evaluated to ensure they meet federal, tribal, state, or local requirements
41. What is the system for maintaining nutrition records? Your plan should include records for:
 - a. Food inventory
 - b. Nutrition services budget
 - c. Expenditures for food and nonfood items
 - d. Menus (both planned and delivered)
 - e. Number and types of meals served daily
 - f. Inspection reports
 - g. Receipts
 - h. Contracts with meal providers or vendors
 - i. Number of adults served daily
 - j. Meal services staff health records

Staff Health

42. What is the procedure for collecting information from staff regarding their most recent physical examinations and immunizations? Your plan should include:
 - a. When this information is gathered and by whom

- b. How the program supports staff in becoming and remaining current on examinations and immunizations
 - c. What is the budget for staff health expenses
43. How does the plan include access to mental health support for staff? The plan should describe:
- a. What kind of support is available
 - b. How staff are informed of the support and how to access it
 - c. How confidentiality is ensured for staff accessing support
44. What are the policies and procedures that ensure a safe and healthy environment for staff?
- a. Who is responsible for maintaining a safe and healthy environment
 - b. How the program monitors the procedures to ensure they are effective
46. What is the procedure for planning staff development to promote staff's ability to deliver health services? Your plan should define:
- a. Topics covered
 - b. Length of training sessions
 - c. Evaluation of training and how content is applied to staff practice
 - d. Presenters
47. How do education activities meet needs defined through the HSPPS and program assessment activities?

Evaluation of Health Services

48. What is the process for integrating health data into the program's self-assessment process?
49. How do ongoing monitoring and self-assessment activities ensure that health services meet the requirements of the HSPPS and the needs of your program's children and families?

Health Education

45. What are the goals for health education activities for children, families, and staff?

Adapted from: Head Start Bureau. (1984). *Health Coordination Manual. Head Start Health Services*. Washington, DC: Head Start Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services; I-16 to I-23.

Reporting Guide

Your program is required to report on health activities to several funding sources. You may be one of the persons who collect this data. Below is an explanation of these data reports. The information collected for these reports can also be used for your own planning.

Program Information Report (PIR)

These data reflect the services your program provides each year. The Office of Head Start (OHS) collects these data from all Head Start grantees on an annual basis. You may be responsible for reporting health data and/or asked to work with someone in your program who is assigned to complete all PIR questions. The health tracking data you maintain as part of your program's recordkeeping and reporting system will help you and other staff answer the PIR questions in the [Head Start Enterprise System \(HSES\)](#), OHS' integrated data management system.

The OHS uses HSES as a central database for all Head Start work. Ask your program director for an orientation to the PIR and clear directions regarding your role in collecting and entering data into the HSES.

To review requirements for the current PIR, go to the [Program Information Report](#) page on the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) website. If you have questions, contact the HSES HelpDesk at HSESHelp@ACF.hhs.gov for support in completing the PIR.

Program Monitoring Reviews

Your program will be reviewed on a regular basis by a federal team. OHS is charged with making sure that you are meeting or exceeding all of the requirements in the Head Start Program Performance Standards (HSPPS). Your program receives a report after each review. Ask your program director for the most recent reports to determine whether there were any health and safety findings.

You can find the current and most recent monitoring protocol and guides on the [Office of Head Start Monitoring Reviews' page](#) on the [ECLKC](#) website.

State Child Care Licensing Reports

Like the program monitoring review, facilities that are licensed by your state are inspected for compliance with state requirements. Copies of these reports can be found at Child Care Aware's [Child Care Licensing Inspection Reports](#) page. Note that most states do not regulate *all* child care settings. Some centers, typically those that are operated by public school grantees, are exempt from state child care licensing requirements. In many states, family child care homes are also exempt or have separate requirements, depending on the number of children they enroll. Examining recent reports can help you determine whether the licensing agency has found any health and safety issues over time. If there were any concerns, use your ongoing monitoring systems to ensure that problems have been resolved.

Tribal Child Care Licensing Reports

Each tribe *may* maintain its own child care standards. A resource for tribal programs is [Minimum Standards for Tribal Child Care: A Health and Safety Guide from the Department of Health and Human Services](#).

Reports for Policy Groups and Governing Body

Your program reports information to these bodies on a regular basis. These reports include information about services being delivered and the program's effectiveness in meeting program goals. Be sure that data about health services are included in this report. You will

also want to ensure that the section on health services helps the governing bodies see the relevance and importance of health services to school readiness goals and activities.

Medicaid, State Children's Health Insurance Program (SCHIP), State Emergency Department Databases (SEDD), and Indian Health Service Reports

These reports will compile all of your child health status data to assist state, tribal, and federal health leaders to understand the status of your program work. These reports may help to identify issues related to lead screening and hemoglobin/hematocrit testing. They may also demonstrate your efforts to meet the 90-day requirement for determining child health status. Examining these reports will help you determine areas of strength, challenges, and resources needed to keep children up to date on a schedule of well-child care.

Child and Adult Care Food Program (CACFP)

CACFP requires programs to report the number of meals served to enrolled children.

Details include:

- Eligibility
- Location of service delivery
- Meal patterns (types of meals offered, for example, breakfast, lunch, dinner, or snacks)
- Menus of food served
- Attendance and meal count records
- Reimbursement calculation

Reviewing this information over time will help you note cultural and special health accommodations provided. Your program may also access funding from other US Department of Agriculture (USDA) sources, such as the [National School Lunch Program](#) and others. Look for [USDA Costs Narrative](#) on ECLKC for information on these meal services.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

These reports are helpful in determining WIC resources for families, the number of women who are breastfeeding and receiving formula, and community nutrition information. You can also use your own program data to look at participation rates among Head Start families. Understanding what services are offered locally will help you partner with WIC to offer nutrition education to your families.

Supplemental Nutrition Assistance Program (SNAP)

SNAP reports can help you access nutrition education materials that convey messages from [MyPlate](#). Your local SNAP office can also help you locate SNAP-Ed activities in your area and find out about local farmers' markets. You can also use your own program data to look at participation rates among Head Start families.

Occupational Safety and Health Administration (OSHA)/ State Occupational Safety and Health Reports

Working with your human resources manager, you will keep a record of any work-related employee injuries and illnesses. By looking at the most recent reports, you can determine if there is a need for additional health and safety training and ongoing monitoring of the workplace environment.

Your program may need to produce additional reports depending on the sources of the funding it receives. Ask your program director about other reports that might require your participation. If you pursue additional funding sources to support health activities, add their reporting requirements to this list.

Representative Health Policies and Procedures: A Starting Point of Health Topics

The following is a list of topics that are part of the Head Start Program Performance Standards (HSPPS) requirements. Addressing these topics in your program's policies and procedures will help your program meet all of the Head Start requirements. *Note: This list may not capture all requirements from your state, tribal (when appropriate), or local licensing laws and regulations.*

- Health emergencies, including notifying parents in case of emergency and emergency drills [1304.22(a), 1306.35(b)(1)]
- Short- and long-term exclusion [1304.22(b)]
- Medication administration, handling, and storage [1304.22(c)]
- Safety and injury prevention, including preventing on-site injuries [1304.22(d)]
- Identifying and reporting child abuse and neglect [1301.31(e), 1304.22(a)(5), 1304.40(b)(1)(ii), 1304.53(i)(3)(i)]
- Hygiene, sanitation, and universal precautions, including handwashing, diapering, contact with bloodborne pathogens and other bodily fluids, and crib spacing [1306.35(b)(1)]
- Food safety and sanitation [1304.22(e), 1306.35(b)(1)]
- Facilities, materials, and equipment maintenance and repair [1304.53, 1306.35(b)(1)]
- Child supervision [1304.52(i)(1)(iii), 1306.35(b)(2)(iv)]
- Transportation safety [1310.11-1310.16]
- Nutrition services, including nutrition assessments, menu planning, and meal services [1304.40(c)(1)(i), 1304.40(f)(3), 1304.23(a), 1304.23(b)(1)-(2), 1304.23(c)(3); 1304.23(d)]
- Access to an ongoing source of continuous, accessible care [1304.20(a); 1304.40(c)(1)(ii), 1304.41(a)(2)(i)]
- Health tracking, including developmental, sensory, and behavioral screening; medical/dental examinations; and immunizations [1304.20(a)(b); 1304.40(c)(1)(ii), 1304.41(a)(2)(i)]
- Health tracking and support for medical/dental follow-up and treatment [1304.20(a)(b); 1304.40(c)(1)(ii), 1304.41(a)(2)(i)]
- Parent engagement [1304.20, 1304.40(a)-(b), 1304.40(f)]
- Management of the mental health consultation services [1304.23(a)(2)-(3)]
- Individualization of services to meet the needs of each child [1304.20(f)]
- Confidentiality [1304.51(g)]
- Health Services Advisory Committee [1304.41(b)]

Early Head Start Only

- Services to pregnant women [1304.40(c)]
- Crib-spacing [1304.22(e)]

Sample Health Component Budget Format

Budget Category	1 Total Anticipated Costs	Sources of Funding/Resources					7 Supplemental or Special Pur- pose Funding
		2 USDA Child Food and Nutrition Program Reim- bursements	3 Medicaid*/ EPSDT, CHDP, MediCheck, etc.	4 State/Local	5 General Funds	6 Handicapped Funds	
Indirect Health Services							
a. Travel							
b. Equipment							
c. Supplies							
d. Training Services and Activities							
e. Health Education Materials							
f. Local Conference Costs							
g. Food Service Costs							
h. Transportation to Health Providers							
Direct Health Services							
a. Screening Tests							
b. Lab Work							
c. Medical Examinations							
d. Dental Examinations							
e. Medical Treatment							
f. Dental Prophylaxis							
g. Dental Treatment							
h. Immunizations							
i. Mental Health Screening/Assessments							
j. Mental Health Therapy and Counseling							
k. Mental Health Consultation							
l. Nutrition Consultation							
m. Handicap Diagnostic and Treatment Services							
n. Other Health Services							
Total							

*Note: Medicaid is not a direct funding source since reimbursements are made directly from Medicaid to providers. In budget planning, this column may be considered in the same way as in-kind contributions as covering a cost which would otherwise have to be borne directly by Head Start. It will also remind you to prepare for budget allocation changes as the percentage of Medicaid-eligible children changes.

Sample Health Education Topics

The following lists include some of the health education topics you may want to include in your health education plan. Use information you have collected about the children and families you serve to select and prioritize these topics.

Health Education for Children

- Handwashing
- Toothbrushing
- Toilet-training
- Getting dressed
- Cleaning up (putting toys, books, etc., away safely)
- Nutritious foods and meals
- Movement and physical activity
- Prosocial behavior (handling feelings and getting along with others)
- Pedestrian safety
- Vehicle safety (cars, trucks, and buses)
- Safe behaviors at home, school, on the playground, and in other community spaces
- Evacuation and shelter-in-place drills

Health Education for Parents and Families

- Partnering with health professionals to improve child health care
- Injury prevention, including home, medication, pedestrian, transportation, playground, and water safety
- Child supervision
- Children's healthy hygiene habits
- Nutritious foods and meals
- Movement and physical activity
- Oral health care
- Positive behavior management techniques
- Coping with challenging behaviors

- Adult stress management
- Adult mental health

Health Education for Pregnant Mothers

- Prenatal development
- Effects of environmental hazards—including smoking, alcohol and drug use, lead, medications, and other toxic elements—on prenatal development
- Prenatal nutrition
- Oral health care during pregnancy
- Breastfeeding
- Safety and injury prevention
- Postpartum depression and other mental health issues

Health Education for Management, Staff, and Volunteers¹

- Child supervision
- Safety and injury prevention
- First aid and CPR
- Universal precautions
- Emergency evacuation and shelter-in-place drills
- Pedestrian safety
- Transportation safety
- Food safety
- Sanitation and hygiene, including children's toothbrushing, handwashing, and toileting
- Nutrition policies and procedures
- Physical activity curriculum
- Positive behavior management techniques
- Managing challenging behaviors
- Adult wellness and stress management
- Adult mental health
- Confidentiality

- Communicating with families about health issues in culturally and linguistically responsive ways
- Coordinating with community partners who deliver health services to enrolled children and families

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Endnote

1. This list of topics is in addition to the required components of staff and volunteer training cited in this guide.

Staff Responsibilities

Use this checklist to help ensure that the staff are providing required health services and infusing health and safety throughout its work. You can use or adapt these statements in your own job descriptions, according to how responsibilities are assigned in your program.

Health Staff (including nurses)

- Ensure that all families have an ongoing source of continuous accessible health care
- Determine whether and ensure that all children are up to date on the appropriate schedule of preventive and primary health care
- Conduct or refer families to linguistically, culturally, and age-appropriate screening for children's developmental, sensory, or behavioral concerns
- Ensure the development and implementation of individualized child health plans responsive to children with identified health concerns
- Provide training for families and children in pedestrian safety
- Participate in the development and implementation of Individualized Education Programs (IEPs) for preschool children with disabilities
- Make mental health and wellness information available to staff
- Ensure that only certified/licensed staff perform those health procedures that require such professionals
- Work closely with the Health Services Advisory Committee (HSAC) to identify, plan, and implement program health priorities
- Provide families with the opportunity to learn the principles of preventive medical and oral health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home
- Maintain well-supplied first aid kits and other emergency supplies appropriate for the ages served and the program size
- Help establish and implement policies and procedures to respond to safety and medical/oral health emergencies
- Ensure that emergency equipment (e.g., fire extinguishers, rope ladders, protective equipment, etc.) is available, accessible, and in working order
- Set and monitor procedures for labeling, handling, administration, and storage of all medications
- Ensure that physicians' instructions and written parent or guardian authorizations are obtained for all medications administered by staff
- Maintain records of all medications administered
- Ensure all staff and volunteers have initial and current health examinations that include screening for tuberculosis (TB) and periodic reexaminations
- Ensure that staff members are trained in proper hygiene and sanitation procedures, e.g., handwashing, cleaning spills of bodily fluids, diapering, toileting, and preventing spread of communicable diseases
- Ensure that staff members are trained in safety and injury prevention practices and procedures
- Ensure a healthy and safe work environment for all staff members

For Early Head Start (EHS) only

- Assist pregnant women to access comprehensive prenatal and postpartum care
- Provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression)

- Provide information on the benefits of breastfeeding to all pregnant and nursing mothers
- Ensure visits to each newborn within 2 weeks after the infant's birth to ensure the well-being of both the mother and child
- Participate in the development of Individual Family Service Plans (IFSPs) for infants and toddlers with disabilities

Mental Health Staff/Consultants

- Solicit staff observations of child behaviors and development
- Support the design and implementation of program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children
- Provide group and individual staff, family, and parent education on mental health and wellness issues
- Provide individualized support for children with atypical behavior or development
- Secure mental health interventions and follow-up as needed for pregnant women, including substance abuse prevention and treatment services (EHS)
- Provide opportunities for parents to discuss mental health issues related to their child and family with program staff
- Involve families in planning and implementing any mental health interventions for their children

For Early Head Start only:

- Assist pregnant women in securing mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed (EHS)

Nutrition Staff/Consultants

- Work with families and staff to determine each child's nutritional needs
- Engage families in developing and reviewing menu plans to ensure foods meet cultural, religious, and ethnic preferences and requirements
- Ensure that menu plans are reviewed by a registered dietitian or nutritionist

- Ensure compliance with requirements of the Child and Adult Care Food Program and/or National School Lunch Program as well as any other federal, tribal, state, or local nutrition programs in which the program participates
- Confer with family service workers and other staff regarding information about family eating patterns, including cultural and religious preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities
- Discuss with family service and other staff any relevant nutrition-related assessment data including height, weight, and hemoglobin/hematocrit
- Design and implement a nutrition program that meets the nutritional needs, feeding requirements, and cultural preferences of each child, including those with special dietary needs and children with disabilities
- Provide nutrition education for program staff, parents, and families on the selection and preparation of foods to meet family needs and in the management of food budgets

For Early Head Start only:

- Identify infants' and toddlers' current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition (EHS)

Oral Health Consultants

- Determine whether and ensure that all children are up to date on the appropriate schedule of preventive and primary oral health care and follow-up care as needed
- Provide oral health education for program staff, parents, and families
- Develop and implement strategies to promote oral hygiene (e.g., proper toothbrushing and storage of toothbrushes)

- Engage families in promoting proper oral health habits at home
- Confer with parents about all oral health concerns and referrals
- Participate in or help the HSAC
- Work with health staff to develop an oral health plan
- Identify resources, including oral health professionals in the community
- Act as liaison between Head Start program and local oral health community

For Early Head Start only:

- Advocate for oral health needs of pregnant women, infants, and toddlers

Teachers/Home Visitors/Family Child Care Providers

- Provide constant supervision of children to ensure their safety
- Observe children and record child behaviors to determine child development
- Implement daily health check
- Engage families in their child's health and development
- Develop and implement culturally and linguistically and age-appropriate lesson plans that include all areas of health including physical, mental, and oral health; nutrition and physical activity; and safety and injury prevention
- Include children with special health needs in all program activities
- Provide appropriate support to children with mental health needs
- Promote safety and injury prevention activities in all settings
- Provide education on and opportunities for children and staff to practice emergency procedures, e.g., fire drills, evacuation plans
- Provide training for parents and children in pedestrian safety
- Support activities to promote hygiene, sanitation, and universal precautions in the program (including implementing policies for handwashing, toothbrushing, food sanitation, and facilities maintenance)

- Promote effective dental hygiene among children in conjunction with meals
- Provide developmentally and culturally appropriate opportunities for the involvement of children in food-related activities
- Encourage families to become active partners in their children's medical and dental health care
- Provide opportunities for families to discuss mental health issues related to their child and family with program staff
- Ensure that equipment, toys, materials, and furniture are age-appropriate, safe, durable, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities
- Ensure that all sleeping arrangements for infants use firm mattresses and avoid soft bedding materials such as comforters, pillows, fluffy blankets, or stuffed toys (EHS)

Family Service Workers

- Assist families in securing and obtaining a source of continuous accessible health care
- Discuss with families and staff any relevant nutrition-related assessment data including height, weight, and hemoglobin/hematocrit
- Obtain information about family eating patterns, including cultural and religious preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities
- Obtain or provide education activities that assist families with culturally responsive food preparation and nutritional skills
- Solicit information, observations, and concerns from families about their child's mental health
- Assist families in accessing safety and injury devices such as child passenger safety seats, smoke detectors, carbon monoxide detectors, etc.

Transportation Staff/Contractors

- Ensure that all children are seated in a child restraint system appropriate for the child's height and weight
- Ensure children's safety when boarding or leaving the vehicle, or when crossing the street to/from the vehicle
- Participate in/conduct emergency evacuation drills on the vehicle in which they transport children to and from Head Start/Early Head Start
- Conduct a daily pretrip inspection of the vehicles
- Implement an annual safety inspection and systematic preventive maintenance for each vehicle
- Ensure that each vehicle is equipped with emergency equipment, including a communication system to call for assistance in case of an emergency, safety equipment (including a fire extinguisher) for use in an emergency, a first-aid kit, and a seat belt cutter for use in an emergency evacuation
- Ensure that vehicles are maintained according to manufacturers' recommendations
- Follow procedures to ensure that no children are ever left unattended on the bus or left in the vehicle at the end of the route

Meal Service Staff/Contractors

- Follow menus approved by a registered dietitian or nutritionist
- Prepare foods for all children using appropriate portion sizes for each age group
- Prepare a variety of foods that introduce children to culturally diverse menus
- Adapt meals to accommodate children with special diets
- Support activities to promote food safety and sanitation
- Support the preparation of menus to ensure meeting federal nutrition guidelines while responding to the diverse cultural and linguistic backgrounds of children and families
- Comply with all applicable federal, tribal, state, and local food safety and sanitation

laws, including those related to the storage, preparation, and service of food and the health of food handlers

Facilities Staff

- Ensure the maintenance, repair, safety, and security of all facilities, materials, and equipment
- Conduct a safety inspection, at least annually, to ensure that the facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and developmental needs of children
- Clean indoor and outdoor areas daily and ensure that they are kept free of undesirable and hazardous materials and conditions
- Obtain and display current health and safety licenses (e.g., occupancy, health, child care licensing, etc.)

Using Your Program's Health Tracking System and Recordkeeping Systems

Your program's health tracking system helps you:

- Determine whether children are on an appropriate schedule of [preventive health visits](http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt) (<http://eclkc.ohs.acf.hhs.gov/hslc/states/epsdt>) and up to date on required [immunizations](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf) (<http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>) [45 CFR 1304.20(b)]
- Ensure that children receive treatment if needed and a follow-up plan for identified [illnesses](http://www.cdc.gov/ncidod/diseases/children/index.htm) (<http://www.cdc.gov/ncidod/diseases/children/index.htm>) or (<http://www.cdc.gov/ncidod/diseases/children/index.htm>) [45 CFR 1304.20(b)]
- Meet health goals identified in children's individualized health or Section 504 plans (as a part of the Americans with Disabilities Act), Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and Family Partnership Agreements (FPAs) [45 CFR 1304.20(f)]

In addition, your health tracking system is used to collect and record nutrition assessment [45 CFR 1304.23(a)] information to

- Provide nutritional support for pregnant women [45 CFR 1304.40(c)(1)(i)] and children [45 CFR 1304.40(b)(1)(i)], if indicated
- Provide nutrition education for families [45 CFR 1304.40(d)]
- Modify program menus for any child who needs modification due to food sensitivities or intolerances or cultural or religious reasons [45 CFR 1304.40(b)(1)]

Finally, your tracking system helps you collect and record health data to monitor program health activities [45 CFR 1304.51(i)]. This includes data such as injuries and incidents, causes of absenteeism, nutrition requirements for menu planning, and staff and family health education. Review other federal, tribal, state, and local regulations to determine additional

required data elements for recordkeeping and reporting.

When evaluating your recordkeeping and reporting systems, the following questions related to providing health services that address physical health, mental health, oral health, nutrition, physical activity, and safety can help you define a recordkeeping and reporting system that works best for you and your program:

- Are we collecting baseline data on children's and families' health needs when they enroll in our program?
- Do we collect information about child and family health issues as they arise? Do we track the services they receive to address these issues?
- Do we regularly record and report the health services that we deliver? Are we able to determine whether children and families receive these services within the required timeframes, when appropriate?
- Do we track information about the resources we use or need in order to provide health services to children and families? Are we able to determine our strengths and gaps in service delivery?
- Can we determine from our data whether health services are improving and maintaining child and family health? Can we connect the services to positive child and family outcomes (including higher attendance rates)?
- Do we collect information on families' health beliefs, their personal experiences and comfort level with health care professionals, and other factors that may affect their participation in [EPSDT](#) requirements?
- Can we look at the data at multiple levels, including child, family, program, and community, to determine change over time?

To maintain appropriate confidentiality for your recordkeeping and reporting systems,

consider whether your program has policies and procedures for:

- Meeting federal confidentiality requirements defined by [Section 641A\(b\)\(4\)\(A\) of the Head Start Act](http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head%20Start%20Act#641A) (<http://eclkc.ohs.acf.hhs.gov/hslc/standards/Head Start Act#641A>)
- Gaining permission from family members to share information with appropriate professionals (including health care providers, educators, special education providers, and other health professionals who work directly with children in your program) [[45 CFR 1304.51\(g\)](#)]
- Safeguarding both paper and electronic records in your program [[45 CFR 1304.51\(g\)](#)]