

Making the Link Between Health and School Readiness

Head Start¹ is a school readiness program. The health-related activities required by the Head Start Program Performance Standards (HSPPS) are designed to ensure that every child who enters the program achieves his or her optimal development.

Children enter the program at different developmental levels and with a variety of health needs. Promptly identifying and treating children's health issues and promoting children's health prepares children for school. Helping families understand developmental screening and referral, and proactive prevention when health issues affect children's learning supports children's school readiness.

This online tool is designed to help programs better understand the *link between their school readiness goals and their health service plans*. It will help them design school readiness goals that integrate meaningful health strategies. Well-targeted, actionable health promotion, prevention, and treatment can help achieve those goals.

This online tool is meant to be used by:

- **Education leaders and school readiness teams** to
 - Understand the link between child health and school readiness;
 - Develop health strategies that support school readiness goals; and
 - Integrate specific health services into school readiness plans.
- **Health managers and health staff** to
 - Offer talking points about the link between child health and school readiness;
 - Ensure health services plans, procedures, and protocols align with the program's school readiness goals; and
 - Develop health strategies to include in school readiness plans.
- **All program leaders** to
 - Help staff, families, partners, and policy makers understand the link between health and school readiness;
 - Describe health strategies that promote children's achievement of school readiness goals; and
 - Advocate for the inclusion of health services in a comprehensive approach to children's educational services.

Please read [How Program Leaders Can Use This Tool](#) to strengthen school readiness and health services plans.



¹Head Start is used as an inclusive term for all program options offered by Early Head Start, Head Start, Migrant and Seasonal Head Start, and Alaska Native American Indian programs. Sections identify Early Head Start or Head Start when appropriate.

How Program Leaders Can Use this Tool

This tool uses a five-step process for examining the *links between health and learning* for each of the five essential domains of school readiness in the Child Development and Early Learning Framework (CDELF). The domains are arranged alphabetically so that programs can select them in any order.

Step 1: Select a starting point.

This tool is organized around sample school readiness goals for each of the five essential learning domains. To begin, select a domain on the [Links between Health and the Five Essential Domains of the Child Development and Early Learning Framework](#) page.

Step 2: Review the content of the learning domain.

Read:

- A *short statement* about the link between children’s health and the specific learning domain.
- *Research Connections* with science-informed evidence related to the domain.
- *A printable table including:*
 - *Examples* of school readiness goals for infants and toddlers related to that domain developed by the Early Head Start National Resource Center.
 - *Examples* of school readiness goals for preschool children related to that domain developed by the National Center on Quality Teaching and Learning.
 - *Suggested health strategies* that support the goal with links for further information.

Step 3: Review the suggested health strategies.

Program leaders may find new strategies that may be helpful additions to health services and school readiness plans. In addition, this tool includes research connections to validate the science-informed strategies already written in plans.

Step 4: Continue with other domains.

Depending on each program’s planning needs, program leaders may explore other [domains](#) and [strategies](#) to support the program’s school readiness goals and improve child outcomes.

Step 5: Discuss ideas with the school readiness and health teams.

This tool can help program teams begin to brainstorm new health activities to include in school readiness and health services plans.

Links Between Health and the Five Essential Domains of the Child Development and Early Learning Framework (CDELFF)



Head Start provides “health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary.”² Staff coordinate and deliver these services as part of a “whole child” approach to child development. All staff impact child development through the health services they deliver. By promoting health and safety and helping to identify health concerns, staff play a critical role in school readiness.

Each of the five domain pages describes the links between health and an essential learning domain of school readiness.

Each domain page includes:

- A **short statement** about the link between children’s health and the specific learning domain.
- **Research Connections** with science-informed evidence related to the domain.
- **A printable table including:**
 - **Examples** of school readiness goals for infants and toddlers related to that domain developed by the Early Head Start National Resource Center.
 - **Examples** of school readiness goals for preschool children related to that domain developed by the National Center on Quality Teaching and Learning.
 - **Suggested health strategies** that support the goal with links for further information.

Background information

In 1990, federal and state leaders convened the National Education Goals Panel, a group of national education experts, to identify five domains critical to school success. The five domains of school readiness represent a holistic vision of development that recognizes the importance of comprehensive services to ensure each child’s success in school and life. Development in each of these domains depends on the coordination of high-quality comprehensive services.

² H.R. 1429--110th Congress: Improving Head Start for School Readiness Act of 2007. Section 636(2). (2007). Retrieved from <http://www.govtrack.us/congress/bills/110/hr142>

Connect to examples of school readiness goals and health services that support them by selecting a domain below:



Programs may have school readiness goals other than the examples featured in the table. After reviewing each domain, use the [Guide to Other School Readiness Goals](#) to find links to health services for these topics.

*The National Education Goals Panel and 45 CFR 1307(b)(2)(ii) refer to this domain as physical well-being and motor development. Snow, C. E. & Van Hemel, S. B. (Eds.) (2008). *Early Childhood Assessment: Why, what, and how?* (p. 87). National Research Council of the National Academies. Washington, DC: National Academies Press.

Approaches to Learning

What Is the Link Between Health and Approaches to Learning?



Approaches to Learning are the ways in which children learn. These include children’s “openness and curiosity to tasks and challenges, task persistence, imagination, attentiveness, and cognitive learning style (e.g., how children process information).”⁵

Staff build trusting relationships that help children engage in learning using

strategies such as:

- Learning children’s interests
- Observing children’s behaviors
- Planning based on children’s social and emotional development, learning style, and information from the daily health check

Examples of School Readiness Goals

The following printable table includes sample goals developed by the [Early Head Start National Resource Center](#) and the [National Center on Quality Teaching and Learning](#). Review the [links to health services in the third column and find strategies](#) to accomplish your Approaches to Learning school readiness goals. If program school readiness goals address topics that are different from the examples offered, find links to health services [here](#).

Research Connections

Research “supports the notion that paying attention and persisting on tasks are foundational skills that are critical early in life and continue to positively predict social and academic outcomes throughout childhood and into adulthood.”³ By the time children are two years old, their early experiences influence whether they can confidently explore their environment, and have the persistence they will need to master the many challenges when learning new skills. Children who experience significant levels of stress at an early age are less likely to develop these characteristics because of the effect of stress on early brain development.⁴

³ McClelland, M. M., Acock, A. C., Piccinin, A., Rhea, S. A., & Stallings, M. C. (2013). Relations between preschool attention span-persistence and age 25 educational outcomes. *Early Childhood Research Quarterly, 28*(2), 314–324. Retrieved from <http://ir.library.oregonstate.edu/xmlui/bitstream/handle/1957/31860/Preschool%20attention%20%20later%20outcomes%207-17-12%20FINAL%5B1%5D.pdf?sequence=1>

⁴ National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the brain* (Working Paper No. 3). Retrieved from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp3/

⁵ Hair, E., Halle, T., Terry-Humen, E., Lavelle, B. & Calkins, J. (2006). Children’s school readiness in the ECLS-K: Predictions to academic, health, and social outcomes in first grade. *Early Childhood Research Quarterly, 21*, 431–454. Retrieved from <http://childtrends.org/wp-content/uploads/2013/01/First-Grade-Readiness.pdf>

EARLY HEAD START	HEAD START	Links to Health Services
<i>Goal 1:</i> Children will demonstrate interest, curiosity, and eagerness in exploring the world around them.	<i>Goal 1:</i> Children will show an interest in varied topics and activities, an eagerness to learn, creativity, and independence in their interactions with activities and materials.	<p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Helping children develop pro-social behaviors that help them engage in learning. • Using behavioral screening results to support children’s social and emotional development and approaches to learning. <p><u>Nutrition and Physical Activity</u></p> <ul style="list-style-type: none"> • Helping families make informed decisions about breast and formula feeding during the early years. • Offering nutritious, culturally-appropriate meals that meet children’s needs and give them the energy to learn. • Providing age-appropriate amounts of physical activity in children’s daily routines to support positive behaviors and promote physical health. <p><u>Physical Health</u></p> <ul style="list-style-type: none"> • Using health data to make decisions about how to individualize services to meet each child’s needs. <p><u>Safety and Injury Prevention</u></p> <ul style="list-style-type: none"> • Creating and maintaining safe environments that engage children and support their healthy development. • Identifying and reporting suspected child abuse and neglect to protect children from maltreatment..
<i>Goal 2:</i> Children will develop persistence in learning and discovery.	<i>Goal 2:</i> Children will demonstrate persistence when working with materials, activities, and information.	
<i>Goal 3:</i> Children will learn and use words to describe what they are thinking and doing.	<i>Goal 3:</i> Children will learn and use words and concepts that parallel the information available in activities and materials.	

Cognition & General Knowledge

What Is the Link Between Health and Cognition & General Knowledge?



Healthy brain development lays down the foundation for all future learning. As they grow, it allows children to question, analyze, remember, and make links between things they learn. Head Start health promotion activities may help to prevent illnesses and alleviate family stresses that impact children's brain development. Health services that support children's cognitive

development improve children's ability to learn and express what they know.

Staff support healthy brain development and cognitive growth by:

- Using health information to identify and refer children for evaluation and/or treatment of cognitive delays. This information comes from:
 - Screening and assessment,
 - Children's well-child visits,
 - Observations by families and home visitors and daily health checks, and
 - Ongoing communication with families and children's medical and dental home;
- Making adaptations for children who may need individualized support (including children with disabilities) to fully participate in learning environments; and
- Building relationships with health care professionals or special education and related service providers.

Examples of School Readiness Goals

The following printable table includes sample goals developed by the [Early Head Start National Resource Center](#) and the [National Center on Quality Teaching and Learning](#). Review the [links to health services in the third column and find strategies](#)

Research Connections

To memorize, problem solve, and connect learning, a child's brain needs to make critical neurological connections.⁶ "Skills crucial to success in school, including the ability to regulate one's urges (inhibition), the ability to hold some information in mind while attending to something else (working memory), and the ability to switch attention or mental focus (cognitive flexibility), are shaped through the give and take of the relationships in which babies engage during the first two years of life."⁷

⁶ High, P. (2011, October). Early brain and child development: Implications for the life course and opportunities for advocacy. Presentation at the First Annual Head Start Leadership Institute, Washington, D.C.

⁷ Lally, J.R. (2010) "School Readiness Begins in Infancy." *Phi Delta Kappan*.92 (3): 17-21.

to accomplish your Cognition and General Knowledge school readiness goals. If program school readiness goals address topics that are different from the examples offered, find links to health services [here](#).

EARLY HEAD START	HEAD START	Links to Health Services
<i>Goal 1:</i> Children will learn and begin to use math concepts during daily routines and experiences.	<i>Goal 1:</i> Children will use math regularly and in everyday routines to count, compare, relate, identify patterns, and problem solve.	<p data-bbox="1182 326 1881 391"><u>Children with Special Health Care Needs and/or Disabilities</u></p> <ul data-bbox="1182 402 1902 545" style="list-style-type: none"> • Modifying and adapting services to meet children’s unique developmental needs. • Increasing staff knowledge and skills on inclusive practices to promote children’s learning. <p data-bbox="1182 553 1409 586"><u>Physical Health</u></p> <ul data-bbox="1182 594 1902 773" style="list-style-type: none"> • Capitalizing on partnerships to expand health resources that promote optimal brain development. • Using health data to make decisions about how to individualize services to meet each child’s needs. <p data-bbox="1182 781 1524 813"><u>Sanitation and Hygiene</u></p> <ul data-bbox="1182 821 1881 1032" style="list-style-type: none"> • Integrating school readiness into health policies and procedures to keep children healthy and engaged in learning. • Promoting healthy habits to prevent illness and improve child participation in learning experiences and activities. <p data-bbox="1182 1040 1818 1105"><u>Services to Pregnant Women and Expectant Families</u></p> <ul data-bbox="1182 1114 1860 1373" style="list-style-type: none"> • Supporting healthy beginnings for infants and their families that promote nurturing relationships to sustain learning throughout a child’s life. • Planning continuous supports and services for infants and their families to promote positive transitions and ongoing learning.
<i>Goal 2:</i> Children will use all of their senses to investigate their environment to discover what objects and people do, how things work, and how they can make things happen.	<i>Goal 2:</i> Children will use observation and manipulation, ask questions, make predictions, and develop hypotheses to gain a better understanding of information and activities in their surroundings.	
<i>Goal 3:</i> Children will begin to develop and demonstrate the ability to remember and connect new and known experiences and information.	<i>Goal 3:</i> Children will use their skills in remembering information and in being aware of their own thinking.	

Language & Literacy

What Is the Link Between Health and Language & Literacy?



A child's physical development has a direct impact on the ability to develop and use language. Hearing and vision provide access to the sounds and sights associated with verbal and written communication skills. Children need to be able to communicate "needs, wants, and thoughts verbally"¹⁰ to be successful in school.

Health services help children to develop

effective communication skills and learn how to engage in meaningful language and literacy experiences including maintaining use of their home language.

Research Connections:

Language . . . is the principal way we formulate thoughts and convey them to others."⁸ Children develop neurological connections to receive and process information, speak, read, and write. "Speech requires motor planning and precise and complex coordination of breathing, sound production, and articulation. Language requires complex and integrated brain function."⁹ Their physical wellness impacts the musculature necessary to form words.

Staff promote children's language and literacy development including:

- Sensory screening to ensure children are physically able to participate in language and literacy activities;
- Well-child visits to ensure children's physical health promotes language development; and
- Creating language-rich environments and experiences that helps the child
 - Practice using language to express themselves and communicate with others, and
 - Practice engaging in literacy experiences and activities.

Examples of School Readiness Goals

The following printable table includes sample goals developed by the [Early Head Start National Resource Center](#) and the [National Center on Quality Teaching and Learning](#). Review the [links to health services in the third column and find strategies](#)

⁸ Caplan, D. (2007). Speech, language and reading. In F. E. Bloom, M. F. Beal, & D. J. Kupfer (Eds.), *The Dana Guide to Brain Health*. Retrieved from <http://www.dana.org/news/brainhealth/detail.aspx?id=10038>

⁹ McCormick, L., Loeb, D. F., & Schiefelbusch, R. L. (1997). *Supporting children with communication difficulties in inclusive settings: School-based language intervention* (p. 85). Needham Heights, MA: Allyn & Bacon.

¹⁰ California Childcare Health Program. (2006). *School readiness and health*. San Francisco, CA: University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

to accomplish your Language and Literacy school readiness goals. If program school readiness goals address topics that are different from the examples offered, find possible links to health services [here](#).

EARLY HEAD START	HEAD START	Links to Health Services
<i>Goal 1:</i> Children will demonstrate receptive and expressive language skills and communication strategies in their home language/s (may be English or other language/s).	<i>Goal 1:</i> Children will build, use, and comprehend increasingly complex and varied vocabulary.	<p><u>Children with Special Health Care Needs and/or Disabilities</u></p> <ul style="list-style-type: none"> • Modifying and adapting services to meet children’s unique developmental needs. <p><u>Family Health Literacy</u></p> <ul style="list-style-type: none"> • Promoting relationship-based competencies for all staff to support school readiness connections between a child’s home and the program. • Cultivating effective partnerships to support healthy child development and promote school readiness. <p><u>Mental Health</u></p> <ul style="list-style-type: none"> • Helping children develop pro-social behaviors that help them engage in learning. • Developing a mental health education program for families and staff to encourage supportive, nurturing relationships. <p><u>Oral Health</u></p> <ul style="list-style-type: none"> • Promoting access to oral health care so children are better able to eat, speak, and focus on learning. • Capitalizing on partnerships to expand oral health resources that support children’s ongoing engagement in learning. <p><u>Physical Health</u></p> <ul style="list-style-type: none"> • Capitalizing on partnerships to expand health resources to promote optimal brain development.
<i>Goal 2:</i> Children will understand and begin to use oral language for conversation and communication.	<i>Goal 2:</i> Children will use and comprehend oral language for conversation and communication.	
<i>Goal 3:</i> Children will hear and distinguish the sounds and rhythms of language.	<i>Goal 3:</i> Children can identify and discriminate sounds within words as separate from the word itself.	
<i>Goal 4:</i> Children will begin to learn and discriminate how print works.	<i>Goal 4:</i> Children will use and understand print as a system of visible marks that represent the sounds within words and words themselves.	
<i>Goal 5:</i> Children will engage with stories and books.	<i>Goal 5:</i> Children will engage with literature in developmentally appropriate ways.	
	<i>Goal 6:</i> Children who are dual language learners (DLLs) will demonstrate increased competency in their home language while developing proficiency in English.	

Physical Development & Health

What Is the Link Between Health and Physical Development & Health?



In order for children to develop strong muscles and healthy bodies, they need to engage in physical activity, access healthy nutrition, get adequate rest, and practice healthy and safe behaviors. Learning to how to stay healthy can reduce illness and improve attendance to improve educational outcomes.¹¹

Staff support physical development and health using strategies that improve children's:

- Gross motor development to build balance and coordination that are important for movement and physical activity;
- Fine motor development to develop drawing and writing skills; and
- Adaptive skills to function in early learning environments.

Examples of School Readiness Goals

The following printable table includes sample goals developed by the [Early Head Start National Resource Center](#) and the [National Center on Quality Teaching and Learning](#).

Review the [links to health services in the third column and find strategies](#) to accomplish your Physical Development and Health school readiness goals. If program school readiness goals address topics that are different from the examples offered, find possible links to health services [here](#).

Research Connections:

In a national survey of 1448 kindergarten teachers carried out by the National Center for Education Statistics, teachers reported that “being physically healthy, rested and well-nourished . . . were the most essential qualities for children to be ready for kindergarten.”¹² From conception, children’s environments can impact their ability to fight disease and make them vulnerable to health issues later in life.¹³

¹¹ Connolly, F. and Olson, L.S. (2012). *Early elementary performance and attendance in Baltimore City schools' pre-kindergarten and kindergarten*. Baltimore: Baltimore Education Research Consortium. Retrieved from <http://www.attendanceworks.org/research/>

¹² Hair, E., Halle, T., Terry-Humen, E., Lavelle, B. & Calkins, J. (2006). Children’s school readiness in the ECLS-K: Predictions to academic, health, and social outcomes in first grade. *Early Childhood Research Quarterly*, 21, 431–454. Retrieved from <http://childtrends.org/wp-content/uploads/2013/01/First-Grade-Readiness.pdf>

¹³ Center on the Developing Child at Harvard University (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from <http://www.developingchild.harvard.edu>

EARLY HEAD START	HEAD START	Links to Health Services
<i>Goal 1:</i> Children will develop control of large muscles for movement, navigation, and balance.	<i>Goal 1:</i> Children will demonstrate control of large muscles for movement, navigation, and balance.	<p data-bbox="1058 246 1751 318"><u>Children with special health care needs and/or disabilities</u></p> <ul data-bbox="1058 324 1803 467" style="list-style-type: none"> <li data-bbox="1058 324 1803 396">• Modifying and adapting services to meet children’s unique developmental needs. <li data-bbox="1058 402 1803 467">• Increasing staff knowledge and skills on inclusive practices to promote children’s access to learning. <p data-bbox="1058 474 1383 506"><u>Family health literacy</u></p> <ul data-bbox="1058 513 1898 727" style="list-style-type: none"> <li data-bbox="1058 513 1898 656">• Providing engaging, empowering, and action-oriented health education programs that are designed for and with families to support child development in culturally and linguistically responsive and meaningful ways. <li data-bbox="1058 662 1824 727">• Cultivating effective partnerships to support healthy child development and promote school readiness. <p data-bbox="1058 734 1509 766"><u>Nutrition and physical activity</u></p> <ul data-bbox="1058 773 1890 883" style="list-style-type: none"> <li data-bbox="1058 773 1890 883">• Providing age appropriate amounts of physical activity in children’s daily routines to support positive behaviors and promote physical health. <p data-bbox="1058 889 1289 922"><u>Physical health</u></p> <ul data-bbox="1058 928 1782 993" style="list-style-type: none"> <li data-bbox="1058 928 1782 993">• Using health data to make decisions about how to individualize services to meet each child’s needs. <p data-bbox="1058 1000 1482 1032"><u>Safety and injury prevention</u></p> <ul data-bbox="1058 1039 1881 1182" style="list-style-type: none"> <li data-bbox="1058 1039 1881 1104">• Educating children, staff and families on ways to avoid injuries to ensure children learn safely. <li data-bbox="1058 1110 1881 1182">• Creating and maintaining safe environments that engage children and support their healthy development. <p data-bbox="1058 1188 1398 1221"><u>Sanitation and hygiene</u></p> <ul data-bbox="1058 1227 1881 1404" style="list-style-type: none"> <li data-bbox="1058 1227 1881 1292">• Promoting healthy habits to prevent illness and improve child participation. <li data-bbox="1058 1299 1881 1404">• Integrating school readiness into health policies and procedures to keep children healthy and engaged in learning.
<i>Goal 2:</i> Children will develop control of small muscles for manipulation and exploration.	<i>Goal 2:</i> Children will demonstrate control of small muscles for such purposes as using utensils, self-care, building, writing, and manipulation.	
<i>Goal 3:</i> Children will learn and begin to demonstrate healthy and safe habits.	<i>Goal 3:</i> Children will identify and practice healthy and safe habits.	

Social & Emotional Development

What Is the Link Between Health and Social & Emotional Development?

The quality of children’s early experiences has a direct effect on their feelings, behavior, and ability to relate to others. When children have relationships with caregivers (both family members and staff) who provide consistent, nurturing, and responsive caregiving, they form secure attachments and positive relationships.

Staff support children’s social and emotional development by:

- Developing strong and secure relationships;
- Helping to support a strong sense of self;
- Helping them to manage their emotions and express themselves;
- Helping them feel capable as learners;
- Minimizing the impacts of toxic stress; and
Teaching them to manage their feelings, behaviors, and follow rules and routines.

Research Connections:

“Social and emotional development in young children has to do with how young children feel about themselves . . . how they behave . . . and how they relate to others, especially people who matter to them (e.g., parents, teachers, and friends).”¹⁴ Children who experience high levels of chronic stress due to extreme economic insecurity or other significant life stressors demonstrate more mental health problems, behavioral issues, and problems with executive functioning and self-regulation that make it harder for them to learn.¹⁵

Examples of School Readiness Goals

The following printable table includes sample goals developed by the [Early Head Start National Resource Center](#) and the [National Center on Quality Teaching and Learning](#). Review the [links to health services in the third column and find strategies](#) to accomplish your Social and Emotional Development school readiness goals. If program school readiness goals address topics that are different from the examples offered, find possible links to health services [here](#).

¹⁴ Knitzer, J., & J. Lefkowitz, J. (2005). *Resources to promote social and emotional health and school readiness in young children and families: A community guide*. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health. Retrieved from http://www.nccp.org/publications/pdf/text_648.pdf

¹⁵ Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington: National Academy Press.

EARLY HEAD START	HEAD START	Links to Health Services
<i>Goal 1:</i> Children will develop and engage in positive relationships and interactions with adults.	<i>Goal 1:</i> Children will engage in and maintain positive adult-child relationships and interactions.	<p data-bbox="1024 256 1339 289">Family Health Literacy</p> <ul data-bbox="1024 293 1875 548" style="list-style-type: none"> • Providing engaging, empowering, and action-oriented health education programs that are designed for and with families to support child development in culturally and linguistically responsive and meaningful ways. • Promoting relationship-based competencies for all staff to support school readiness connections between a child’s home and the program. <p data-bbox="1024 553 1224 586">Mental Health</p> <ul data-bbox="1024 591 1885 846" style="list-style-type: none"> • Helping children develop pro-social behaviors that help them engage in learning. • Using behavioral screening results to support children’s social and emotional development and approaches to learning. • Developing a mental health education program for families and staff to encourage supportive, nurturing relationships. <p data-bbox="1024 850 1423 883">Safety and Injury Prevention</p> <ul data-bbox="1024 888 1854 1040" style="list-style-type: none"> • Creating and maintaining safe environments that engage children and support their healthy development. • Identifying and reporting suspected child abuse and neglect to protect children from maltreatment. <p data-bbox="1024 1045 1749 1078">Services to Pregnant Women and Expectant Families</p> <ul data-bbox="1024 1083 1843 1300" style="list-style-type: none"> • Supporting healthy beginnings for infants and their families to promote nurturing relationships that sustain learning throughout a child’s life. • Capitalizing on partnerships to expand school readiness and health activities that support access to and engagement in learning.
<i>Goal 2:</i> Children will begin to develop personal relationships with peers.	<i>Goal 2:</i> Children will engage in and maintain positive peer relationships.	
<i>Goal 3:</i> Children will begin to develop and demonstrate control over some of their feelings and behaviors (self-regulation).	<i>Goal 3:</i> Children will display levels of attention, emotional regulation, and behavior in the classroom that are appropriate to the situation and supports available.	
<i>Goal 4:</i> Children will begin to learn to internalize rules, routines, and directions.	<i>Goal 4:</i> Children will learn and internalize (follow) classroom rules, routines, and directions.	
<i>Goal 5:</i> Children will begin to develop and demonstrate a positive sense of self, competence, and an identity that is rooted in their family and culture.	<i>Goal 5:</i> All children will develop and display a sense of self-confidence in their abilities, and a strong identity that is rooted in their family and culture.	

Guide to Other School Readiness Goals

The Office of Head Start offers examples of school readiness goals, but programs may have other school readiness goals addressing a range of topics. While some of these topics may overlap the same developmental milestones discussed, others may not fit into these categories. Use the guide below to link school readiness goals to the health services programs deliver. Consider the topic each goal addresses using the column on the left and find links to health services in the column on the right. Each of these health service areas includes a brief description of the health service, research connections that demonstrate the link between health and school readiness, and suggested strategies programs can integrate into their health services and/or school readiness plans.

If your goal addresses:	Consider reviewing strategies under:
Abstract or symbolic thinking	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Mental Health • Nutrition and Physical Activity • Physical Health
Adjusting to new situations	<ul style="list-style-type: none"> • Family Health Literacy • Mental Health • Physical Health
Cause and effect relationships	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Mental Health • Physical Health • Safety and Injury Prevention
Conflict resolution	<ul style="list-style-type: none"> • Family Health Literacy • Mental Health • Physical Health
Creative expression	<ul style="list-style-type: none"> • Family Health Literacy • Mental Health • Nutrition and Physical Activity • Physical Health • Safety and Injury Prevention • Sanitation and Hygiene

If your goal addresses:	Consider reviewing strategies under:
Cultural and community studies	<ul style="list-style-type: none"> • Family Health Literacy • Nutrition and Physical Activity • Safety and Injury Prevention
Dramatic and pretend play	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Mental Health • Physical Health • Safety and Injury Prevention
The five senses	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Nutrition and Physical Activity • Oral Health • Physical Health • Safety and Injury Prevention • Sanitation and Hygiene
Independent self-care routines	<ul style="list-style-type: none"> • Family Health Literacy • Nutrition and Physical Activity • Physical Health • Safety and Injury Prevention • Sanitation and Hygiene
Managing transitions	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Family Health Literacy • Mental Health • Physical Health • Services to Pregnant Women and Expectant Families
Music and movement	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Family Health Literacy • Nutrition and Physical Activity • Physical Health • Safety and Injury Prevention

If your goal addresses:	Consider reviewing strategies under:
Nutrition	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Family Health Literacy • Nutrition and Physical Activity • Physical Health • Sanitation and Hygiene
Responding to and asking open-ended questions	<ul style="list-style-type: none"> • Mental Health • Physical Health • Services to Pregnant Women and Expectant Families
Spatial relationships	<ul style="list-style-type: none"> • Children with Special Health Care Needs and/or Disabilities • Mental Health • Physical Health • Safety and Injury Prevention

Health Services that Impact School Readiness

Programs plan and implement health services to help children learn. Health leaders develop health services plans that address the more than 100 health requirements in the Head Start Program Performance Standards (see [Compliance with Care](#) to review these health requirements). In this section, this tool organizes program health services into nine broad categories that include strategies to meet these requirements and support school readiness.

Each page in this section includes

- A **brief description** of the health service,
- **Research Connections** with science-informed evidence related to the service area, and
- **Suggested health strategies** to promote school readiness which programs can include in their school readiness and health services plans.

Review these pages, and choose strategies for school readiness and health services plans to share with program leadership and school readiness teams. Select a category to begin.

- [Children with Special Health Care Needs and/or Disabilities](#)
- [Family Health Literacy](#)
- [Mental Health](#)
- [Nutrition and Physical Activity](#)
- [Oral Health](#)
- [Physical Health](#)
- [Safety and Injury Prevention](#)
- [Sanitation and Hygiene](#)
- [Services to Pregnant Women and Expectant Families \(EHS Only\)](#)

**Children with
Special Health
Care Needs and/or
Disabilities**



Family Health Literacy



Mental Health



Nutrition and Physical Activity



Oral Health



Physical Health



**Safety and
Injury
Prevention**



Sanitation and Hygiene



**Services to Pregnant Women and
Expectant Families (EHS Only)**



Children with Special Health Care Needs and/or Disabilities

Services for Children with Special Health Care Needs and/or Disabilities and Their Link to School Readiness



All Head Start and Early Head Start programs serve children with disabilities, with special health care needs, and at “high risk” for developmental delay.¹⁸

Staff support children with special health care needs and/or disabilities by:

- Identifying health and/or developmental issues through screening and ongoing child observation;
- Working with the child’s family and health care professionals to make referrals for further evaluation or more intensive support when necessary; and
- Implementing individualization plans that include specific instructions for adaptations to ensure that each child can participate in program activities.

Your program can improve the effectiveness of its health services and support children’s school readiness by:

Modifying and adapting services to meet children’s unique developmental needs.

- Develop individualized plans to accommodate children with special health care needs and/or disabilities in collaboration with:
 - Families,
 - Health care professionals,

Research Connections:

Head Start programs have positive impacts on school achievement of participating children with disabilities through their early elementary school years.¹⁶ Children with disabilities are included in the Head Start setting with adaptations as needed. These include changes in instructional practices, procedures, materials and/or equipment to improve children’s access to learning. “(Staff) allow children to use their current skills while promoting the acquisition of new skills. Adaptations can make the difference between a child merely being present . . . and a child being actively involved.”¹⁷

¹⁶ U.S. Department of Health and Human Services, Administration for Children and Families. (2010). Head Start Impact Study. Final Report. Washington, DC. Retrieved from: http://www.acf.hhs.gov/sites/default/files/opre/executive_summary_final.pdf

¹⁷ Circle of Inclusion Project. (2002). Accommodating all children in the early childhood classroom. Lawrence, KS: University of Kansas. Retrieved from: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/Disabilities/program%20planning/accessibility/accommodatingall.htm>

¹⁸ Shackelford, J. (2006). *State and jurisdictional definitions for infants and toddlers under IDEA* (NECTAC Notes 21). Chapel Hill, NC: National Early Childhood Technical Assistance Center. Retrieved from: <http://ectacenter.org/~pdfs/pubs/nnotes21.pdf>

- Developmental specialists,
- Special education and related service providers, and/or
- Use observation and culturally and linguistically responsive ongoing child assessment to individualize instructional experiences, activities, and environments.

Increasing staff knowledge and skills on inclusive practices to promote children’s access to learning.

- Ensure ongoing, multi-disciplinary approaches to learning by collaborating with:
 - Health,
 - Mental health,
 - Special education and
 - Related service providers.
- Use the multi-disciplinary team’s input to create an inclusive approach to all program activities that are responsive to and represent all children.
- Provide staff with professional development to support [inclusive practices](#) including training by outside experts including special educators, related service providers, and health care professionals on:
 - Promoting a positive learning environment for all children;
 - [Individualization](#) for children with specific learning and health needs;
 - Supporting families of children with special needs;
 - Classroom management in inclusive environments;
 - Curriculum modifications and embedded learning activities; and
 - Adaptive or other special equipment.

Capitalizing on partnerships to expand school readiness and health activities that improve access for children with special health care needs and/or disabilities.

- **Work as a team**, to avoid unnecessary duplication of services and make it easier to share information about each child’s health, learning style, and progress.
 - Consider formal models like Case Management and [Professional Learning Communities \(PLCs\)](#).
 - Include all professionals working with a child and his or her family in
 - Developing and implementing individualized plans;
 - Sharing information about service needs and plans while protecting children’s confidential health and educational information; and
 - Providing accommodations for child assessments to accurately determine children’s progress and level of school readiness.

- **Maintain a formal memorandum of understanding (MOU) or interagency agreement (IA)** with the local special education agency (Local Education Agency—Part B, Section 619 of IDEA—and/or Early Intervention Program—Part C of IDEA) to coordinate and implement services.
- **Work with your Health Services Advisory Committee (HSAC)** and other community partners to address gaps in services and identify professionals who can support children with disabilities, children with special health care needs and at-risk children and their families.

Family Health Literacy

Family Health Literacy Services and Their Link to School Readiness

Health literacy programs support and empower families to be their children’s health care champions. Families are also more likely to seek help from staff and health care professionals to help them advocate for their children.



Health literacy is defined as “the degree to which individuals have the capacity to obtain, process, and understand basic information and services needed to make appropriate decisions regarding their health.”²⁰ Since poor health literacy is associated with poorer health

outcomes, Head Start grantees can play a critical role in assisting families to gain knowledge about health issues relevant to their child, to learn about important prevention actions they can take, and to reduce the complexity of accessing needed health care. Importantly, improving health literacy goes beyond simple knowledge transfer typical of traditional health education to empowering and motivating families to critically and appropriately use health information to make personal health choices and to implement behavior changes.²¹ Successful health literacy interventions lead to action and measureable outcomes.

Research Connections:

Families that receive accessible health information in their home language are better prepared to seek and follow appropriate treatment and often can improve child attendance. Reduced absenteeism can help increase school success. “When low-income families receive properly directed health education on the treatment of common childhood illnesses, they become more knowledgeable and efficient in providing for their children’s health care needs.”¹⁹

¹⁹ Herman, A., & Jackson, P. (2011). Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention. *Journal of Health Communications, 15*(8), 908

²⁰ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010) National Action Plan to Improve Health Literacy. Washington, DC.

²¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author. Retrieved from: <http://www.iom.edu/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>

Family members learn

- How to identify their child's health concerns;
- What to do if a child is sick or injured;
- Where to find reliable health information and health care; and
- When to contact their child's medical professional or go to urgent care or the emergency room.

Working together, families and staff are more likely to:

- Create safe and healthy environments for children; and
- Participate in appropriate preventive services.

Head Start programs that support health literacy activities embrace diversity and help families maintain their health beliefs and traditions while learning additional approaches to wellness.

Your program can improve the effectiveness of its health services and support children's school readiness by:

Providing engaging, empowering, and action-oriented health education programs that are designed for and with families to support child development in culturally and linguistically responsive and meaningful ways.

- Engage families in discussions about their health needs, and use this information to plan health education activities that increase their health literacy.
- Support families as they integrate healthy habits into their daily routines by including health information in:
 - Home visits,
 - Parent and socialization meetings, and
 - Family engagement activities.
- Help families understand the critical link between child health and school readiness.

Promoting [relationship-based competencies](#) for all staff to support school readiness connections between a child's home and the program.

- Guide staff as they develop respectful and culturally and linguistically responsive approaches to talk about health concerns with families.
- Help families to feel more comfortable discussing health issues by:
 - Asking families for permission to talk about sensitive health topics; and
 - Soliciting their ideas, questions, and concerns.

- Consider using the handbook [*Revisiting and Updating the Multicultural Principles for Head Start Programs Serving Children Ages Birth through Five*](#) and [*The Cultural and Linguistic Competence Self-Assessment Checklist for Early Head Start and Head Start Programs*](#) to assess program practices and make sure they support families from all cultures.

Cultivating effective partnerships to support healthy child development and promote school readiness.

- Build relationships with multilingual, multicultural health care professionals who
 - Understand the language, culture and traditions of enrolled families; and
 - Can discuss child development and health information in ways that are meaningful to families.

Mental Health

Mental Health Services and Their Link to School Readiness:

Research Connections:

Young children's social and emotional skills are strong predictors of academic success in the first grade."²² Yet "between 9% and 14% of children from birth to 5 years of age experience social and emotional problems that negatively affect their functioning and development."²³ These early challenges impact learning, social interactions, the development of self-control, emotional regulation, and can affect the overall well-being of their families.²⁴ Research shows that early, responsive, nurturing relationships and supportive environments equip most young children with appropriate tools to enhance learning and school readiness.²⁵

Every Head Start program has access to a mental health consultant who helps support the emotional well-being of children and families.

Mental health consultants can help staff and families to:

- Understand the meaning of children's behavior,
- Appreciate children's unique temperaments,
- Develop responsive caregiving approaches for each child, and
- Access additional mental health support for themselves or their child.

They are able to talk with families about:

- Typical child development,
- Positive parenting techniques,
- The need for predictable routines, and
- Any mental health concerns they may have.



²² Raver, C. C., & Knitzer, J. (2002). Ready to enter: What research tells policymakers about strategies to promote social and emotional school readiness among three- and four-year-old children. Promoting the emotional well-being of children and families. (Policy Paper No. 3). New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University. Retrieved from http://nccp.org/publications/pdf/text_485.pdf

²³ Brauner, C. B., & Stephen, B. C. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorder. Public Health Reports, 121, 303-310.

²⁴ Substance Abuse and Mental Health Services Administration. (2010). *Addressing the mental health needs of young children and their families*. Retrieved from <http://store.samhsa.gov/product/Addressing-the-Mental-Health-Needs-of-Young-Children-and-Their-Families/SMA10-4547>

²⁵ Perry, D., Kaufmann, R., & Knitzer, J. (2007) Building Bridges: Linking Services, Strategies, and Systems for Young Children and Their Families. In Perry, D., Kaufmann, R., Knitzer (Eds) Social and Emotional Health in Early Childhood Building Bridges Between Services and Systems. Baltimore, MD: Paul H. Brookes. pp.3-11.

Additionally, mental health consultants help staff to create safe, stable, and secure environments to make it easier for children who have experienced trauma or toxic stress to focus on learning. Together these activities directly impact [Approaches to Learning](#) and [Social and Emotional Development](#) and indirectly impact all [domains](#).

Your program can improve the effectiveness of its health services and support children's school readiness by:

Helping children develop social emotional skills that help them engage in learning.

- Promote the social and emotional competence of all children birth to age 5 by helping them to develop the ability to:
 - Create and maintain strong, secure attachment relationships
 - Regulate their emotions and their behavior
 - Develop empathy,
 - Use problem-solving skills, and
 - Recognize and label their feelings,
- Programs may consider using the [Pyramid Model, Touchpoints](#), and [Positive Behavior Intervention and Support \(PBIS\)](#) strategies.

Using behavioral screening results to support children's social and emotional development and approaches to learning.

- Use [validated screening tools](#), and provide or arrange for behavioral screening for all children.
- Work with a mental health consultant and families to review screening results and child observations in order to develop individualized, culturally responsive behavior plans for young children who demonstrate persistent challenging behavior.
- Refer children with significant challenging behaviors for mental health evaluation and support when appropriate.

Promoting reflective practices to guide children's optimal development.

- Create opportunities for
 - Reflective supervision,
 - Supportive supervision, and
 - Professional development.
- Offer training for staff to enhance nurturing caregiving and appropriate communication.²⁶

²⁶ Family Connections Project at Children's Hospital Boston. (2008). Family connections materials: A comprehensive approach in dealing with parental depression and related adversities. Boston: Author. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental%20Health/Resources%20%26%20Support%20for%20Families/Parental%20Depression/FamilyConnection.htm>

Developing a mental health education program for families and staff to encourage supportive, nurturing relationships.

- Engage families in conversations about health screening information so that they understand and can follow up if needed.
- Provide culturally competent mental health information for families and staff to support healthy child development and adult wellness;
- Offer resources on [stress management](#) techniques to encourage self-care and responsive caregiving; and
- Share information about local mental health and substance abuse resources.

Nutrition and Physical Activity

Nutrition and Physical Activity Services and Their Link to School Readiness



A healthy diet and regular physical activity are essential to children's school readiness. Breast milk offers nutrients that support healthy brain development and the physical action of breastfeeding helps mother and child bond. Holding infants as they are bottle fed and offering family style meals with nutritious foods support

children's physical, social emotional and cognitive development. Many children in Head Start experience food insecurity and rely on the food that they receive through the Head Start program.

Head Start nutrition services support children's social and emotional, cognitive, and language development by creating a positive environment for children to

- Feed on demand,

Research Connections:

Children who are well nourished have the energy to engage in learning. Children who experience malnutrition or failure to thrive may experience developmental delays.²⁷ According to the [2013 Childhood Hunger in America Fact Sheet](#), one in every five children in America is living in a household without access to adequate food. The National Institutes of Health report that, "Undernourished children under 3 years of age are less likely to learn as much, as fast, or as well as adequately nourished children."²⁸ Yet, "breastfed babies score slightly higher on IQ tests, especially babies who were born pre-maturely."²⁹ Nutrition provides children with the energy needed for optimal development. Routine physical activity impacts all developmental domains, particularly gross and fine motor development.³⁰ Physical activity or "exercise may prove to be a simple, yet important, method of enhancing those aspects of children's mental functioning central to cognitive development."³¹

²⁷ California Childcare Health Program. (2006). *School readiness and health*. San Francisco, CA: University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

²⁸ Share Our Strength. (2013). *Childhood Hunger in America*. Washington, DC: Author. Retrieved from: <http://www.nokidhungry.org/pdfs/Facts-on-Childhood-Hunger-in-America-2013-designed.pdf>

²⁹ National Women's Health Information Center. (n.d.) *The Comprehensive Benefits of Breastfeeding*. Washington, DC: author. Available at: <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/for-families/Expectant%20Mothers/Breastfeeding/TheComprehensive.htm>

³⁰ U.S. Department of Agriculture. (n.d.). *Why is physical activity important?* Retrieved from <http://www.choosemyplate.gov/preschoolers/physical-activity/why.html>

³¹ Tomporowski, P. D., Davis, C. L., Miller, P. H., & Naglieri, J.A. (2008). Exercise and children's intelligence, cognition, and academic achievement. *Education Psychology Review*. 20(2), 111.

- Offer individualized feeding experiences,
- Provide bottle and breast feeding support,
- Communicate with families regarding introduction of new foods and food allergies
- Try new foods;
- Understand portion size;
- Take turns; and
- Talk about what they are doing and learning.

Children who take part in age-appropriate physical activity are more likely to stay healthy, focused, and engaged in learning. These opportunities help children to build spatial understanding and stronger muscles, while learning basic cognitive skills like math, literacy, logic, and reasoning.

Your program can improve the effectiveness of its health services and support children's school readiness by:

Partnering with families to prevent food insecurity and providing information about Healthy Active Living for Families (HALF) to ensure children are well nourished and can engage in learning.

- Connect families to federal, tribal, state, and/or local nutrition resources when needed.
- Provide an initial assessment of each child's nutritional needs, preferences, and requirements.
- Share information from [My Plate](#), the Special Supplemental Nutrition Program for Women, Infants and Children ([WIC](#)), and Healthy Active Living for Families ([HALF](#)) about
 - Breastfeeding and bottle feeding,
 - Individualized feeding,
 - Introduction of new foods,
 - Food allergies,
 - Family-style meals,
 - Food groups,
 - Portion sizes,
 - Meal plans,
 - Ways to find and prepare healthy foods on a budget,
 - Physical activity,
 - Screen time, and
 - Other topics.

Helping families make informed decisions about breast and formula feeding during the early years.

- Provide breastfeeding education to pregnant mothers and expectant families,

- Make referrals to lactation consultants as appropriate, and
- Offer educational materials on infant nutrition.

Offering nutritious, culturally-appropriate meals that meet each child’s needs and give them the energy needed to learn.

- Provide meals that meet the US Department of Agriculture’s (USDA) nutrition requirements.
- Develop individual plans so that all children can participate in inclusive Head Start settings. This includes children with
 - Special dietary needs,
 - Allergies or food intolerances, or
 - Other special health care needs.

Providing age-appropriate amounts of physical activity in children’s daily routines to support positive behaviors and promote physical health.

- Integrate age- and developmentally-appropriate amounts of physical activity into daily routines. [Current physical activity guidelines](#) from Caring For Our Children, 3rd Edition recommend:
 - The total time allotted for moderate to vigorous activities:
 - Toddlers should be allowed sixty to ninety minutes per eight-hour day for [moderate to vigorous physical activity](#), including running;
 - Preschoolers should be allowed ninety to one hundred and twenty minutes per eight-hour day.
 - Infants should have supervised tummy time every day when they are awake. Beginning on the first day at the early care and education program, caregivers/teachers should interact with an awake infant on their tummy for short periods of time (three to five minutes), increasing the amount of time as the infant shows s/he enjoys the activity.
- Use programs and their materials to support the link between physical activity, healthy development, and learning. Examples include:
 - [I am Moving, I am Learning](#),
 - Little Voices for Healthy Choices,
 - [Let’s Move Child Care](#),
 - [Best Practices for Physical Activity: A Guide to Help Children Grow Up Healthy](#), and
 - [Sesame Workshop’s Healthy Habits for Life](#).

Oral Health

Oral Health Services and Their Link to School Readiness



Good oral health enhances children's ability to attend to and engage in program activities.³⁵ Good oral health is also critical to school success and promotes learning in all developmental areas.

Head Start staff support families

by connecting children to an ongoing source of comprehensive, continuously accessible, coordinated, and family-centered oral health care (a dental home) on a schedule recommended by a state's [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) schedule. Children may also receive fluoride supplements and topical fluoride treatments to prevent tooth decay as recommended by professional guidelines.³⁶

Research Connections:

Tooth decay (cavities) is the most common chronic childhood disease, affecting "more than one-fourth of U.S. children aged 2–5 years. Children from low income families have more untreated tooth decay."³² Oral disease can cause decreased appetite and increased inattention and distractibility, which in turn can negatively impact self-esteem and may lead to school failure."³³ Left untreated, the pain and infection caused by tooth decay can result in problems with eating, speaking, and learning.³⁴

³² Centers for Disease Control and Prevention. *Preventing cavities, gum disease, tooth loss, and oral cancers: At a glance*. (2011). Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/aag/doh.htm>

³³ U.S. General Accounting Office. 2000. *Oral Health: Dental Disease Is a Chronic Problem Among Low Income and Vulnerable Populations*. Washington, DC: General Accounting Office. <http://www.gao.gov/new.items/he00072.pdf>.

³⁴ Schechter N. 2000. The impact of acute and chronic dental pain on child development. *Journal of the Southeastern Society of Pediatric Dentistry* 6(2):16.

³⁵ Altarum Institute. 2007. Issue Brief: *Oral Health Is Critical to the School Readiness of Children in Washington, DC*. Washington, DC: Altarum Institute.

³⁶ Weyant RJ, Tracy SL, Anselmo A, Beltrán-Aguilar ED, Donly KJ, Frese WA, Hujoel PP, Iafolla T, Kohn W, Kumar J, Levy SM, Tinanoff N, Wright JT, Zero D, Aravamudhan K, Frantsve-Hawley J, Meyer DM. 2013. Topical fluoride for caries prevention: Executive summary of the updated clinical recommendations and supporting systematic review. *Journal of the American Dental Association* 144(11):1279-1291.

Your program can improve the effectiveness of its health services and support children's school readiness by:

Promoting the link between oral health and school readiness to improve access to and engagement in learning.

- Provide training to help families and staff understand that a healthy mouth is part of overall health and that tooth decay can make it harder for children to learn.
- Use science-informed [oral health curricula](#) and other [educational materials](#) to provide information about how to prevent tooth decay by choosing healthy foods and beverages and practicing good oral hygiene.
- Promote the link to oral health and school readiness through health literacy activities.

Capitalizing on partnerships to expand oral health resources that support children's ongoing engagement in learning.

- Work with families, the Health Services Advisory Committee (HSAC), and community partners to identify dental homes for children in Head Start.
- Help children and pregnant women eligible for Medicaid, the Children's Health Insurance Program (CHIP), or other health insurance to enroll in a dental plan. If no source of funding for oral health care is available, Head Start staff can help families to access oral health care in other ways. For example,
 - Contact a dental school to provide care at no charge or for a reduced fee, or
 - Ask service clubs and organizations to pay for or contribute the cost of oral health care.
- Work with local oral health professionals and state offices of oral health to seek their assistance in improving oral health care for children and pregnant women in Head Start.

Developing oral health policies and procedures that promote child development.

- Establish and implement policies and procedures to support oral health, such as:
 - Brushing teeth with fluoridated toothpaste,
 - Storing toothbrushes safely, and
 - Responding to oral health emergencies.

Physical Health

Services to Promote Physical Health and Their Link to School Readiness

Head Start programs provide a variety of health services that promote children's physical health. These include services related to:

- ***An ongoing source of continuous, comprehensive, accessible care (medical home)***

Children who have a medical home receive preventive care and treatment services on a more consistent basis, improving attendance.

- ***Well child visits***

Each state's [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) program offers clear guidelines on recommended health procedures and a periodicity schedule for health visits. In addition, the Centers for Disease Control and Prevention (CDC) issue [recommendations for immunizations](#) that protect infants, toddlers, and preschool children from serious illness. Well child visits also include [anticipatory guidance](#) and education to help families promote wellness at home.

• ***Developmental and sensory screening***
Screening is a quick check to identify health concerns or developmental delays that may affect a child's learning. When screening results indicate a possible delay, staff work with the child's family to make a referral for further evaluation or examination.

- ***Treatment and follow-up***

To keep children healthy, staff partner with families and health care professionals so children can receive examinations or evaluations to diagnose a health condition or identify a disability. When children need treatment

Research Connections:

Families who have an ongoing source of continuous care are more likely to attend well child visits, know what to do when their child is sick, and seek appropriate care for illnesses or health concerns.³⁷ Children who participate in a consistent schedule of well child care and immunizations are more likely to stay healthy and engage in program activities. "In many respects, child health professionals play the role of 'first responder' to a wide variety of issues that affect young children's healthy development and readiness for school."³⁸



³⁷ Herman, A., & Jackson P. (2011). Empowering low-income parents with skills to reduce excess pediatric emergency room and clinic visits through a tailored low literacy training intervention. *Journal of Health Communications*, 15(8), 895–910. Retrieved from <http://www.anderson.ucla.edu/Documents/areas/ctr/jandj/AHerman%20JournalofHealthCommunications%202010.pdf>

³⁸ Bruner, C. (2009). *Connecting child health and school readiness* (Issue Brief No. 9). Denver, CO: The Colorado Trust.

and/or follow-up, staff keep track of health services to make sure they are timely and effective. Treatment and follow-up ensure children are able to engage, learn, and relate well with others. Early identification and intervention services offer children important individualized support for learning.

- **Medication administration**

When appropriate, programs carefully administer medications to children who are ill or have chronic health conditions. As part of daily health checks, staff observe and record children's behavior and appearance in order to report any changes to family members and health care professionals.³⁹ This ongoing communication helps to prevent adverse effects from medication that can negatively impact learning.

- **Health checks**

Staff in all program options support children's learning by partnering with families and health care professionals to address health concerns. Center-based staff and Family Child Care providers conduct daily health checks. Home visitors talk with families about their child's health during their visits. Questions from [When Health Affects Assessment](#) can also help staff understand learning in the context of children's health.

Your program can improve the effectiveness of its health services AND support children's school readiness by:

Promoting the link between health and school readiness to improve access to and engagement in learning.

- Help families to understand:
 - The purpose of each screening;
 - What their child will experience; and
 - How screening supports each child's optimal development.
- Educate families about the importance of completing any treatment or follow-up recommended by their child's health care professional.
- For more information see [Healthy Children Are Ready to Learn](#).

Capitalizing on partnerships to expand health resources to promote optimal brain development.

- Work with families, the Health Services Advisory Committee (HSAC) and other community partners to identify culturally and linguistically responsive health care professionals for Head Start children.
- Assist eligible families without health insurance to enroll in Medicaid, State Children's Health Insurance Program (SCHIP), and other health insurance. If no other source of funding is available, programs have a policy in place which describes:
 - Documenting attempts to find insurance coverage for children or funding for needed health services; and
 - Allocating funds to ensure children receive the appropriate health service.

³⁹ Reichman, N. E. (2005). Low birth weight and school readiness. *The Future Of Children*, 15(1), 91–116.

Viewing health policies and procedures through a school readiness lens to promote child development.

- Establish policies and procedures to support children’s physical health and consistent attendance, including:
 - Appropriate short-term exclusion policies and procedures so children are only sent home when they are too ill to participate in program activities and return in a timely manner;
 - Policies and procedures for medication administration, handling, and storage so children with chronic health conditions or minor illnesses can participate in program activities; and
 - First aid and emergency policies and procedures for how to respond to an illness or injury.

Using health data to make decisions that enhance the individualization of services to meet each child’s needs.

- Consider child assessment and child health data together.
- Use child health data to determine children’s health status, and monitor changes that may affect their
 - Attendance,
 - Participation, and
 - Ability to demonstrate what they know.
- Plan formal assessments when children feel most comfortable and can engage.
- See [When Health Affects Assessment](#) for additional information.

Safety and Injury Prevention

Safety and Injury Prevention Services and Their Link to School Readiness



Infants, toddlers, and preschoolers are naturally curious and eager to explore their environment yet all learning involves some level of risk. Children depend on the adults around them to protect them from hazards while they are learning how to judge what is safe.

Head Start programs support safety and injury

prevention by:

- Creating safe physical environments for children of all ages and abilities
- Developing policies and procedures to prevent injuries;
- Training staff to implement them;
- Using [active supervision](#) to make sure that no child is ever left unattended;
- Using injury and incident data when injuries do occur to determine what happened; and
- Developing strategies to reduce the risk of future injuries.

Research Connections:

Minor injuries can negatively impact a child's physical and emotional development. Injured children miss learning opportunities because of increased absenteeism. When children have more significant injuries, such as [traumatic brain injuries \(TBI\)](#), they may develop social and emotional, cognitive, and/or language delays. Children ages 5 and younger are at high risk for TBI.⁴⁰ Research shows that most childhood injuries occur at home, and that the most important way to avoid injuries is for adults to supervise their children carefully and child proof their home.⁴¹

Staff help families recognize hazards that can endanger young children and obtain safety equipment to create safe environments at home. Injury prevention is a critical element of any school readiness plan for young children.

Your program can improve the effectiveness of its health services AND support children's school readiness by:

⁴⁰ National Institute of Neurological Disorders and Stroke. *Traumatic brain injury: Hope through research*. Retrieved from http://www.ninds.nih.gov/disorders/tbi/detail_tbi.htm

⁴¹ Kieran J., Phelan, K. J., Khoury, J., Kalkwarf, H., & Lanphear, B. (2005). Residential injuries in U.S. children and adolescents. *Public Health Reports, 120*, 65-70.

Educating children, staff and families on ways to avoid injuries so children can learn safely.

- Provide information on:
 - The risks of injury to children’s healthy development; and
 - Science-informed injury prevention activities to protect children’s well-being.
- Examples of an effective injury prevention program include:
 - Following safe sleep guidelines for infants;
 - Using safety checklists;
 - Establishing classroom safety rules;
 - Providing pedestrian safety training for children and families;
 - Training all staff on active supervision strategies; and
 - Creating and implementing transportation safety policies and procedures, if appropriate.

Creating and maintaining safe environments that engage children and support their healthy development.

- Use developmentally appropriate equipment and materials.
- Establish a system to maintain the safety of facilities, equipment, and materials.
- Promptly repair, remove, or replace items as needed.
- Restrict children’s access to any unsafe areas until repairs are completed.

Identifying and reporting suspected child abuse and neglect to [protect children from maltreatment](#).

- Train staff to identify and report suspected child abuse and neglect in accordance with mandated reporting policies and procedures.

Using injury data for continuous program improvement to ensure children can learn in safe environments.

- Use the program’s ongoing monitoring system to prepare, collect, aggregate and analyze, and use and share injury data.
- Develop injury prevention strategies and test them for effectiveness.

Sanitation and Hygiene

Sanitation and Hygiene Services and Their Link to School Readiness



Staff, children, and families demonstrate healthy hygiene practices in their everyday routines. These strategies, particularly handwashing, help reduce the spread of germs that lead to illness. Staff follow a routine schedule for [cleaning, sanitizing and disinfecting](#)

areas used for toileting and diapering, preparing and eating food, sleeping and playing.

Some of the ways programs provide healthy environments for children in all program settings include:

- Ongoing cleaning and sanitizing toys, utensils, bottles, and other objects that children use;
- Wearing shoe covers and gloves in an infant environment;
- Sharing information with families about environmental health;
- Helping families living near fields where pesticides are applied to develop schedules for regularly cleaning floors, window

Research Connections:

Young children typically get six to eight illnesses a year.⁴² Appropriate hygiene and sanitation practices can prevent many infectious diseases by reducing the spread of germs that lead to illness. As a result, children are able to engage in learning activities both at home and their program more often.⁴³ They are also less likely to experience serious infections that can impact their cognitive development, including the ability to retain new information and learn new skills. Additionally, because of their smaller size and faster metabolism, children are more sensitive to environmental hazards like pesticide exposure.⁴⁴ Exposure to second- and third-hand smoke is associated with numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).⁴⁵

⁴² Simasek, M., & Blandino, D. (2007). Treatment of the common cold. *American Family Physician*, 75(4), 515–520. Retrieved from <http://www.aafp.org/afp/2007/0215/p515.html>

⁴³ Nandrup, B. I. (2011). Comparative studies of hand disinfection and handwashing procedures as tested by pupils in intervention programs. *American Journal of Infection Control*, 39(6), 450–455.

⁴⁴ Carr, K. (2012). American Academy of Pediatrics issues policy statement on pesticide exposure in children. Retrieved from the University of Washington website: <http://www.washington.edu/news/2012/12/19/american-academy-of-pediatrics-issues-policy-statement-on-pesticide-exposure-in-children/>

⁴⁵ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. (2006). Rockville, MD: Author. Retrieved from <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/report-index.html>

sills, and other surfaces as well as daily cleaning of clothes and shoes to reduce children's exposure to pesticide residues; and

- Helping families offer children a smoke-free environment at program activities and at home.

Your program can improve the effectiveness of its health services AND support children's school readiness by:

Integrating school readiness into health policies and procedures to keep children healthy and engaged in learning.

- Ensure that all staff use science-informed hygiene and sanitation practices in Head Start facilities.
- Adopt [Integrated Pest Management Plans \(IPM\)](#) that use sanitation and other environmentally sound methods to prevent pests. If it is necessary to use pesticides, spray them when children and staff are not present; and
- Maintain smoke-free facilities and Head Start vehicles.

Promoting healthy habits to prevent illness and improve child participation in learning experiences and activities.

- Share information with families about healthy hygiene habits.
- Encourage family members to wash children's hands, toys, and bottles often.⁴⁶
- Assist young children with tooth brushing.
- Teach older children to wash their hands, especially after playing outdoors.
- Provide education to families about the importance of [smoke-free homes](#) and safe methods to get rid of unwanted pests.

Capitalizing on partnerships to expand school readiness and health activities that support access to and engagement in learning.

- Collaborate with health care professionals and WIC partners on the Health Services Advisory Committee (HSAC) to make sure that all children receive lead screenings.
- Use the HSAC to identify and address local environmental concerns (for example, untested well water, lead paint, and pesticide exposure).

⁴⁶ U.S. Environmental Protection Agency. Ten tips to protect children from chemical and lead poisoning. Retrieved from <http://www.epa.gov/opp00001/factsheets/child-ten-tips.htm>

Services for Pregnant Women and Expectant Families

Services for Pregnant Women and Expectant Families and Their Link to School Readiness



Early Head Start staff support pregnant mothers and expectant families to obtain comprehensive prenatal care including appropriate nutrition, oral health care, mental health supports, and prenatal education. After the baby is born, staff assist new mothers as they access postpartum health care. In addition,

programs offer a [newborn home visit by a health professional two weeks](#) after the baby's birth to promote maternal and child health.

Early Head Start staff focus on nurturing parent-child relationships, including engaging fathers, so they form secure attachments to their babies and provide responsive caregiving. These early experiences help children reach their full potential in school and in life.

Your program can improve the effectiveness of its health services AND support children's school readiness by:

Research Connections:

Pregnant mothers who receive consistent, ongoing prenatal care and engage in prenatal education activities are more likely to give birth to a healthy, full-term baby.⁴⁷ A child who is healthy at birth is more likely to experience healthy development throughout the early childhood years. "Developmental and biological disruptions during the prenatal period and earliest years of life may result in weakened physiological responses (e.g., in the immune system), vulnerabilities to later impairments in health (e.g., elevated blood pressure), and altered brain architecture (e.g., impaired neural circuits)."⁴⁸ The 2002 Early Head Start Research and Evaluation Project found that 52% of enrolled mothers were depressed, and 18% of fathers showed signs of depression when their children were 2 years old, leading to poorer outcomes for both children and their families.⁴⁹

⁴⁷ Reichman, N. E. (2005). Low birth weight and school readiness. *The Future of Children*, 15(1), 91–116.

⁴⁸ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from <http://www.developingchild.harvard.edu>

⁴⁹ Administration for Children and Families, Office of Planning, Research and Evaluation. (2002). *Depression in the lives of Early Head Start families: Research to practice brief*. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/research_brief_depression.pdf

Supporting healthy beginnings for infants and their families to promote nurturing relationships that support learning throughout a child's life.

- Use a research-based curriculum to help pregnant women and expectant families understand the link between prenatal development and school readiness.
- Use validated tools to screen for maternal and paternal depression; and
- Engage the services of a mental health professional who can provide pre- and peri-natal, and post-partum mental health support and make referrals when needed.

Capitalizing on partnerships to expand school readiness and health activities that support access to and engagement in learning.

- Establish relationships with community partners with expertise in labor and delivery, postpartum care, and maternal health, and include them on the Health Services Advisory Committee (HSAC).
- Use community partnerships and the HSAC to provide multicultural and multilingual family health resources on:
 - Healthy prenatal development,
 - The effects of smoking and other substances on fetal development,
 - [The benefits of breastfeeding](#),
 - Labor and delivery, and
 - What to expect when the baby comes home.

Planning for continuous supports and services for infants and their families to promote positive transitions and ongoing learning.

- Assist families to identify the most appropriate program option for themselves and their infant and support families during this transition.
- Assist working parents to develop a plan for child care that meets their needs and supports early learning.
- Offer activities tailored to engage fathers in the lives of their young children.
- Offer supports for multigenerational families.