

The Head Start Orientation Guide for Health Coordinators



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About the Health Orientation Guide

The purpose of this *Guide* is to support health coordinators and health service teams with direction and guidance in their work to provide health services in Head Start. The *Guide* provides an overview on the roles and responsibilities of the health coordinator, the Health Services Advisory Committee (HSAC), the health-related responsibilities of family service workers and other Head Start staff.

This *Guide* is a compilation of existing training and technical assistance (TTA) resources, policy clarifications, and suggested program practices. It is not intended to be an exhaustive collection of all available online and print resources. Materials you or your Head Start program have found helpful should be used together with this *Guide*. Additionally, resources within this *Guide* can be adapted to better serve your program.

The Early Childhood Development and Health Services *Head Start Program Performance Standards* (HSPPS) are stated at the beginning of each section of the Guide. These standards are the mandatory regulations that grantees and delegate agencies must comply with to operate a Head Start and/or an Early Head Start (EHS) program. This *Guide* offers suggestions for health coordinators to consider, in collaboration with the HSAC, in meeting those standards. As Head Start programs differ in size, children served, staffing, and geographic region, programs may differ in how the mandatory regulations are implemented.

The Office of Head Start (OHS) extends special thanks to those individuals that provided their input and training materials to make this a useful document for health coordinators in the field.

Note: In this *Guide*, the term “Head Start” encompasses the birth to 5 perspective, which includes EHS and Head Start programs. The resources and strategies provided can be adapted to either program. The terms “health coordinator” and “health manager” are also used interchangeably in this document. Both refer to the role of coordinating health services in the Head Start setting.

The *Head Start Health Orientation Guide* is a dynamic resource. New materials will be included in the online version of the *Guide* on the Early Childhood Learning and Knowledge Center (ECLKC) at <http://eclkc.ohs.acf.hhs.gov>.

Symbol Key (in order of appearance)



Important Health Resources



Head Start Performance Standards and Policy



Available to Print



Time-Sensitive Health Activity

Español

Available in Spanish



Health Services Advisory Committee

Acronym List

AAP	American Academy of Pediatrics
AAPD	American Academy of Pediatric Dentistry
ACF	Administration for Children and Families
ADA	Americans with Disabilities Act
AHRQ	Agency for Healthcare Research and Quality
AIAN	American Indian and Alaska Native Head Start
ASTDD	Association of State and Territorial Dental Directors
CACFP	Child and Adult Care Food Program
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
DHI	Dental Home Initiative
DOL	Department of Labor
ECLKC	Early Childhood Learning and Knowledge Center
ED	Department of Education
EHS	Early Head Start
EPA	Environmental Protection Agency
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HRSA	Health Resources and Services Administration
HSAC	Health Services Advisory Committee
HSCO	Head Start Collaboration Office
HSKIMS	Head Start Knowledge and Information Management Services
HSPPS	Head Start Program Performance Standards
HUD	Department of Housing and Urban Development
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IIP	Innovation and Improvement Project
IM	Information Memorandum
IMIL	I am Moving, I am Learning
IHS	Indian Health Service
LEA	Local Education Agency
MSHS	Migrant and Seasonal Head Start
NCBDDD	National Center for Birth Defects and Developmental Disabilities

NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NIDCD	National Institute on Deafness and other Communication Disorders
NIH	National Institutes of Health
OHI	Oral Health Initiative
OHS	Office of Head Start
OSHA	Occupational Health and Safety Administration
PIR	Program Information Report
RD	Registered Dietitian
SAMHSA	Substance Abuse and Mental Health Services Administration
SME	Subject Matter Expert
SNAP	Supplemental Nutrition Assistance Program
TA	Technical Assistance
TTA	Training and Technical Assistance
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children



Overview of Health Services in Head Start

This section provides a brief history of the Head Start program. It describes the importance of health services for overall child development and explains the role of parents, the Health Services Advisory Committee, family service workers and other staff members in assisting families with health services.

Overview of Health Services in Head Start

History of Head Start

Established in 1965, Head Start was started as an 8-week summer program providing health, education, and social services to over 560,000 children and families in low-income populations. Intended to prepare disadvantaged children for school, Head Start was designed with the help of recommendations from a steering committee convened by Dr. Robert Cooke, a pediatrician with Johns Hopkins University and adviser to the Kennedy Foundation. Dr. Cooke along with other physicians, psychologists, and educators in the fields of early childhood, nursing, and social work stressed the importance of Head Start as more than an educational enrichment program, emphasizing the connection between children's health and their cognitive development. As a result, a component of the summer program was devoted to health, which included medical screenings and family-style meal service for children.

Currently, offered through the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS), Head Start has grown into a national program providing comprehensive medical, dental, nutrition, and mental health services. Head Start now offers full-day, full-year options, serving over 900,000 children and their families.

The core objectives of present-day Head Start programs have not changed since the [recommendations](#) of the steering committee, which are to:

- Improve children's physical health, social and emotional well-being, and cognitive development
- Encourage family participation at various program levels
- Individualize services to meet the needs of each child

Additional Online Resources

For more information on the current Head Start Act, you can review the [Improving Head Start for School Readiness Act of 2007](#).

Importance of Health Services

“Having Head Start is like having an angel following you around..they’re the next best thing to having another mom or dad for your kid.”
- Frank Powell, *Embracing Our Future*

The Head Start program was designed to meet the needs of low-income families, in terms of acquiring quality health services, proper nutrition, and future educational attainment. As a result, Head Start focuses on coordinating preventive and early intervention services for young children in the areas of medical, dental, nutrition, and mental health services. Children who are physically, socially, and emotionally healthy are better equipped for cognitive development and school readiness.

Head Start Program Performance Standards, the national regulations for Head Start grantees and delegate agencies, require that a comprehensive health program include:

- A determination of current health status
- Screening for developmental, sensory, and behavioral concerns
- Ongoing health care
- Communication between staff and parents
- Consideration of health and safety issues
- Provision of nutrition services
- Provision of individualized health services

Head Start Program Performance Standards allow grantees and delegate agencies the local flexibility to implement health services according to local staffing patterns, health trends, and community resources. As it is difficult for OHS to stay current on local health trends, this flexibility helps programs develop policies and procedures that immediately address the emerging health needs of its children, families, and staff.

As the health manager, you are responsible for facilitating the provision of health services for enrolled children. It is also your responsibility to ensure that staff have received an initial health examination.



[Physically Healthy and Ready to Learn](#), a Technical Assistance paper developed to offer guidance to programs on implementing the *Head Start Program Performance Standards* on child health and development, child health and safety, and child nutrition, is a key resource in providing a foundation on the health services you will coordinate for Head Start children.



[Embracing Our Future](#) also provides an overview of health services in Head Start. The video and guide illustrate the:

- Importance of health services for Head Start families
- Need for positive collaborations among Head Start staff and community providers
- Need for health education for parents

Embracing Our Future provides an opportunity for you, your HSAC, staff, and parents to consider the process your program uses to identify health conditions and to provide health services.



Health Services Milestones

As the health manager, you will be tasked with coordinating health services that promote child development, health, safety, nutrition, and mental health. The [Health Services Milestones](#) is an important resource in your work as it outlines the core health tasks described in the *Head Start Program Performance Standards*. You can use these milestones to guide your major objectives of health service coordination. Each grantee and delegate agency is granted the flexibility in determining how to accomplish the health services milestones based on their program's staffing and resources. The milestones also demonstrate how the provision of health services relates to other Head Start components, such as education and early child development, program governance, management systems and procedures, human resources, and facilities.

In Head Start, health is everyone's business. All Head Start staff, from program directors to bus drivers should take an interest in the health of Head Start children. Staff should be knowledgeable about how to observe and recognize significant child health and behavior changes. Staff should also be familiar with the process of notifying appropriate staff and parents about health concerns. As the health coordinator, it will be your role along with the Health Services Advisory Committee to develop staff trainings on pertinent health conditions, protocol for notifying staff of health conditions, and procedures that facilitate staff participation in health services.

Key Members of the Health Services Team

The *Head Start Program Performance Standards* Child Health and Developmental Services §1304.20 states "in collaboration with parents" a child's health can be determined. Head Start's need to collaborate with parents is intentionally included to emphasize the critical partnership required in order to provide health services.

Health managers do not work in isolation. The scope of work is far too exhaustive. Effective health service coordination depends on a health team composed of other management and front line staff, which includes but is not limited to:

- Parents
- Family Service Workers, Disability Coordinators, Nutrition staff/consultants, Mental Health staff/consultants, Teachers and Teacher's Aides, and other staff
- Health Services Advisory Committee Members

In your role, you will find that partnership between parents and staff are key to coordinating health services and providing a healthy and safe space for children and staff.

The Role of Parents



Head Start Program Performance Standard 1304.20 (e)

Involving Parents.

In conducting the process, as described in CFR 1304.20 (a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

- (1) Consult with parents immediately when child health or development problems are suspected or identified;*
- (2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;*
- (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program;*
- (4) Assist parents in accordance with 45 CFR 1304.40 (f) (2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and*
- (5) If a parent or other legally responsible adult refuse to give authorization for health services, grantee and delegate agencies must maintain written document of the refusal.*

In Head Start, parents are the experts when it comes to their children. Parents know the norm in terms of their child's health, and are often the first to notice signs of behavior change.

Following Head Start's philosophy of parent involvement, it is important to engage parents early and often. By working with parents, you have the opportunity to empower families to:

- Expand their health knowledge
- Navigate through the health care system
- Advocate for better health of their children (and themselves)

Families unfamiliar with how to access health providers, obtain health insurance, and utilize community health resources will need help from staff on how to connect with state and local agencies. When assisting families with services, it is important for staff to remember to “meet the parent/families where they are” – to recognize each family as unique – trying to juggle priorities that may make it difficult to follow-up with health services.

As your workload may limit the amount of time you have to develop relationships with parents, you should talk with other front-line staff who work more closely with families. Determine which staff member(s) has the best relationship with the family – who the family is most comfortable in talking openly and honestly. Family service workers, home visitors, and teaching staff may have a better understanding of a family’s challenges. Staff may be able to identify a family’s lack of reliable transportation or child care, their inability to take paid time-off, or their need for translation services. By identifying these concerns early, you can work with your health team to coordinate services that support a parent’s ability to comply with Head Start standards.

In addition, the Head Start population is culturally and linguistically diverse. It is important to always consider cultural traditions that may promote healthy behaviors, such as strong family and community ties. You should also tailor health messages that are culturally relevant to Head Start’s many families.

The Role of Family Service Workers

Head Start is unique in the level of parent involvement in decision-making, goal-setting, classroom interaction, and personal development. HSPPS state that Head Start grantees engage in collaborative partnership building with parents to establish mutual trust and to identify goals, strengths, and support services. Family service workers work with parents to develop a Family Partnership Agreement outlining goals to improve child, parent, and overall family development.

Family Partnership Agreement

The Family Partnership Agreement process is ongoing and evolves as families and Head Start staff become more comfortable with one another. It is an individualized, family-driven process that focuses on the strengths of the family unit (whether single-parent, grandparents raising grandchildren, or same gender households). Family service workers meet formally and

informally with parents to develop goals and to outline responsibilities, timetables, and strategies to meet those goals.

Family service workers can assist parents seeking further education; connect families to mental health counseling; and assist families in emergency situations, such as applying for an energy assistance program.

The Family Partnership Agreement process may include, but is not limited to:

- Identifying and reinforcing family strengths and supports;
- Exploring and supporting a family's growth and development;
- Complementing pre-existing family plans, including transition plans, health and nutrition plans, Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and plans developed by other community agencies;
- Supporting families as they identify and work to achieve their goals;
- Providing needed emergency and/or crisis assistance;
- Offering opportunities for families to enhance their parenting, literacy, education, and job skills;
- Facilitating family access to services and resources in the community;
- Assisting parents in advocating for their children in schools and the community service system; or,
- Revisiting, reviewing, and revising Family Partnership Agreements.

(Taken from the Family Partnerships: A Continuous Process Training Guide)

Family service workers are important partners for health managers in meeting the health needs of children. Through ongoing relationships with parents, family service workers help health managers in identifying physical and mental health concerns, assisting in medical and dental follow-up, and collecting and entering health information. A positive working relationship with the family and community partnership specialist, who manages family service workers can strengthen your relationship with each family, as well as help with time management and workload.

To better coordinate efforts and collaborate with family service workers, you must become familiar with the processes family service workers use to assist families. Consider discussing the following questions with your program's family service workers:

- How often does the family service worker meet or talk with each family?
- Do family service workers provide trainings for families? If so, can you conduct a joint training on health?

- What information do family service workers collect from families? Can health questions be added to the survey?
- What stressors is a family facing that may impede progress on health-related Family Partnership Agreement goals?
- Is the family service worker or home visitor able to identify possible health concerns? Is there a process to inform you of these concerns?
- Are there cultural, linguistic, or religious traditions that should be considered in working with a particular family?
- Will a case management approach work within your program?
- How can the Policy Council help in efforts to engage individual families?

Most of parent involvement tasks are performed by family service workers. Family service workers can include health by encouraging parents to develop individual and family health goals, such as maintaining a smoke-free home or car, modeling healthy eating and physical activity, and following up with needed dental treatment. Family service workers provide copies of the agreement as a reminder to keep families on track and also to monitor each family's progress in accomplishing their goals.

Additional Online Resources

[Family and Community Partnerships](#) on the ECLKC provides a wealth of information and additional resources on the Family Partnership Agreement process, creating a dialogue with families, and motivating positive behavior change at home.

[Head Start Program Performance Standards 1304.40 Family Partnerships](#) details regulations pertaining to family involvement. It provides an overview of the tasks charged to family service workers, home visitors, and Family and Community Partnership Specialists.

The Early Head Start National Resource Center provides sound tips on developing family partnerships and program examples in the [Early Head Start Program Strategies: The Family Partnership Agreement Process](#).

The [Parent Involvement Resource Guide](#) and [Fatherhood Initiative Resource Guide](#) are bibliographies of books, articles, videos, and other resources you may find helpful in encouraging families, in particular fathers. Materials are not directly health-related; however, the strategies may be used in health education.

The Head Start Bulletin [Father Involvement](#) includes articles on the role of fathers in Head Start.

The Role of Health Services Advisory Committee



Head Start Program Performance Standard 1304.41 (b)

Advisory Committees.

Each grantee directly operating an Early Head Start or Head Start program, and each delegate agency, must establish and maintain a Health Services Advisory Committee which includes Head Start parents, professionals, and other volunteers from the community. Grantee and delegate agencies also must establish and maintain such other service advisory committees as they deem appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

Using the Health Services Advisory Committee to Coordinate Services

The HSAC is a critical component in meeting the health needs of Head Start children. The HSAC serves as:

- an advisory committee
- an advocacy body
- a resource for health education and training

The committee should reflect the cultures and languages of the community you serve. The HSAC can provide input to develop your health services plan and to evaluate how center-wide policies comply with HSPPS and accepted public health practices. The HSAC may:

- Make recommendations on how to implement the *Head Start Early Childhood Development and Health Services Program Performance Standards*
- Participate in the Community Assessment process to identify data on the health needs of potential children served
- Identify medical, dental, and mental health services within the community
- Establish ongoing collaborative partnerships with community organizations to improve access to health services
- Establish policies and procedures to respond to medical emergencies
- Assist in providing health-related training
- Participate in the annual self-assessment of your Head Start program



[Weaving Connections](#) will help to answer questions on how to use the HSAC as an aid in your work. This video and training guide illustrates five HSACs across the country that were able to build relationships, advocate change, and strengthen local communities. The training modules guide you through:

- Developing a mission statement for the HSAC
- Evaluating membership and recruitment
- Orienting new HSAC members
- Evaluating its effectiveness

Getting to Know Your Health Services Advisory Committee

It is important to get to know your HSAC, its members, and their individual expertise. To familiarize yourself with your HSAC, you can read previous meeting notes and review past training materials. This will update you on previous discussion topics and emerging program concerns. You can also schedule an orientation conference call or a face-to-face meeting.

You may also take this opportunity to assess the effectiveness of the HSAC in adequately addressing your program's health needs and in representing the areas of expertise required. You may find these questions useful in that process.



How Healthy Is Your HSAC?

Mission and Goals

1. Does your HSAC have a clear mission statement and goals?
☐ Yes
☐ No
2. Are the mission statement and goals understood by other Head Start staff and families?
☐ Yes
☐ No

3. Does your HSAC have a plan for recruiting partners to provide you with the expertise required to meet your goals?
- ☐ Yes
 - ☐ No
4. Does your HSAC work with community partnerships to help you meet your goals?
- ☐ Yes
 - ☐ No

Membership

5. What partners or groups does your HSAC influence by providing input from your Head Start program?
- ☐ Medical care providers
 - ☐ Dental care providers
 - ☐ Health departments
 - ☐ Health educators
 - ☐ Nutrition experts
 - ☐ Child care agencies
 - ☐ Community representatives (ethnic or other group)
 - ☐ Advocacy groups
 - ☐ Other community partners (churches, schools, law enforcement, businesses)
 - ☐ Local government officials (city and county representatives)
 - ☐ Head Start Collaboration Directors
 - ☐ Other government agencies
 - ☐ Educational institutions
 - ☐ Other
6. Does your HSAC membership include representation from the following?
- ☐ Parents
 - ☐ Program director
 - ☐ Nutrition staff
 - ☐ Mental health staff
 - ☐ Family service staff
 - ☐ Medical care providers
 - ☐ Dental care providers
 - ☐ Health departments
 - ☐ Health educators
 - ☐ Nutrition experts
 - ☐ Community representatives (ethnic or other group)
 - ☐ Advocacy groups

- ☐ Other community partners (churches, schools, law enforcement, businesses)
- ☐ Local government officials (city and county representatives)
- ☐ Head Start Collaboration Office
- ☐ Other government agencies
- ☐ Educational institutions
- ☐ Other

7. How often does your HSAC meet?

- ☐ 1-2 times/year
- ☐ 3-4 times/year
- ☐ 5-6 times/year
- ☐ 8-12 times/year

Health Issues

8. In what activities does your HSAC participate?

- ☐ Helps to develop health policies and procedures that support the health goals for Head Start children, families, and staff
- ☐ Links children to ongoing sources of continuous, accessible health care
- ☐ Integrates health within the Head Start program curriculum
- ☐ Responds to questions about strategies to address community health problems
- ☐ Ensures that the learning environments in the home and at your Head Start center support each child's social, emotional, cognitive, and physical development
- ☐ Engages parents in identifying and accessing health services and resources that are responsive to their interests and goals
- ☐ Helps to establish ongoing, collaborative partnerships with community organizations
- ☐ Develops long- and short-term goals and objectives for implementing services that meet the needs of the community
- ☐ Participates in the annual self-assessment of your Head Start program's effectiveness
- ☐ Participates in your Head Start program's Community Assessment
- ☐ Informs your Head Start program about current and emergent health issues, trends, and best practices
- ☐ Supports parents as advocates for their children's health
- ☐ Develops parents as leaders in efforts to improve the health of their community
- ☐ Develops comprehensive health promotion programs for Head Start children, families, and staff

- ☐ Educates health care providers, other professionals, and community leaders or policy makers on the needs and issues of Head Start children and families
- ☐ Advocates for community systems changes that support the health of Head Start children and families

9. Does your HSAC have active subcommittees or workgroups that meet regularly to carry out the work of your HSAC?

- ☐ Yes List: _____
- ☐ No

Program and Community Collaboration

10. How well integrated into your Head Start program is your HSAC?

Works only with the
program health
manager

Works with all levels of staff,
programs, and governing
entities

1

2

3

4

5

11. How well integrated into your community is your HSAC?

Influences only your
Head Start program

Interacts at all levels of the
community with coordinated
partnership activities

1

2

3

4

5

12. How well is your HSAC able to work as a team to meet your program's goals?

Not at all

Very efficiently

1

2

3

4

5

(Adapted from *How Healthy Is Your Health Services Advisory Committee?* by Booz Allen Hamilton)

Your Role as the Health Coordinator

In your role as the health coordinator you will facilitate the following HSAC activities:

RECRUIT AND RETAIN MEMBERS

HSAC members may include:

- Head Start program staff and parents
- Pediatricians, nurses, nurse practitioners, dentists, nutritionists, mental health providers
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff, local Supplemental Nutrition Assistance Program (SNAP) staff
- State Medicaid office staff, Children's Health Insurance Program (CHIP) staff, state Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) staff

Local government and policy representatives can be a great asset to the HSAC and may be able to keep your Head Start program up-to-date on early childhood policies.

Members may be recruited through:

- Existing committee members' professional networks
- Informational mailers to community organizations and health care professionals about Head Start and the role of the HSAC
- Informational sessions at Policy Council or Policy Committee meetings

Members' participation may fluctuate. Incentives may be useful in retaining membership. Based on your program, incentives may include:

- Appreciation luncheon
- Plaque or certificate of appreciation
- Gift cards
- Head Start paraphernalia
- Refreshments during meetings

DEFINE THE ROLE AND FUNCTION

Developing vision and mission statements and annual goals will help to:

- Define the role of the HSAC
- Focus the HSAC's efforts
- Assess the committee's progress

As the health needs of your program change, the goals of the committee may also change.

An orientation for new members on the vision and mission statements, the annual goals, and brief biographies of committee members help new members understand their role on the committee.

ARRANGE AND PARTICIPATE IN COMMITTEE MEETINGS

Health managers arrange and coordinate meetings, often setting the meeting agenda. Committee meetings offer a unique opportunity for health managers and other Head Start staff to learn about and participate in the discussion of a range of health concerns, including specific health conditions, insurance and provider issues, and community partnerships that can leverage your program resources.

HSAC meetings can also be used for ongoing training and health education for Head Start staff.

MAINTAIN MEETING MINUTES

Health coordinators record and maintain meeting minutes to be distributed to HSAC members. Copies of training materials used during committee meetings should be appended to the minutes. Meeting minutes may be reviewed during the onsite Federal reviews.

DEVELOP A REPORTING SYSTEM TO THE POLICY COUNCIL/ COMMITTEE

The Policy Council is a decision-making body at the grantee agency level. The Policy Committee is a similar body at the delegate agency level. Both groups review and approve Head Start plans, conduct annual program self-assessments, and oversee program operations. Policies from the HSAC should be shared with the Policy Council and Policy Committee. It is important to establish ongoing communication on the HSAC's progress in achieving its goals and in developing center-wide health policies.

DEVELOP GUIDELINES AND BYLAWS

HSACs may develop guidelines or bylaws to help govern the committee. Bylaws are not required in the HSPPS; however, bylaws can clearly outline guidelines for HSAC membership, such as the number of required meetings or the number of members needed for a quorum.

Additional Online Resources

The HSAC can advise you in the planning, operation, and evaluation of available health services. As a program resource, it assists in identifying quality health services and in [building community partnerships](#) with other organizations to improve the lives of vulnerable children and families.

The Role of the State-based TTA Network and Regional ACF Offices

For information on the State-based TTA Network, contact your Regional ACF Office.



Getting Health Services Started

This section reviews the developmental, sensory, and behavioral screenings that take place in Head Start. It defines a medical and a dental home, offering resources on how to locate a primary care provider near the Head Start center and how to receive TA through the Dental Home Initiative (DHI), a partnership between OHS and AAPD.

This section also reviews the Centers for Medicare and Medicaid (CMS) Early and Periodic, Screening and Diagnostic Treatment (EPSDT) benefit, with links to EPSDT and the AAP Bright Futures schedules. A complete Well-Child Visit is outlined and strategies that health care managers may use to verify that the requirements of the Well-Child Visit have been met.

Getting Health Services Started

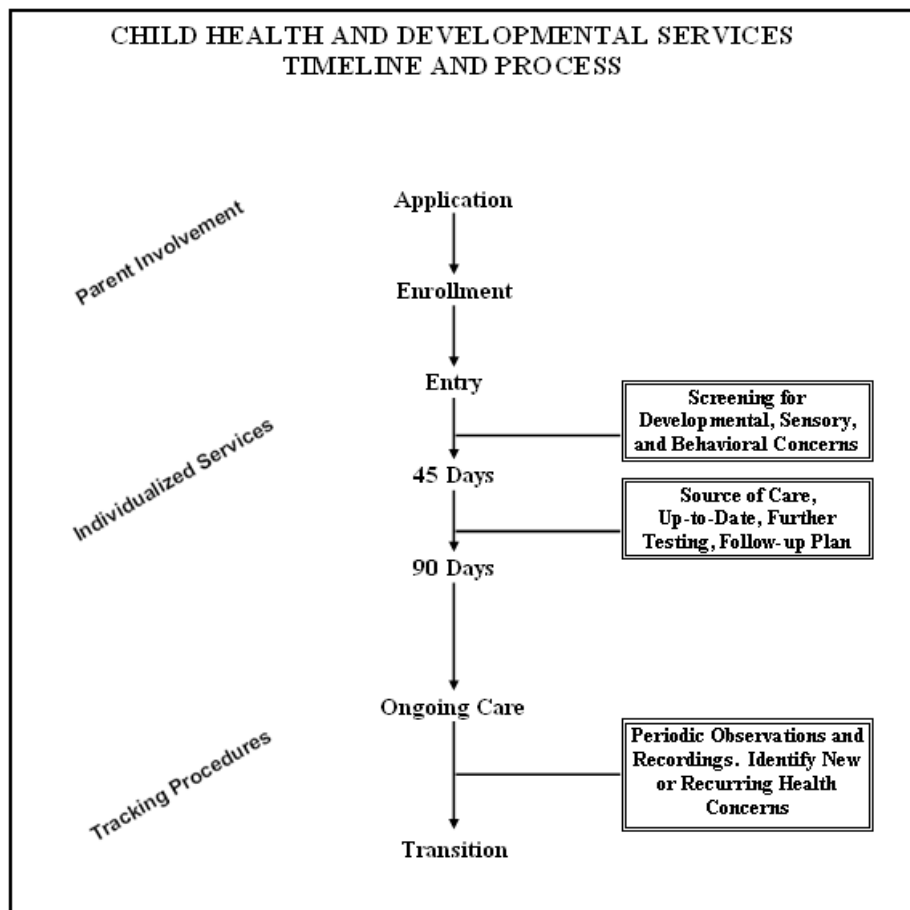
Now that you know who is a part of your health team, it is time to start working together to coordinate health services.



The *Child Health and Developmental Services Timeline and Process* diagram illustrates the processes you and your health team must conduct during the Head Start year, which include the:

- Initial sensory and developmental screenings
- Establishment of medical and dental homes
- Identification of additional health concerns during the child's enrollment

It is important to note that parent involvement, the individualization of services, and tracking are integral to the health services process.



As a health coordinator, your responsibility to assist families in obtaining age-appropriate health information and services can begin as early as recruitment for Head Start-eligible children. During the application process, you can begin talking with parents about the health services provided as a part of the Head Start program. You can also provide health education materials and oral hygiene supplies, such as toothbrushes and toothpaste, for parents to take home.

Health Interview

During the application process, Head Start programs also conduct the initial health interview. The initial interview is a time for Head Start staff (e.g., family service workers, home visitors) to fully discuss the array of medical, dental, nutrition, and mental health services available to children. It is also the time when parents complete the child's health history. During the interview, staff should emphasize the shared responsibility between parents and the Head Start program for maintaining a healthy environment for children to grow and develop. Parents can also be informed of the health requirements that will need to be completed within the first months of enrollment.

It is important to schedule the initial health interview when it is convenient for families, allowing sufficient time to complete the screening and physical exam requirements within the 45-day and 90-day periods. Some programs begin health interviews in the summer to give parents more time to complete these tasks prior to enrollment. For non-English speaking families, a translator should be present during the interview.

Depending on the size of your program, family service workers and home visitors may be asked to complete the health interview with each family. In working with family service workers and home visitors, you can instruct them to discuss the following points during the health interview:

- Explain that Head Start is interested in the overall development and well-being of each child
- Emphasize the importance of preventive health practices on a child's health and overall development
- Explain that parents are their child's first teachers in modeling positive health behaviors
- Explain parents' role in obtaining health screenings and arranging medical and dental visits
- Explain the importance of a medical home and a dental home
- Reassure parents that child health information is kept confidential

- Explain Head Start's meal service and family-style dining
- Encourage parents to think about individual and family goals related to health that they may include in their Family Partnership Agreement

Information collected through the health interview will give you a sense of a child's health before they enter Head Start, as well as parents' knowledge and behaviors regarding good health practices.

Establishing Medical and Dental Homes



Head Start Program Performance Standard 1304.20 (a)

Determining Child Health Status.

In collaboration with the parents and as quickly as possible, but no later than 90 calendar days, grantee and delegate agencies must: (i) make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care.

Note: 1304.20 (a) (2) states that grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.



Importance of Medical and Dental Homes

Each year children lacking proper medical and dental care are enrolled in Head Start. Children may exhibit dental cavities, experience difficulties in hearing or vision, or have trouble controlling their asthma. Establishing medical and dental homes for Head Start children is important as it provides quality health services for children who may otherwise go undiagnosed or untreated. Medical and dental homes provide a continuity of services that extends beyond Head Start. They establish a relationship between the provider and the family, enabling the provider to offer informed guidance to parents based on the child's health history.

Definition of a Medical Home

OHS defines a medical home as an ongoing source of continuous, accessible health care. This definition follows the [AAP Policy Statement on the Medical Home](#), which also characterizes a medical home as:

- Family-centered
- Comprehensive
- Compassionate
- Culturally-effective

A medical home may take the form of a physician's office, school-based clinic, local health department clinic, community health center, federally-qualified health center, or a mobile unit. When using a mobile van, it is important that follow-up treatment and care are provided, as well as the medical screenings.

Definition of Dental Home

The AAPD derives its definition of a dental home from the AAP definition of a medical home. A dental home is described as “comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally-effective.”¹

A dental home for infants and young children should provide:²

- Comprehensive oral health, including acute care and preventive services in accordance with AAPD periodicity schedules
- Comprehensive assessment for oral diseases and conditions
- Individualized preventive dental health program based on caries and periodontal disease risk assessments
- Anticipatory guidance about growth and development issues (i.e., teething, pacifier habits)
- Plan for acute dental trauma
- Information about proper care of the child's teeth and gums
- Dietary counseling
- Referrals to dental specialists when care cannot be provided within the dental home
- Education regarding future referral to a dentist knowledgeable and comfortable with general oral health issues

¹ www.aapd.org

² Ibid.

A dental home may be a pediatric dentist's office, a general dentist's office familiar with working with young children, or a mobile dental van that provides onsite screening, fluoride varnish applications, as well as oral health treatment.



Recruiting and Identifying Health Care Providers

It is often difficult to recruit providers that accept Medicaid. In oral health, it is also a challenge to find dentists who are knowledgeable and comfortable with examining young children. HSAC members are the first line of support to help recruit providers. Local health care providers are more familiar with the community and can use their existing contacts to create awareness about Head Start's need for health care providers, especially those that accept Medicaid. Some Head Start programs have partnered with local medical and dental schools to successfully recruit nursing and dental students to provide onsite services. Other oral health partners may include:

- [American Dental Hygienist Association](#)
- [Association of State and Territorial Dental Directors \(ASTDD\)](#)

There are online resources you can use to locate health care centers near you. The Health Resources and Services Administration (HRSA) provides a Web site to [locate a federally-funded health center](#) near your program. The American Dental Association also provides a [dentist locator](#) that lists practicing pediatric dentists and general dentists in your community. Additionally, the [DHI](#), a partnership with OHS and the AAPD, provides TA for Head Start programs faced with the challenges of meeting children's oral health needs. For oral health TA, you can contact your [state team lead or Regional oral health consultant](#).

Helping Parents Maintain Health Insurance

For Head Start parents in need of health insurance, it will be your responsibility to work with family service workers and home visitors to provide parents with information on how to apply for and maintain medical and dental insurance, such as [Medicaid](#), a state [Children's Health Insurance Program](#) (CHIP), or private insurance. CMS provides [Medicaid-at-a-Glance](#) and an [overview of the new CHIP insurance plan](#) that can be given to those staff working closely with families. It is important to ensure that Head Start families maintain their insurance coverage by tracking renewal dates and eligibility criteria.

Your Role as the Health Coordinator

As the health coordinator it is your role to assist families in understanding the importance of medical and dental homes, to identify a medical and a dental home, and to ensure that each child is insured in a health plan. During the initial health interview or through parent education classes, you can educate families about:

- The importance of medical and dental homes
- How to apply for and maintain medical and dental insurance
- How to choose and appropriately use a health care provider
- The importance of taking the child for the recommended Well-Child Visit and dental visits
- What to expect during a Well-Child Visit and a dental visit
- How to prepare for and deal with health emergencies and treatment
- Practicing and modeling preventive care practices
- How to navigate through the health care system and establish medical and dental homes

Many Head Start programs have a roster of medical and dental care providers that accept Medicaid-eligible children. It is important to take time to revisit and update this roster by eliminating providers that no longer accept new patients and adding newly recruited providers. During the enrollment process, copies of the health care provider roster can be given to those parents who do not have a primary care provider for their child.

The Role of the Parents

As parents reinforce what is learned within Head Start, it is imperative to encourage parent involvement in the classroom and at home by:

- Applying for children's health insurance
- Scheduling and attending medical and dental appointments
- Sharing information about family health history with the provider
- Asking questions when information is not understood
- Keeping a list of questions to ask the provider
- Voicing concerns about changes in the child's health since the last visit

The Role of the Family Service Workers and other Staff

Family service workers, home visitors, and other front line staff are important as parents establish an ongoing source of continuous, accessible health care by:

- Utilizing the Policy Council or parent meetings as a sounding board to hear the needs of parents
- Encouraging parent involvement in health services
- Coordinating documentation of cross-disciplinary information
- Encouraging health-related goals in the Family Partnership Agreement
- Coordinating joint-trainings for parents and staff
- Brainstorming ways to encourage parent involvement
- Collaborating with Education Specialists and teachers to include health lessons plans and at-home activities that involve parents
- Considering case management or case conferencing to share information and coordinate efforts of family assistance
- Developing health information materials in plain language that is culturally and linguistically appropriate
- Developing a communication system to notify parents of possible health concerns identified within your Head Start setting

The Role of the Health Services Advisory Committee

The HSAC can assist families in establishing medical and dental homes by:

- Recruiting medical and dental providers
- Identifying and collaborating with community agencies to provide support services, such as translation, transportation, and child care
- Working with state Medicaid agencies and managed care organizations to provide health insurance for all enrolled children



The [Accessing Professional Medical and Dental Services](#) Information Memorandum (IM) is a valuable resource to assist health managers in addressing the challenges in finding medical and dental service for enrolled children. The IM offers strategies for engaging community health care providers, connecting children with health insurance, and publicly-funded health care.

Screenings



Head Start Program Performance Standard 1304.20 (b)

Screening for developmental, sensory, and behavioral concerns.

- (1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b) (3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.*
- (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.*
- (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.*

Note: 1304.20 (a) (2) states that grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.



Head Start Program Performance Standard 1304.20 (e)

Involving parents.

In conducting the process, as described in Sec. 1304.20 (a), (b), and (c), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, grantee and delegate agencies must:

- (3) Talk with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program.*



Importance of Screenings in Head Start

Screenings identify developmental and sensory concerns early and allow trained specialists to provide appropriate care and treatment. Without the provision of early screenings in Head Start, children will face unnecessary challenges and may exhibit disruptive behaviors that interrupt their ability to learn.



The video [Embracing Our Future](#) illustrates the importance of staff members' ability to identify potential cognitive, behavioral, and sensory delays. Health screenings will allow you as the health coordinator to:

- Plan follow-up services for Head Start staff and community providers
- Prioritize children with an immediate health need
- Assist parents if intervention services are required

In Head Start, screening procedures must be conducted within a child's first 45 days of enrollment. You will coordinate or possibly provide screenings, given your professional training and/or licensing, and determine whether the screenings will be conducted onsite or through a child's primary provider.



The [Sensory Screening Protocol](#) is a helpful resource that outlines the process of screening and referring children for an evaluation, if needed.

Preparing Children for Screenings

To help children prepare for the screening procedure, you can work with teaching staff to develop activities that help children become comfortable with participating in developmental and sensory screenings. Children can role play what will happen during the screening. Props can be made to resemble the equipment and assessment instruments.

Involving parents in preparing children about upcoming screenings is important. Parents will need educational materials on the required screenings and their role in ensuring that screenings are completed and documentation is provided and results are communicated to Head Start staff.

Perform Onsite Screening or Obtain Screening Results

Programs have often voiced frustration with collecting complete, up-to-date screening information within the 45 calendar day timeframe. Some health managers find it difficult to obtain health screenings from primary care providers. As a result, some programs have developed partnerships with local providers, such as WIC, Early Intervention Services, and Prevent Blindness of America to ensure completion and documentation of health screenings. Some programs also conduct screenings over the summer prior to a child's entry into the program at the beginning of the school year. Depending on your program and the resources within your community, you may decide to provide developmental, hearing, and vision screenings onsite. In determining whether to allow community providers to conduct onsite screenings or to refer parents to their medical home, you can consider the following pros and cons provided by other Head Start grantees.

Perform Onsite Screenings

Pros:

- 100% of children are screened
- Natural environment, easy to rescreen if needed
- Convenient location
- Able to get specific, timely results

Cons:

- Difficulty in finding providers for the entire day
- Does not connect families with a medical home or a dental home
- Does not provide follow-up treatment and care

Use Offsite Screening Results

Pros:

- Continuation of services after Head Start
- Allows targeted follow-up
- Individualized services for child and family
- Expertise from medical provider
- Links family with medical community

Cons:

- No guarantee that all children will be screened. Child may not cooperate
- Requires follow-up to receive screening results
- Limited Head Start funds
- Parents inability to take time off work



How to Select Screening Tools: A 10-point Checklist

A screening is not a diagnosis. It is a “snapshot” of a child in a specific domain (e.g., cognitive development, language, gross motor skills, or sensory acuity), or multiple domains. When selecting a screening tool, you should gather input from the HSAC, Education Specialists, and those staff who will be administering the test (if provided onsite).

Consider the following ten factors when selecting a screening tool:

1.	Focus	General: Yes/No Behavioral: Yes/No If yes, what?
2.	Approach	Strength: Yes/No Deficit: Yes/No
3.	Administration	Who records information?
4.	Elicitation	Who reports information?
5.	Scorer	Who scores the results?
6.	Age range and characteristics of the children	Ages Possible risk factors
7.	Time	How long does the screening take?
8.	Costs	Purchase cost Cost to administer
9.	Cultural competency	What cultures/languages has the screening been designed for?
10.	Utility	<ul style="list-style-type: none"> • Reliability • Validity • Sensitivity (probability of correctly identifying children with this screening tool) • Specificity (probability of identifying normal development)

(For more information go to <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>)



Sensory Screenings: Hearing

A child’s first 3 years is critical for language acquisition. During this time, a child’s hearing loss can cause delayed language development. A hearing screening identifies possible hearing impairment. As a health manager, you

may help to establish early intervention services for deaf or hearing-impaired children and their families; for example, you may refer parents to a speech-language pathologist or a teacher who is experienced in working with children with hearing loss. Head Start programs have used the following tools to conduct hearing screening:

- Otoacoustic emissions tool
- Audiometer for 2- to 5- year olds
- Three-prong questionnaire conducted between parents and teachers
- Early Childhood Intervention Part C providers

These tools are not endorsed by OHS but are used as examples of hearing screening tools.

Additional Online Resources

For more information on how the otoacoustic emissions tool was used in the Head Start setting, you can review the work of the [Early Childhood Hearing Outreach Project](#) through the University of Utah.

The National Institute on Deafness and Other Communication Disorders (NIDCD) offers the following fact sheets on hearing disorders:

- [Has Your Baby's Hearing Been Screened?](#)
- [Your Child's Hearing Development Checklist \(Silence Isn't Always Golden\)](#)
- [Auditory Processing Disorder in Children](#)
- [Ear infections: Facts for Parents about Otitis Media](#)



Sensory Screenings: Vision

Vision screenings identify how well a child can see and how well the eyes move together. Head Start programs have used the following vision instruments to screen visual acuity in young children:

- Snellen eye chart
- 3-D stereo vision tests
- Three-prong questionnaire conducted between parents and teachers
- Near-point screening
- Hirschberg test

These tools are not endorsed by OHS but are used as examples of vision screening tools.

How is vision testing done?

In Head Start, vision testing is performed by a health professional or trained staff, parent, or volunteer. It involves:

- The child identifying letters, shapes, or figures on a standard eye chart
- Observing the child's eye movements (strabismus testing)
- Observing for other eye abnormalities (e.g., redness, swelling, discharge)

What might you observe?

- Eyes that cross or point outward
- Frequent blinking, squinting, or rubbing the eyes
- Difficulty picking up small objects, catching a ball, or seeing distant objects
- Holding books and objects unusually close
- Short attention span for visual activities
- Frequent complaints of eye discomfort, headaches, or dizziness

Follow-up to vision testing

To pass a vision test, a child must be able to identify more than half the symbols on the 20/40 line. If a child is unable to do this and there is more than a two-line difference in vision between eyes, the child may require:

- Antibiotics to treat an eye infection
- An eye patch
- Eyeglasses
- Eye muscle surgery
- Special education or early intervention services

(Taken from the [Well-Child Health Care: Making It Happen Training Guide](#))

Additional Online Resources

OHS has a partnership with [Prevent Blindness America](#), an organization that conducts vision screenings for children at-risk for lazy eye (amblyopia). The Web site is a good resource for general vision screening information you can use to educate parents. For further information on the partnership, you can read the [Vision Screening Resources](#) IM on the ECLKC.

AAP also provides a helpful resource on what parents can expect during an eye exam in [How do I know if my child has a vision problem?](#)



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarifications include questions regarding sensory screenings.

[Does using a paper screening tool to assess a child's vision and/ or hearing within 45 days meet the requirements of the Head Start Program Performance Standards?](#)

No. The Head Start Program Performance Standards (45 CFR 1304.20(b)) require programs to perform or obtain screening procedures to identify developmental, sensory (visual or auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. A sensory screening tool must be used to identify potential vision or hearing concerns. Paper screening tools used to assess a child's development are not considered sensory screening tools.

[If a child receives sensory screenings during a Well-Child Visit, is the Head Start program required to screen the child within 45 days of their entry into the Head Start program?](#)

45 CFR 1304.20(b) requires Head Start grantee and delegate agencies to perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills within 45 days of entry into the program. If a parent provides the Head Start program with documentation that a linguistically and age appropriate sensory screening took place during the Well-Child Visit, it is not necessary to repeat this screening within 45 days of the child's entry into the program.

Head Start programs should consider, however, whether the population they serve is considered to be high risk, and if it may be more efficient and effective to provide for the uniform screening of all children's hearing and vision using objective screening instruments. Your programs may consult with your HSAC for assistance in identifying linguistically and age-appropriate objective screening instruments that would be most appropriate for your use, given the children you are serving.



Developmental Screening

“Development screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays. It can allow for earlier detection of

delays and improve child health and well-being for identified children.”³

Early detection of and intervention services for a development delay can equip children with school readiness skills, as well as add to their general sense of well-being and self-confidence.

Identification of Developmental Concerns

In most programs, the role of identifying developmental or behavioral issues is tasked to the disabilities services manager. To better acquaint health coordinators with screenings and assessment instruments used to identify developmental delays, instruments have been developed by the [National Early Childhood Technical Assistance Center](#) that emphasize social and emotional development for children from birth through 5 years of age. These tools are not endorsed by OHS but are used as an example of a development screening tool.

In choosing instruments, you should also be aware of the [myths about developmental screening tools](#). Working with the disability services manager, you may ask the following questions:

- **How is developmental screening done?**

Developmental screening may be carried out by a mental health professional, health care provider, or trained Head Start staff. Standardized developmental checklists and tests may be used. Information is gathered by:

- Talking with parents and teachers
- Observing the child
- Asking the child to answer questions and complete tasks

- **What may be observed?**

- Difficulty understanding, communicating, or doing things expected at that age
- Extreme moods, such as anger, sadness, lethargy, restlessness, anxiety
- Difficulty with social behavior, such as fighting, biting, not interacting with other children or adults

³ National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control and Prevention

- **Follow-up to developmental screening**

If screening results are outside the norm for the age, follow-up evaluation by a health care provider is required. Evaluation may involve a mental health consultant, developmental center, or local education agency (LEA).

- **Intervention might include:**

- Special education or early intervention services
- Speech therapy
- Physical and occupational therapy
- Mental health counseling/consultation for the child, family, and staff

(Taken from the [Well-Child Health Care: Making It Happen Training Guide](#))

Additional Online Resources

The Head Start Bulletin [Screening and Assessment in Head Start](#) provides additional articles on development screenings.

OHS, in collaboration with the Head Start Knowledge and Information Management Services (HSKIMS), developed an [Orientation Guide for Head Start Disabilities Services Coordinators](#). This is a resource with information and tools that will assist disability coordinators in their work. It will provide insight into addressing the health needs of children with disabilities. The ECLKC Disabilities home page also includes Web sites related to developmental delays:

- Americans with Disabilities Act (ADA)
- Individuals with Disabilities Education Act (IDEA) Amendments
- Center for Social and Emotional Foundation for Early Learning (CSEFEL)

Your Role as the Health Coordinator

In your role as health coordinator, you will coordinate the provision of hearing, vision, and developmental screenings. In assisting families and Head Start staff, you will be responsible for:

- Working with teaching staff to develop health education materials and activities to prepare children and parents for sensory and developmental screenings
- Assisting families in collecting health documentation from primary care providers on results of screenings
- Assisting families in obtaining follow-up care and treatment as needed

- Conducting sensory and developmental screenings, if staff have the required professional training and licensure
- Identifying developmentally and culturally appropriate screening tools

The Role of the Parents

Parents can help prepare their children for hearing, vision and developmental screenings by:

- Reinforcing messages and activities that prepare children for sensory and developmental screenings at home
- Working with primary care providers or Head Start staff to ensure that all sensory and developmental screenings are conducted
- Providing screening results to Head Start programs if performed off-site

The Role of the Family Service Workers and other Staff

Teaching staff, home visitors, and family service workers play an important role in making sure all children are screened within the 45-day requirement. Head Start staff can assist in this task by:

- Developing classroom and at-home activities to prepare children for the hearing, vision, and developmental screening
- Informing parents on what will take place during the screening, whether onsite or through the child's primary care provider
- Discussing follow-up treatment and services with parents after receiving screening results

The Role of the Health Services Advisory Committee

The HSAC can assist programs in identifying agencies to provide onsite screenings and/or trainings for staff. HSAC members can also help to develop policies and procedures that aid health coordinators, family service workers, home visitors, and teaching staff in screening Head Start children within the 45-day requirement.

Well-Child Care



Head Start Program Performance Standard 1304.20 (a)

Determination of Child Health Status.

In collaboration with the parents and as quickly as possible, but no later than 90 calendar days, grantee and delegate agencies must: (ii) obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental, and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

- (A) For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring children up-to-date*
- (B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care*

Note: 1304.20 (a) (2) states that grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) within 30 calendar days from the child's entry into the program.



Head Start Program Performance Standard 1304.20 (c)

Extended follow-up and treatment.

- (5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.*



What is Well-Child Care?

Well-child care seeks to keep children healthy and to identify potential health concerns early. The earlier a child's health needs are identified and met, the better health and developmental outcomes for the child. Well-child care requires a collaborative partnership between Head Start staff, families, and the medical home to ensure that every child enrolled in Head Start receives recommended screenings, examinations, immunizations, as well as follow-up evaluation, diagnosis, and treatment. Well-child care includes:

- Review of the child's health history
- Screening tests to identify health conditions
- Physical examination
- Follow-up and treatment
- Health education and counseling

Health coordinators can assist families in establishing an ongoing, trusting relationship with a medical home. A positive, consistent relationship allows the health care provider to become knowledgeable about existing health conditions and familial risk factors and to provide more informed care and counseling. Parents also feel more confidence in the services provided to their child.

What Does a Well-Child Visit Include?

The CMS [benefit](#) outlines preventive health services covered through the Medicaid program. Many Head Start children are eligible for Medicaid, so you should be familiar with the EPSDT schedule for your state. Your state EPSDT schedule lists the following screening components that should take place from infancy to early childhood:

- Health history
- Physical exam
- Height/weight or length/weight (for infants)
- Head circumference
- Blood pressure
- Anticipatory guidance (health education/counseling)
- [Developmental and behavioral assessment](#)
- CDC [Immunization schedule](#)
- Newborn metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia)

- [Blood-lead screening](#)
- Anemia Screening
- Cholesterol screening
- Tuberculin skin test
- Hearing screening
- Vision screening
- [Dental exam](#)
- [Speech and language screening](#)

Well-child care begins before the child is born and continues until the age of 21. Through regular comprehensive prenatal visits, pregnant women can prevent low birth weight, premature labor, and birth defects, such as spina bifida. Prenatal education also informs women about the risks of smoking and drinking alcohol while pregnant and encourages women to practice healthy lifestyle choices for proper nutrition and exercise.

Health coordinators and family service workers should assist parents in maintaining the Well-Child Visit scheduled for the following ages:

- Prenatal
- Newborn
- Within 48 to 72 hours after hospital discharge
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years
- 5 years

Copies of your state EPSDT schedule can be provided as a reminder to parents during the initial health interview. For states that do not have a Medicaid EPSDT schedule, the AAP [Bright Futures](#) initiative recommends a schedule of well-child care for children birth to 5 years-old. Health managers can find the most recent [EPSDT and Bright Futures schedules](#) on the ECLKC.

Preparing Families for the Well-Child Visit



Head Start staff can help families prepare for the Well-Child Visit. The tip sheet, [A Partnership for Healthy Children: Helping parents advocate for their child's medical care](#), provides topics you can discuss with parents on their role in making sure their child is up-to-date. This resource emphasizes the importance of parents making their child's health a priority by:

- Taking time to attend doctor's appointments
- Communicating concerns or questions to the doctor
- Maintaining follow-up appointments and care



[A Partnership for Healthy Children: The Well Child Visit](#) is useful for both parents and Head Start staff in reviewing what will take place during the Well-Child Visit. This tip sheet describes the core aspects of the visit:

- Observe the child's skill development
- Perform blood tests
- Administer immunizations
- Screen hearing, vision and blood-lead level
- Answer questions on how to keep children healthy

Both tip sheets can serve as take-home resources for parents during the initial health interview.

Health managers and family service workers should develop positive relationships with the program's core set of primary care providers. A collaborative partnership will assist parents, Head Start staff, and the primary care provider to ensure all Head Start requirements are met in a timely manner and that the visits are well-documented in the child's health record.

Your Role as the Health Coordinator

In your role as the health coordinator, it is your responsibility to:

- Assist families in maintaining an up-to-date well-child care and immunization schedule
- Assist families in scheduling Well-Child Visit appointments

- Collaborate with family service workers and home visitors to ensure that every child is up-to-date
- Work with family service workers to include well-child care in the family partnership agreement
- Provide health education for children and families on the importance of well-child care

The Role of the Parents

Parents can assist their child in maintaining a schedule of Well-Child Visits by:

- Scheduling and attending Well-Child Visits
- Being aware of what should take place during the Well-Child Visit
- Sharing information about their family health history and the child's health with the provider
- Asking questions when information is not understood
- Keeping a list of questions to ask the provider
- Voicing concerns about changes in their child's health since the last visit

The Role of the Family Service Workers and other Staff

Head Start staff can work with parents in keeping up-to-date with Well-Child appointments by:

- Assisting parents in scheduling Well-Child Visits that are convenient
- Educating parents on what to expect during the visit
- Helping to provide transportation, translation, child care and other services that support parents

The Role of the Health Services Advisory Committee

The HSAC plays an important role to encourage primary care providers to meet the Well-Child and EPSDT schedules for Head Start children. Members can also help to develop policies and procedures to ensure that all components of the Well-Child Visit are completed. For example, HSAC can give parents forms for the primary care provider to complete with the results of the Well-Child Visit for the Head Start program.

Additional Online Resources

To help you become more familiar with your role in assisting with well-child care, the section “What is Well-Child Health Care and Why is it Important?” in the [Well-Child Health Care: Making It Happen Training Guide](#) provides additional fact sheets on screenings for anemia and intestinal parasites, tuberculin screening, and growth and nutrition assessment. The training guide includes activities for health managers and family service workers on developing partnerships with families and providers.



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarifications include questions regarding well-child care.

[What immunization requirements should be followed?](#)

Children in Head Start and Early Head Start programs must be immunized according to their State Medicaid EPSDT schedule for immunizations, not according to each child's doctor's recommendations. In many instances, State Medicaid EPSDT immunization requirements are the same as the recommendations for childhood immunizations outlined by the Centers for Disease Control and Prevention (CDC). For Head Start programs located in a state where state Medicaid EPSDT requirements differ from the CDC recommendations, the program's Health Services Advisory Committee may, in accordance with 1304.20(a)(1)(ii), require children receive the additional immunizations as recommended by the CDC.

Each state determines the guidelines for exemptions from immunizations due to medical, religious or other reasons. If a child in Head Start has a medical exemption that meets all the requirements of the State immunization exemption guidelines, they do not need to be immunized according to the State immunization schedule. Requirement 45 CFR 1304.20(a)(1)(ii)

[How should a Head Start program cover the costs of providing health services to an enrolled child if the child's family is not eligible for Medicaid/ EPSDT?](#)

The vast majority of Head Start families will be eligible for Medicaid/ EPSDT, CHIP or some other publicly supported health care system. If a Head Start program enrolls a child whose family is not eligible for any such system, the Head Start program should seek to have services provided to the child by the program's local health care providers at no or reduced costs. 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. Requirement 45 CFR 1304.20(c)(5)

If a Head Start child does not receive their physical examination within one year of their last physical (as required by Medicaid/ EPSDT), can the child be expelled from Head Start?

No, a program should not disenroll any child because the child has not had a recent physical examination. Rather, as required by 45 CFR 1304.20(a)(1)(ii)(A), the program should assist the parents of any such child to bring their children up-to-date on a schedule of well child care as determined by the State Medicaid\EPSDT program.

Requirement 45 CFR 1304.20(a)(1)(ii)(A)

Can a child be temporarily excluded from attending Head Start classes until they show proof of an appointment for their annual medical or dental exam required by the State Medicaid\ EPSDT periodicity schedule?

No. Head Start children can not be temporarily excluded from attending classes because they are not up-to-date on a schedule of well-child care, including annual medical or dental exams. [See 45 CFR 1304.22(b)]. However, if a state prohibits a child from entering a child care center until they have an annual medical or dental exam, in these situations a program would have no choice but to not allow the child to attend classes until the child had received the required examination(s).

[Requirement 45 CFR 1304.22(b)]

What is the Head Start program's responsibility if a child is due to have a physical or dental examination, as required by the state Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, 90 calendar days after the child's entry into the Head Start program?

45 CFR 1304.20(a)(1)(ii)(A) requires that Head Start programs work in partnership with the parent to ensure that the child continues to follow the recommended schedule for well child care as outlined by the state Medicaid EPSDT program. Head Start programs can develop systems that ensure regular communication between staff and parents occurs so that parents are aware of the need to keep their child up-to-date and that parents can inform staff about support services they may need, such as transportation, child care, etc., in order to keep medical and/or dental appointments.

Requirement 45 CFR 1304.20(a)(1)(ii)(A)



Blood-Lead Screening

Head Start Program Performance Standards require Head Start programs to follow the CMS Medicaid requirement for lead screening. CMS requires a blood-lead test for all Medicaid-eligible children at 12 months and 24 months of age. Children between the ages of 36 to 72 months must also have a

screening blood test if a lead toxicity screening has not been previously conducted. For cases where a blood “finger stick” test result is equal to or greater than 10ug/dl, the result must be confirmed through a venous blood draw.

Head Start programs have found complying with the CMS lead screening requirement challenging. Some health care providers do not perform lead screening as they feel the exposure to lead is minimal. However, estimates based on screenings show that low-income Medicaid-eligible children are nearly five times more likely to have harmful blood-lead levels than the general child population.

Your Role as the Health Coordinator

Health coordinators should be familiar with the CMS blood-lead requirement and its importance for the Head Start population. OHS issued an [IM on blood-lead screening](#) that reiterates the importance of lead screening and clarifies Head Start’s role in meeting the CMS requirement. You need to review the IM and its considerations for Head Start programs, such as partnering with state WIC offices that may require blood-lead screenings as part of SNAP.

As many health coordinators and family service workers struggle to obtain blood-lead screenings for Head Start children, OHS has developed a list of



[Strategies for meeting the blood-lead screening requirement in Head Start](#). One recommendation is to create a form letter parents can take to the Well-Child Visit that explains that blood-lead screening is a requirement for all Medicaid-eligible children through CMS. Health managers and family service workers can work with members of the HSAC to develop a letter using excerpts from the [IM on blood-lead screening](#). The health page on the ECLKC also lists [health departments that perform blood-lead screenings](#). This information may be helpful if primary care providers in your community do not perform blood-lead screenings.

The Role of the Parents

Parents can make sure that their child receives a blood-lead screening test by asking that a test be completed during the Well-Child Visit and documentation be provided for the Head Start program. If parents are uncomfortable with the services provided during the visit, parents should speak with the physician, as well as the Head Start program.

Bontivia Ben, mother of three and HSAC member, demonstrated her role as her child's advocate. After being notified that her child had high lead levels, Bontivia contacted the local lead department for a household lead evaluation. Due to a backlog of appointments, an inspector was unable to evaluate her home. With the encouragement of other parents and HSAC members, Bontivia persisted until her home was finally evaluated and repairs made to reduce the risk of lead exposure. As a parent, Bontivia was able to ensure that her child and other Head Start children in her community reduced their chance for lead poisoning.

"Participating in more [HSAC] meetings, it gave me the strength and courage to speak up."

- Bontivia Ben, *Weaving Connections*

The Role of the Family Service Workers and other Staff

Family service workers and home visitors should also be familiar with the blood-lead test as required by CMS for all Medicaid-eligible children. Staff can work with parents to ensure that a blood-lead test is completed by answering questions about what will take place during the visit.

The Role of the Health Services Advisory Committee

The HSAC plays an important role in advocating for services for Head Start children. As HSAC membership is comprised of community medical and dental providers, public health staff, and other local community agencies, members can develop Head Start outreach materials informing providers of the need for blood-lead screening.

Strategies for meeting the lead screening requirement in Head Start

1. Work in partnership with your local primary care providers to obtain blood lead tests for all Head Start enrolled children. Clarify that Head Start references the EPSDT requirements for Medicaid-eligible children as a standard of well child care and is applied to *all children* enrolled in Early Head Start and Head Start programs. Head Start follows the lead screening requirement under the EPSDT program of the Centers for Medicare and Medicaid Services as follows:

“CMS requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning.” [EPSDT Benefits](#)

2. Work with your Health Services Advisory Committee (HSAC) to organize outreach to community primary care providers and to identify alternate providers of blood-lead screening services, such as your local health departments and WIC office.

- Contact your local health department. (See list of local health departments posted on the Health Workspace.)
- Contact your State Women, Infants, and Children Office
[WIC State Agencies](#)

Your HSAC members and/or other administrative-level Head Start staff may help to foster relationships with community providers through providing tours of the Head Start facility and promoting Head Start’s mission and information on EPSDT screening.

3. Initiate contact with your Head Start-State Collaboration Office (HSSCO) and develop a relationship with your State Chapter of AAP to identify and conduct outreach to pediatric primary care providers, other health professionals, and community resources to perform blood-lead screening.

4. Refer to Federal government programs that provide resources on lead screening or are involved in blood-lead testing. Resources may include:

- [CDC - National Center for Environmental Health](#)
- [CMS - Dear Colleague Letter - Childhood Lead Poisoning](#)
- [CMS - EPSDT Form - 416 Instructions for Annual Reporting](#)
- [Environmental Protection Agency \(EPA\)](#)
- [HUD - Office of Healthy Homes and Lead Hazard Control](#)

5. Recruit community advocacy groups that can help to advocate for or facilitate performance of blood-lead screenings. Organizations may include:

- [Alliance for Healthy Homes](#)
- [Coalition to End Lead Poisoning](#)
- [National Center for Healthy Housing](#)
- [National Safety Council](#)

6. Include in the comment section of the PIR reasons why 100% of children were not screened for lead during the program year. (See page 16 of the PIR)

7. Subject to all appropriate law and regulation, *and as a last resort*, purchase equipment to conduct screenings onsite. You need to ensure that a qualified person is able to interpret the results and has a copy of the children’s medical records with results from previous blood-lead tests. Then you need to make sure to send results to the child’s primary care provider for inclusion in his/her medical record and formulation of a clinical plan of care based upon review of the blood-lead test results by the primary care provider.



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarifications include questions regarding blood-lead screenings.

[What must Early Head Start and Head Start programs do to meet the requirements for screening of children for lead poisoning?](#)

In March, 2008, the Office of Head Start issued an Information Memorandum, ACF-IM-HS-08-07, describing the lead poisoning screening requirement within the Head Start Program Performance Standards (HSPPS). The HSPPS lead poisoning screening requirement references the requirements of the Early and Periodic Screening, Diagnostic, and Treatment program (EPSDT) schedule of the Centers for Medicare and Medicaid Services (CMS), which are as follows:

“Lead Toxicity Screening - All children are considered at risk and must be screened for lead poisoning. CMS requires that all children receive a screening blood lead test at 12 months and 24 months of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. A blood lead test must be used when screening Medicaid-eligible children. A blood lead test result equal to or greater than 10 ug/dl obtained by capillary specimen (fingerstick) must be confirmed using a venous blood sample.”

(From: http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp.)

In order for programs to meet and comply with Head Start Program Performance Standards, programs must ensure that all children are screened for lead poisoning by blood lead testing as described above. The standard applies to all Early Head Start and Head Start enrolled children, not only to Medicaid-eligible children.

For purposes of clarity, the requirements for blood lead testing may be best understood by describing separately the requirements for Early Head Start and Head Start programs. The requirements for an Early Head Start enrolled child are:

- For a child enrolled before the age of 12 months, the program must obtain documentation that a blood lead test was done when the child reached the ages of 12 and 24 months;
- If there is no documentation that a blood lead test was performed at 12 months for a child enrolled between 12 and 24 months of age, a blood lead test must be performed as soon as possible. A second blood lead test will be required to be performed for the child at 24 months of age;
- The program is required to obtain documentation that a blood lead test was performed at 24 months of age or soon thereafter for a child enrolled at age 24 months or older.

The requirement for a Head Start enrolled child is:

- The program must obtain documentation that a blood lead test was performed at 24 months. If a blood lead test was not performed at 24 months, the program must obtain documentation that it was performed soon thereafter.

Head Start programs must work in partnership with parents to make sure that every enrolled child receives this screening. The standard applies to all Early Head Start and Head Start enrolled children. For the child who does not have documentation of blood lead testing that meets the CMS/EPSDT requirements, the program must assist the parents to obtain the required blood lead testing as soon as possible.

The best possible resource to obtain or perform blood lead testing is the child's clinical provider/medical home. This assures that other potentially relevant health circumstances that may increase a child's susceptibility to lead poisoning risk are recognized, and that the results of blood lead testing are incorporated into the child's primary care health record and ongoing plan of care. In circumstances where the primary care provider will not perform blood lead testing, local health departments and other community resources (such as clinics and other public health programs) may be utilized.

Requirement 45 CFR 1304.20(a)(1)(ii)(A)

Why, for a child at or older than 12 months and at or younger than 24 months, are two blood lead tests required?

A child's risk of exposure to sources of lead in the environment is in part determined by that child's advancing motor skills. As the child progresses from crawling to standing to walking, or from reaching to climbing, the child's ability to gain access to potential sources of lead (such as peeling paint chips on a window sill) increases. For this reason, during the critical period of rapid motor development between 12 and 24 months of age, two blood lead tests are required. In most countries, including the United States, blood lead levels peak at around 2 years of age. The purpose of screening for lead poisoning by blood lead testing at 12 and 24 months is to determine:

- Whether there has been a lead exposure by the age of 12 months, and;
- Whether there is an elevated blood lead level at 24 months of age.

Supplemental references:

- CDC Lead Poisoning Prevention Program
<http://www.cdc.gov/nceh/lead/>
- "Preventing Lead Poisoning in Young Children – A Statement by the Centers for Disease Control and Prevention August 2005"
<http://www.cdc.gov/nceh/lead/Publications/PrevLeadPoisoning.pdf>
- American Academy of Pediatrics Policy Statement
"Lead Exposure in Children: Prevention, Detection, and Management"
Committee on Environmental Health
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036>



Continuing Health Service Delivery

This section provides a schedule of dental visits for young children as recommended by the AAPD and describes how the DHI, a partnership between OHS and AAPD, is a critical link to meeting the dental health screenings for Head Start children.

It discusses the roles of the health manager and nutrition manager in identifying the nutritional needs of Head Start children and providing family-style dining during meal service.

This section also includes information that can be used to train program staff in complying with health and safety standards.

Continuing Health Service Delivery

Oral Health Care



Head Start Program Performance Standard 1304.20 (c)

Extended follow-up and treatment.

(3) Dental follow-up and treatment must include:

- (i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay;*
- (ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.*

(5) Early Head Start and Head Start funds may be used for professional medical and dental services when no other source of funding is available. When Early Head Start or Head Start funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.



Why is Oral Health Care Important?

Oral health care is important for all of us, especially children. Oral health is an essential component of a child's health, speech, and overall wellness. Poor oral health can cause chronic pain and impact a child's behavior in the classroom due to low concentration and difficulty in eating or speaking.

Some parents do not think baby teeth are important. As a health manager you know that healthy baby teeth are necessary for strong, straight teeth later in life and to prevent against [dental caries](#) or tooth decay. The [AAPD](#) recommends a dental check-up at least twice a year for most children. The AAPD recommends that children begin receiving periodic dental examinations and preventive services at the eruption of the first tooth, but no later than their first birthday. Regular dental visits help children, parents, and dental providers keep children's teeth healthy and strong. It also allows the

provider to notice early signs of dental decay. Some children with high risk of dental decay may need more frequent visits.

Parents may not understand the value of good oral health for young children. In your role, you can inform parents on the importance of preventive dental care and follow-up treatment of identified oral health issues. Incorporating effective and tailored oral health teaching into the daily lesson plans can be a shared task between you and the education specialist.

Definition of Dental Home

The AAPD derives its definition of a dental home from the AAP definition of a medical home. A dental home is described above “comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally-effective.” ⁴

A dental home for infants and young children should provide: ⁵

- Comprehensive oral health, including acute care and preventive services in accordance with AAPD periodicity schedules
- Comprehensive assessment for oral diseases and conditions
- Individualized preventive dental health program based on caries and periodontal disease risk assessments
- Anticipatory guidance about growth and development issues (i.e., teething, pacifier habits)
- Plan for acute dental trauma
- Information about proper care of the child’s teeth and gums
- Dietary counseling
- Referrals to dental specialists when care cannot be provided within the dental home
- Education regarding future referral to a dentist knowledgeable and comfortable with general oral health issues

A dental home may be a pediatric dentist’s office, a general dentist’s office familiar with working with young children, or a mobile dental van that provides onsite screening, fluoride varnish applications, as well as oral health treatment.

What Does a Dental Visit Include?

The CMS Web site contains the [AAPD dental periodicity schedule](https://www.aapd.org) and recommendations for preventive pediatric dental care. The schedule outlines

⁴ www.aapd.org

⁵ Ibid.

what should take place in a child's dental visit. A pediatric dentist or general dentist should:

- Review the child's medical and dental history
- Examine the child's teeth, gums, oral tissues, and jaws
- Provide teeth cleaning and polishing to remove debris
- Provide fluoride treatments that prevent cavities by renewing the fluoride content in the teeth's enamel
- Provide anticipatory guidance (health education and counseling) on proper tooth brushing, flossing, and nutrition

Preparing a Child for a Dental Visit

Head Start staff that work closely with families can help children and their families prepare for the dental visit.



[A Partnership for Healthy Children: Children and Dental Care](#) provides tips for staff and parents on how to make the child more comfortable when visiting the dentist. As the health manager, you can work with teaching staff to incorporate lessons on visiting the dentist. Children can role play what the dental visit will include and model for each other what will happen at the dentist's office.



Recruiting and Identifying Dental Care Providers

It is often difficult to recruit providers that accept Medicaid. In oral health, it is also a challenge to find dentists who are knowledgeable and comfortable with examining young children. HSAC members are the first line of support to help recruit providers. Local health care providers are more familiar with the community and can use their existing contacts to create awareness about Head Start's need for health care providers, especially those that accept Medicaid. Some Head Start programs have partnered with local dental schools to successfully recruit dental students to provide onsite services. Other oral health partners may include the:

- [American Dental Hygienist Association](#)
- [Association of State and Territorial Dental Directors \(ASTDD\)](#)

The American Dental Association also provides a [dentist locator](#) that lists practicing pediatric dentists and general dentists in your community.

Dental Home Initiative

AAPD is working to raise awareness among the Head Start and dental communities, through the [DHI](#), to begin as early as possible to prevent against dental disease, especially in high-risk populations. This partnership between the OHS and the AAPD seeks to create awareness regarding the need of dental services for Head Start children at the national, Regional, and local levels. The DHI will develop a network of dentists and TA providers to increase access to a dental home for all Head Start children. The partnership will provide parents and Head Start staff the latest information on how to prevent tooth decay and establish a foundation for a lifetime of oral health.

Each Region is assigned an oral health consultant to assist state leadership teams in developing a state network. These networks will consist of local dentists, Head Start staff, and community leaders that help to identify strategies in overcoming the barriers that Head Start children face in accessing dental homes. For TA through this initiative you can contact your [state leader and Regional oral health consultant](#).

Promising Program Practices

Many Head Start grantees have developed approaches to help programs provide oral health screenings and fluoride varnish applications to children. Through a 2006 Oral Health Initiative (OHI) Grant, 52 Head Start and EHS grantees received funds to expand access to oral health care, build community partnerships, and promote oral health education. Some of the strategies OHI grantees found successful include:

- **Adopt-a-Head Start Center programs**, with dental offices committed to providing oral health screenings, education, and appointment time for Head Start children
- **Provide Head Start informational sessions** for Medicaid clinics, dental offices, and health department staff
- **Produce quarterly oral health newsletter** for staff, parents, and the community
- **Develop take-home oral health activity kits** for families
- **Promote parent-to-parent peer mentors** to provide oral health training during parent education classes and Policy Council sessions
- **Promote children as role models** for other children who may be apprehensive
- **Create local public service announcements** on the need for dental providers to serve Head Start children
- **Establish personal relationships with local dentists** to recruit more dentists to serve Head Start children

- **Hire dental hygienists** to provide oral health education, screenings, apply fluoride varnish
- **Build upon existing community resources** to develop, strengthen community partnerships
- **Build upon existing local and state oral health efforts** to maximize resources and to coordinate efforts
- **Analyze PIR data** to assess success of program's efforts
- **Create a focus on oral health of pregnant women**
- **Recruit dentists to serve on the Health Services Advisory Committee**
- **Utilize a full service dental van** funded by local community
- **Conduct parent surveys** to assess attitudes towards oral health
- **Develop strategies to support parents** in addressing their fear of the dentist

Head Start programs differ from community-to-community. With the help of the HSAC you can decide what strategies will work best for your program based on the population you serve and the resources available.

Your Role as the Health Coordinator

As the health coordinator, you can assist children in achieving good oral health by:

- Maintaining a dental health roster listing:
 - Providers' contact information
 - Services provided to young children and pregnant women
 - Type of insurance accepted
 - Office hours
- Recruiting community providers to conduct on-site oral health screenings and fluoride varnish applications and provide follow-up treatment and care
- Assisting parents in scheduling dental appointments
- Accompanying parents and children to dental visits
- Providing translation services for families while at the dentist
- Educating parents and staff on the importance of good oral health
- Becoming involved in state oral health coalitions

The Role of the Parents

Parents can ensure their child maintains good oral health by:

- Establishing a dental home for themselves and their children

- Developing goals to arrive on time for dental appointments, follow-up with dental treatment, model daily tooth brushing, and incorporate nutritious foods at home
- Reviewing the importance of good nutrition and regular tooth brushing
- Scheduling and attending regular dental visits
- Following up with preventive care and treatment as indicated by the dentist
- Asking questions if information is not understood

The Role of the Family Service Workers and other Staff

Head Start staff assist can ensure children practice good oral health by:

- Modeling proper oral health practices
- Including oral health messages during classroom activities around tooth brushing and nutrition
- Including oral health as a priority in the Family Partnership Agreement
- Including activities and information for parents on how to prepare children for the dentist
- Identifying family concerns or fears about the dentist
- Providing parents support on how to help make dental visits fun for their child

The Role of the Health Services Advisory Committee

The HSAC can support the health coordinator and Head Start program to promote oral health by:

- Developing training and policies that promote good oral health
- Recruiting dental providers to serve Head Start children
- Identify organizations to donate oral health supplies for all children

Additional Online Resources

[The Importance of Oral Health](#) Webcast, aired on February 26, 2009, featured a roundtable discussion on oral health services in Head Start. The Webcast provides a foundation for health managers and other Head Start staff on oral health.

The ECLKC [Oral Health](#) page features oral health resources you can use to inform families and staff on the importance of oral health care. The Web site includes:

- [Embracing Our Future – Matthew’s Story](#) illustrating the importance of accurately identifying dental health concerns.
- Oral health education training materials from the University of Washington, Pacific Island Early Childhood Caries Prevention IIP. These materials were developed for the Islands of Micronesia; however, they may be a useful addition to your oral health training materials.

The [National Maternal and Child Oral Health Resource Center](#) provides resources you can use to build an oral health curriculum. The Web site provides a useful matrix [comparison of oral health curricula](#) that meet the HSPPS. The matrix cites: Bright Smiles, Bright Futures; Cavity Free Kids; Open Wide; WIC Lesson Plans; and, locally-developed curricula. It lists the targeted and intended audiences, topics addressed, and cost to purchase each curriculum.

The Oral Health Resource Center also lists electronic listservs and newsletters, such as the *Oral Health Alert*, a monthly newsletter highlighting national initiatives, materials, and journal articles. You can keep up-to-date on oral health issues by subscribing to the monthly e-newsletter at OHAAlert@mchoralhealth.org.

The Head Start Resource Center provides a listserv connecting OHI grantees, DHI state team leaders, and Regional oral health consultants. To subscribe, email OralHealth@hsnrc.org.

The [Head Start and Partners Forum on Oral Health](#) bulletin provides insights on the “Causes of Dental Caries and the Role of Good Nutrition,” “Oral Health Assessment and Dental Prevention,” as well as “Tooth Brushing and Head Start: What’s It All About?”

Nutrition



Head Start Program Performance Standard 1304.23

Child Nutrition.

(a) Identification of nutritional needs.

Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning:

- (1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);*
- (2) Information about family eating patterns, including cultural 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 (see 45 CFR 1308.20);*
- (3) For 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. This information must be shared with parents and updated regularly; and*
- (4) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.*

(b) Nutritional services.

- (1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child's food experience.*
 - (i) All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.*
 - (ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day.*

- (iii) *All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.*
 - (iv) *Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.*
 - (v) *For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.*
 - (vi) *For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.*
 - (vii) *Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible or at appropriate intervals.*
- (2) *Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).*
- (3) *Staff must promote effective dental hygiene among children in conjunction with meals.*
- (4) *Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.*
- (c) *Meal service. Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:*
- (1) *A variety of food is served which broadens each child's food experiences;*
 - (2) *Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;*
 - (3) *Sufficient time is allowed for each child to eat;*
 - (4) *All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;*
 - (5) *Infants are held while being fed and are not laid down to sleep with a bottle;*
 - (6) *Medically-based diets or other dietary requirements are accommodated; and*
 - (7) *As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.*

(d) Family assistance with nutrition. Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

(e) Food safety and sanitation.

(1) Grantee and delegate agencies must post evidence of compliance with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, agencies must contract only with food service vendors that are licensed in accordance with State, Tribal or local laws.



Meeting Nutritional Needs

Proper nutrition promotes healthy physical, cognitive, and behavioral development. Identifying the nutritional needs of children with the assistance of nutrition staff and parents is an important task for health managers. Gathering information such as height, weight, hemoglobin/hematocrit, food allergies and intolerances, special needs, and the feeding schedules for infants and toddlers will determine the menu planning for your program. Considerations should be made to include healthy cultural foods in menu plans.

As required by the HSPPS, Head Start provides up to two-thirds of a child's daily nutritional needs. If a child is identified as underweight, health managers, nutrition staff, and family services staff can work with the primary care provider to identify any health issues. In cases of food insecurity, programs can refer parents to [WIC](#) and [SNAP](#) or a local food program. For children who are overweight, health coordinators, nutrition staff, and family service workers should work with the primary care provider to identify any health issues. Within the program, staff can develop information for the family that emphasizes [making healthier food choices](#). Along with the HSAC, you may decide to develop a series of workshops on menu planning and budgeting that families can use even after the children leave Head Start.

Meal Service and Feeding

In Head Start, children eat their meals family-style. Individual place settings are arranged around the table for children, teachers, and volunteers. The remaining food is placed on the table in serving bowls and passed for additional portions. During meal time it is expected that adults and children discuss the colors, textures, and taste of the food. The children are allowed to eat without the need to quickly finish or the pressure of food being used as a reward or punishment. While young children eat family-style for breakfast and lunch, infants are held by an adult during feeding. Typically infants are fed on demand.

Tooth Brushing

Good oral health practices are important to reinforce after meal times. Teaching staff, volunteers, and children should practice good oral health by brushing their teeth with the children after meal times. The [Program Instruction on Oral Health](#) explains OHS' expectation and regulations regarding tooth brushing. For example, children age two and over should brush once daily, after a meal with assistance from Head Start staff.

Teachers can distribute small “pea-sized” amounts of fluoridated toothpaste for each child and model brushing their teeth horizontally for about two minutes to remove food and plaque. Children should be instructed to spit out the excess toothpaste; however, to avoid rinsing as it may wash away fluoride. The toothbrushes should be rinsed and stored in an upright position to dry. Your program may already have oral health practices that work well.



If not, you can refer to the [tooth brushing protocol for children 3- to 5- years old](#) developed by the University of Iowa. [The Importance of Oral Health Webcast](#) is another resource on circle-style tooth brushing after meals. The Webcast also provides a foundation for health managers and other Head Start staff on oral health.

Your Role as the Health Coordinator

Nutrition services are primarily the responsibility of the nutrition manager. As a health coordinator, you can work in collaboration with the nutrition manager to plan meals through the Child and Adult Care Food Program (CACFP) and SNAP. Working closely with Head Start nutrition services, teaching staff, and program directors you will:

- Collaborate with the local WIC Program

- Assist program directors with the CACFP -- [Infant Meals: Food and Nutrition Service](#)
- Work with the nutrition manager to promote [personal health habits](#) for kitchen staff
- Conduct [nutritional assessments](#)
- Incorporate nutrition and physical activity through promoting [I am Moving, I am Learning \(IMIL\)](#)
- Plan the [ABC's of Successful Menu Planning: Family-Style Meal Service](#)
- Be a resource for family service staff in assisting families with the [10 Steps to Help You Fill Your Grocery Bag Through the Food Stamp Program](#) (As of Oct. 1, 2008, *Supplemental Nutrition Assistance Program* (SNAP) is the new name for the Federal *Food Stamp Program*.)

The Role of the Parents

Parents can help their children to develop healthy bodies and minds by preparing healthy foods at home. Parents can also designate time for physical activity at home and decrease the amount of screen time and sedentary activities for their children. By preparing healthy meals and increasing physical activity, the entire family will benefit from time together and better overall health. Parents should also inform staff of any food allergies and intolerances the program should accommodate.

The Role of the Family Service Workers and other Staff

Head Start staff that work closely with families can inform them of the nutrition services provided at the center. Family service workers and home visitors can also connect families in need of food assistance with applications to the WIC, SNAP and/or local food pantries.

Nutrition staff can work with teaching staff to incorporate activities in the classroom on the importance of eating foods rich in nutrients and vitamins and how the food affects one's body and mind. To reinforce these messages teaching staff may develop parent workshops on cooking healthy within a small budget.

The Role of the Health Services Advisory Committee

The HSAC can support your role in coordinating nutrition services by hiring a registered dietician or nutritionist to oversee the program's nutrition services. HSAC can also help inform you and nutrition staff on current CACFP guidelines.

Additional Online Resources

You may find the following food and nutrition resources helpful in your work.

- [EHS Tip Sheet No. 7: What Are the Differences between a Registered Dietitian \(RD\) and a Nutritionist?](#)
- [Do Programs Need to Provide Formula During Socializations?](#)
- [Four Easy Lessons in Safe Food Handling](#)
- [Measuring Height and Weight Accurately at Home](#)
- [Topical Fluoride Recommendations For High-Risk Children Under Age 6 Years](#)
- [A Healthy Mouth for Your Baby](#) (also available in [Spanish](#))

Health and Safety



Head Start Performance Standard 1304.22

Child Health and Safety.

(a) Health emergency procedures.

Grantee and delegate agencies operating center-based programs must establish and implement policies and procedures to respond to medical and dental health emergencies with which all staff are familiar and trained. At a minimum, these policies and procedures must include:

- (1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;*
- (2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;*
- (3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);*
- (4) Methods of notifying parents in the event of an emergency involving their child; and*
- (5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.*

(b) Conditions of short-term exclusion and admittance.

- (1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.*
- (2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.*
- (3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.*

(c) Medication administration. Grantee and delegate agencies must establish and maintain written procedures regarding the administration, handling, and storage of medication for every child. Grantee and delegate agencies may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws. The procedures must include:

- (1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;*
- (2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;*
- (3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;*
- (4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;*
- (5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and*
- (6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.*

(d) Injury prevention. Grantee and delegate agencies must:

- (1) Ensure that staff and volunteers can demonstrate safety practices; and*
- (2) Foster safety awareness among children and parents by incorporating it into child and parent activities.*

(e) Hygiene.

- (1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:*
 - (i) After diapering or toilet use;*
 - (ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);*
 - (iii) Whenever hands are contaminated with blood or other bodily fluids; and*
 - (iv) After handling pets or other animals.*
- (2) Staff and volunteers must also wash their hands with soap and running water:*
 - (i) Before and after giving medications;*
 - (ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and*
 - (iii) After assisting a child with toilet use.*
- (3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.*
- (4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.*
- (5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conducts these procedures.*
- (6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.*
- (7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.*

(f) First aid kits.

- (1) Readily available, well-supplied first aid kits appropriate for the ages served and the program size must be maintained at each facility and available on outings away from the site. Each kit must be accessible to staff members at all times, but must be kept out of the reach of children.*
- (2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.*

Importance of the Health and Safety of Children in Head Start

In Head Start, the environment in which a child learns and plays must be healthy and safe. It is the task of the health coordinator to work closely with program staff to ensure the safety of playgrounds and classrooms and to reduce the spread of childhood illness. As some injuries result from children's exploration of their environments, [understanding childhood injuries](#) is an important resource that explains the relationship between childhood injuries and development.

Head Start programs are mandated to establish health and safety policies and procedures for:

- preventing injuries on-site
- notifying parents in case of an emergency
- handling suspected cases of child abuse and neglect
- dealing with communicable diseases
- promoting hygiene
- administering medication

It is essential that Head Start staff and volunteers receive ongoing training on safety policies and procedures to effectively implement day-to-day health and safety practices.

Health Emergencies

All Head Start programs must establish written procedures to respond to routine, urgent, or emergency medical needs. Procedures include rapid response to emergencies, telephone numbers of emergency response teams, evacuation routes, and contact information to notify parents. Head Start programs should institute clear, easy-to-follow procedures and ensure that all staff is up-to-date and trained on effective health and safety practices.

Injury Prevention

Preventing childhood injuries is a common concern for Head Start staff, parents, and the community. Injuries are not always emergencies, but staff and volunteers can ensure that safety practices are maintained. Children learn by exploring the environment, which can expose them to situations where injuries may occur. The playground is one environment where children may hurt themselves. Playground equipment and activities should be developmentally appropriate and offer interactive experiences.

Children can safely explore their environment if programs maintain:

- a safe learning environment by closely supervising young children (teaching, monitoring, and enforcing safe behaviors for children and providing developmentally appropriate experiences and materials);
- a safe indoor environment created by maintaining a physical space that is not cluttered where children and adults can move about the room freely (toys that are developmentally appropriate and non-toxic enhance safety);
- an appropriate outdoor space in accordance with the Head Start Program Performance Standards designed to support the developmental progress of all children and to prevent injuries; and
- an emotionally safe environment by communicating in a respectful manner and using appropriate body language

Child Abuse and Neglect

All Head Start programs have procedures in place to support staff when dealing with suspected or known cases of child abuse and neglect. Child abuse is considered an emergency, so it is essential to intervene in any suspected case of abuse and neglect, both for the safety of the child and for the wellness of the family. Federal, state, and Tribal laws require educators and caretakers to report all suspected cases of abuse and neglect. Laws about when and to whom to report vary by state, but failure to report abuse is a crime in all states and may lead to legal penalties.

As the health coordinator you should help to formulate and implement local policies for dealing with child abuse and neglect. You can consider the following:

- **Involve the HSAC, the Governing Board, and Policy Council** when developing policies and procedures for reporting suspected cases of child abuse and/or neglect

- **Establish partnerships** with physicians, child psychiatrists, nurses, nurse practitioners, and child protective services who are knowledgeable about child abuse and neglect
- **Understand Federal, state, local and Tribal regulations** for reporting suspected child abuse and/or neglect.
- **Provide staff and volunteer orientation and training** on identifying and reporting child abuse and neglect
- **Regularly orient and train parents** on child abuse and/or neglect policies and procedures

Administering Medication

Managing medication can be complicated. Proper dosage, timing, and careful observation of any effects of the medication are important. There are state regulations and guidelines for child care settings that address safe administration of medications including prescription medicines, as well as medications purchased over-the-counter.

You can work with the HSAC to establish local policies and procedures for administering over-the-counter drugs. The first step in managing medication is to determine who may administer it. The nurse practice acts in each state define who is qualified to administer medications in child care settings and programs must be aware of and adhere to these regulations. You will need to be aware of your state licensing laws, which are often found in your state nurse practice act. The [National Council of State Boards of Nursing](#) provides links to each state.

First Aid Kits

In order to respond to the minor injuries that occur while at Head Start, staff should have access to a first aid kit that can be used when children are on the playground or in the center, going on a field trip, or being transported to and from their home. *Head Start Program Performance Standards* require that inventories must be taken regularly and kits should be replenished frequently. Consider the following suggestions as you prepare first aid kits:

- Be sure that the supplies in the first aid kit are age appropriate
- Be sure that there are enough supplies
- Assign a staff person to check the supplies and re-stock as necessary
- Develop a checklist of inventory
- Monitor expiration dates
- Train staff to use the first aid kits

The American Red Cross has compiled an approved list of supplies to include in a [first aid kit](#). The HSAC also can recommend materials for the kit.

Hand Washing

Proper hygiene helps to prevent communicable diseases and illnesses. HSPPS include guidelines for hand washing, the use of latex gloves, diapering and toileting, sanitation, and the proper placement of cribs and cots. Proper adherence to these guidelines can help keep children, staff, parents, and volunteers healthy.

(Section adapted from Technical Assistance Paper No. 1 [Physically Healthy and Ready to Learn](#))

Your Role as the Health Coordinator

In your role as health coordinator, you are responsible for:

- Establishing and enforcing safety rules
- Training Head Start staff, children, and parents on health and safety procedures
- Ensuring that the Head Start environment—including the classroom, playground, and surrounding areas—is developmentally appropriate and safe
- Developing and enforcing rules related to administering medication
- Developing and enforcing exclusion and admittance of children who have been ill or injured
- Identifying and completing the appropriate reporting, documentation, and paperwork following a child's injury or illness
- [Preparing for and managing emergencies](#)
- Reviewing [blood-borne occupational safety and health standards](#) through the Department of Labor, Occupational Safety and Health Administration

The Role of the Parents

Parents help Head Start programs control the spread of infection by keeping children at home if they are sick or recovering from an illness. Parents can reinforce hand washing, toileting, and good hygiene while children are at home. Parents can also provide staff with a list of medications to be administered while at the center.

The Role of the Family Service Workers and other Staff

All Head Start staff can control the spread of infection through hand washing and staying home when they are sick. In addition, staff can also help with the following tasks:

- Program directors can ensure that programs have first aid kits that are readily available and emergency preparedness plans that are familiar to all staff and well-practiced
- Teaching staff should prepare children in the event of an emergency
- Facilities staff should ensure that learning and play spaces are safe for children.

The Role of the Health Services Advisory Committee

The HSAC can assist you in maintaining a healthy and safe learning environment for Head Start children. With the help of HSAC members you can assist in developing an emergency preparedness plan and a health emergency plan, to develop policies for short-term exclusion and to develop medication administration policies.

Additional Resources



The [IM on the Safety of Children](#) is a helpful reminder for health managers and Head Start staff on the obligations of programs to ensure the health and safety of all children while at the center.

The [Health and Safety Checklist](#) lists safety hazards found in homes and schools.

[Preparing for emergencies in Head Start](#) is a chart that summarizes emergency information for health managers and program directors. The chart includes required policies, procedures, and forms.

[Managing Communicable Diseases: Ten Steps to Consider](#) outlines who a health coordinator should contact if a child gets sick.

Mental Health



Head Start Performance Standard 1304.24

Child Mental Health.

(a) Mental health services.

- (1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by:*
 - (i) Soliciting parental information, observations, and concerns about their child's mental health;*
 - (ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;*
 - (iii) Discussing and identifying with parents appropriate responses to their child's behaviors;*
 - (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;*
 - (v) Helping parents to better understand mental health issues; and*
 - (vi) Supporting parents' participation in any needed mental health interventions.*
- (2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and*
- (3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:*
 - (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;*
 - (ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;*
 - (iii) Assist in providing special help for children with atypical behavior or development; and*
 - (iv) Utilize other community mental health resources, as needed.*



Addressing Individual Child Health Needs and Keeping Children Healthy

This section outlines the roles and responsibilities of program staff and community providers in ensuring a systematic and comprehensive approach to individual child health needs. A link is included to the Disabilities Orientation Guide to reinforce the need for collaboration and coordination in meeting the needs of the individual child.

It also discusses the types of health tracking tools, electronic and paper used by programs depending on size, funding, and access to technology. Confidentiality issues, such as storage and the Health Insurance Portability and Accountability Act (HIPAA) are included.

Addressing Individual Child Health Needs and Keeping Children Healthy

Individualization



Head Start Program Performance Standard 1304.20 (c)

Extended follow-up and treatment.

- (4) *Grantee and delegate agencies must assist with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).*



Head Start Program Performance Standard 1304.20 (f)

Individualization of the program.

- (1) *Grantee and delegate agencies must use the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child's parents to help staff and parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths and needs.*

Why is Individualization Important?

Individualization is key to the philosophy of Head Start. Each child entering Head Start brings a unique set of developmental and health needs. As the health coordinator, you will assess a child's ongoing health needs based on the initial health assessment, the Family Partnership Agreement, daily health checks, and health concerns identified throughout enrollment.

Through ongoing observations, health coordinators work with parents, primary care providers, and other program staff to develop and revise efficient and effective individualized care plans. This tailored approach

fosters the child's cognitive, social, and emotional development and physical health; preparing the child for school.

Individual Care Plan

While not required by the HSPPS, many Head Start programs find having individual care plans useful in coordinating children's health care services. The individual care plan identifies acute and chronic health concerns of each child.

Acute

How Are Chronic Conditions Different From Other Kinds Of Illnesses?

Every child periodically experiences acute illnesses - those that last only a short time. A child with the flu might be quite sick but usually gets better within a few days. To give the ill child the extra attention needed, parents might temporarily put aside some usual responsibilities, get a little less sleep than usual, and get help from friends or family for a few days until the child recovers and the routines are back to normal.

(Taken from the [Training Guides for the Head Start Learning Community: Caring for Children with Chronic Conditions](#)).

Chronic

What Are Chronic Conditions?

Chronic conditions are health conditions that continue over a long period of time, often for life. Although the terms "chronic condition" and "chronic illness" may be used interchangeably, a person with a chronic condition may or may not be unwell from day to day.

Chronic conditions vary widely. Some examples of chronic childhood conditions include allergies, asthma, hearing loss, diabetes, seizures, cerebral palsy, cancer, spina bifida, and HIV/AIDS. A child might be diagnosed with a single chronic condition or multiple conditions. For example, children born premature and with very low birth weight may have multiple conditions such as developmental delays, cerebral palsy, and asthma.

Children's symptoms of chronic conditions can range from mild to severe. They may need few or many adaptations in daily activities. For example, a child with allergies and asthma might be well on a daily basis with only seasonal episodes requiring treatment; whereas a child with diabetes might need daily medication and monitoring of diet, exercise, symptoms, and blood sugar levels.

The course of chronic conditions can also vary over time. A chronic condition may stay the same or change, either getting better or worse, over time. For example, a child's visual impairment from birth might be stable over time; a child successfully treated for leukemia might go into remission; and a child with HIV disease might progress from having no symptoms to frequent illnesses.

In your role as a health manager, you may be asked to provide or arrange for staff training about specific chronic health conditions. Also, you need to be aware of your state licensing laws regarding medication administration, which are often found in your state nurse practice act. The [National Council of State Boards of Nursing](#) provides links to each state. If you meet the state requirements, you may be asked to provide medication to children. In other instances, you may provide or arrange for training for staff to administer medications.

Like any other child, the child with a chronic condition is a unique individual. Head Start's responsibility is to get to know each child and family and to individualize the child's care.

(Taken from the [Training Guides for the Head Start Learning Community: Caring for Children with Chronic Conditions](#)).

An individual care plan outlines the steps needed to address specific health conditions and tracks the progress in resolving or managing those conditions. The individual care plan should map the responsibilities of all the parties involved. Involved parties may include, but are not limited to:

Your Role as the Health Coordinator

- Participate in the development, implementation, record keeping, reporting, and monitoring of the plan
- Provide needed training and strategies for efficiently addressing the child's specific need
- Inform parent, primary care provider, other staff/volunteers on progress and adjustment needed

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

The Role of Parents

- Provide information to all parties involved including any changes or progress made
- Participate in development of plan and collaborate with others
- Implement developed strategies at home
- Review, revise, and sign plan
- Volunteer as needed in the classroom

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

The Role of Family Service Workers and Other Staff

Family Service Workers

- Participate in the development and review of the plan
- Provide support to the family to ensure full compliance and successful implementation
- Document and report progress
- Assist other program staff with the implementation of the plan

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Family and Community Partnership Specialist

- Participate in the development of the plan
- Ensure that the family service worker shares and documents information related to the child's need
- Monitor communication between the family and program staff
- Arrange necessary support for the family related to the child's need

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Education Coordinators

- Participate in the development/review of the plan
- Provide guidance to the teaching staff in individualizing for the child
- Monitor implementation of the plan and documentation of progress or adjustment needed

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Teaching Staff

- Participate in the development of the plan
- Implement the plan and include strategies indicated in the child education plan

- Take opportunity of teachable moments to educate the class on the needs of children
- Be alert, document and report immediately to parent and appropriate staff observations related to the child's condition
- Inquire about support and follow-up
- Offer parents opportunities to volunteer in the classroom
- Make necessary accommodations to ensure that a child is able to participate, to the extent possible, in all scheduled activities
- Praise the child's accomplishments and monitor progress

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Nutrition Staff and Food Service Staff

- Assist staff in developing plan
- Educate staff and parent on any nutritional needs
- Document and report on progress

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Mental Health Staff

- Assist staff in developing plan
- Educate staff and parent on any mental health needs
- Document and report on progress

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Volunteers and Other Community Partners

- Assist program with the implementation of the child's individual care plan
- Follow staff instruction when assisting with daily activities
- Report any observed changes immediately

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Executive Program Directors and Assistant Directors

- Ensure adequate staffing of the program to assist with servicing children in need
- Review reports on progress
- Monitor implementation of plans in place

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Primary Care and Dental Providers

- Provide specific directions and guidance in developing and implementing working strategies to address the child's needs
- Review and revise the plan upon request from others
- Educate parent on nature of their child's needs and progress

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

The Role of the Health Services Advisory Committee

- Assist in the development and review of policy and procedures to address the needs of enrolled children
- Provide guidance to staff in the implementation of care plans
- Advocate for adequate response from community providers to address the needs of children
- Educate/inform program on new findings, research, treatment, resources relative to health conditions

(Adapted from Supporting Children's Individual Needs in Head Start: Individual Care Plan developed by Guylaine Richard M.D. MPH)

Who Should Have an Individual Care Plan?

Children who benefit from an Individual Care Plan may include those who require:

- Accommodations in daily activities including feeding, playing, sleeping, and toileting
- Regular medication administration
- Short-term exclusion; for example, head lice, measles/mumps
- Physical accommodations due to short-term injury
- Mental health assistance
- Dietary accommodations
- A specialized emergency plan

Examples of Individual Care Plans

One program's Individual Care Plan may differ from another program's in format, methods of communication among involved parties, and the level of detail recorded. To help you create an individual child care plan, two examples are provided.



The [Individualized Care Plan](#) outlines responsible parties and provides spaces for tasks to be assigned and progress notes recorded.



The [Special Care Plan for Children with Asthma](#) provides health managers and family service workers a quick way to assess and manage a child's asthma within the Head Start setting.

Review the various aspects of the two child care plans and work with your program staff and HSAC members to develop the plan that best suits your Head Start program.

Individualizing for Children with Disability



Head Start Program Performance Standard 1304.20 (f)

Individualization of the Program.

(2) To support individualization for children with disabilities in their programs, grantee and delegate agencies must assure that:

- (i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part H) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;*
- (ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part H plan to coordinate any needed evaluations, determine eligibility for Part H services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;*

- (iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and*
- (iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.*

OHS in collaboration with the Head Start Knowledge and Information Management Services (HSKIMS) developed an [Orientation Guide for Head Start Disabilities Services Coordinators](#). This is a resource with information and tools that will assist disability coordinators in their work. It will provide you insight in addressing the health needs of children with disabilities.

INDIVIDUAL CARE PLAN – FORMAT A

Child's Name: _____

Classroom: _____

DOB: _____

Identified Concern:

Instructions, Strategies, Responsibilities and Follow up/Monitoring/Modifications from the following parties involved in the development, implementation, and monitoring of the plan

Responsible Party	Instructions/ Responsibilities/ Strategies (Include Date)	Follow - up/ Monitoring/ Modifications (Include Date)
Primary Care Provider Name: Phone:		
Dental Provider Name: Phone:		
Parent/ Guardian Name: Phone:		
Health Manager Name: Phone:		
Nutrition Consultant Name: Phone:		

Cafeteria Staff Name: Phone:		
Teaching Staff Name: Phone:		
Family Advocate Name: Phone:		
Other Specialists (e.g. speech pathologists, occupational/physical therapists) Name: Phone:		

What to do in case of emergency:

Health Manager's Signature: _____

Parent's Signature: _____

Date of Original Plan: _____

Review Date (s): _____

PROGRESS NOTES

Child's Name: _____

Classroom: _____

DOB: _____

(Include date and your initials as part of your documentation)

[illegible]

INDIVIDUAL CARE PLAN – FORMAT B

Child's Name: _____

Classroom: _____

DOB: _____

Identified Concern:

Instructions, Strategies, Responsibilities and Follow-up/Monitoring/Modifications from the following parties involved in the development, implementation, and monitoring of the plan

Date: _____

Primary Care Provider will:

Date: _____

Dental Provider will:

Date: _____

Parent/Guardian will:

Date: _____

Health Manager will:

Date: _____

Nutrition Consultant will:

Date: _____

Cooking Staff will:

Date: _____

Teaching Staff will:

Date: _____

Family Support staff will:

Date: _____

Other Staff (-----) will:

Monitoring and Follow-up/Progress made:

What to do in case of emergency:

Health Manager's Signature: _____

Parent's Signature: _____

Date of Original Plan: _____

Review Date (s): _____

Ongoing Care



Head Start Program Performance Standard 1304.20 (c)

Extended follow-up and treatment.

- (1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.*
- (2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.*



Head Start Program Performance Standard 1304.20 (d)

Ongoing Care.

In addition to assuring children's participation in a schedule of well child care, as described in §1304.20(a) of this part, grantee and delegate agencies must implement ongoing procedures by which Early Head Start and Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals. These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

Why is Ongoing Care Important for Head Start Children?

In Head Start, coordination of health services continues after the program meets the 45-day screening or 90-day physical examination requirement for each child. In many cases Head Start serves as a family's resource and referral on health information. During the program year children may develop chronic or acute health conditions that require immediate attention. In these circumstances, programs must be able to quickly recognize children requiring referral to medical services.

It is important to remind all program staff that promoting health and development is a part of everyone's role. As the health coordinator, you should work with your health team to inform and train other staff (e.g., program director, the facilities manager, nutrition staff, teaching staff, family service workers, home visitors, bus drivers) on how to identify health concerns that may emerge during a child's enrollment. Staff should be able to recognize significant changes in behavior, attendance, weight, or signs of neglect.

Regular observations of children's health status are important in order to keep up-to-date on the health condition of each child. Some programs conduct daily health checks of children as they begin their day at the center. Staff should be trained to observe the following:

- Elevated temperature, pale or flushed coloring⁶
- Repeated, severe coughing
- Stomach ache, vomiting, and/or diarrhea
- Red and/or draining eyes or ears
- Undiagnosed skin rashes, sores, bruises, and/or swellings
- Unusual activity levels, such as irritability or fussiness, listless behavior
- Tooth discoloration or bleeding gums during tooth brushing
- Signs of injury, such as bruising or abnormal swelling
- Abnormal emotional or behavioral patterns that are different from the previous day (i.e., timid, fearful, or aggressive behavior)
- Unusual changes in eating, sleeping, and toileting
- Unusual changes in physical activity such as frequent falling
- Lack of response to verbal commands
- Decreased talking

Staff should remind parents to share any changes in health or behavior since the last day of attendance. If a health issue is identified through a daily health check, staff needs to know how to inform you of these concerns, whether through an electronic tracking system or a paper form.

⁶ www.aap.org

Transition to Kindergarten

It is important that health services received while enrolled in Head Start continue after Head Start. You can to work with family service staff and families on the safe transfer of health information as the child enters kindergarten. Parents may be provided hard copies of the child health record in addition to information being electronically transferred to the child's school. You can encourage parents to maintain Well-Child and dental visits. Periodically communicating with parents during the child's first year of kindergarten will remind parents of their role in ensuring that their child develops along a healthy path and is ready to learn.

Your Role as the Health Coordinator

In your role as the health coordinator, you can keep up-to-date on a child's changing health condition by:

- Working with staff and HSAC members to develop a system of reporting child health status that does not overburden staff and is easy to understand;
- Providing periodic trainings for Head Start staff and families on how to observe potential health concerns through daily health checks and observations;
- Providing easy-to-understand tip sheets for staff on what to observe and the procedures to report potential health concerns;
- Evaluating the program's ability to accurately identify health concerns early and to resolve health issues quickly;
- Developing targeted health messages for families and staff related to current issues (e.g., flu and cold seasons, Asthma Awareness month, immunizations);
- Developing a system of transferring health information after a child leaves Head Start; and
- Providing training for staff on how to administer medications or utilize medical equipment.

The Role of the Parents

Parents can assist Head Start staff in providing ongoing care of their child by:

- Informing Head Start staff of any changes in their child's health since the last day of attendance

- Asking Head Start staff for referrals to other health and mental health services
- Participating in any parent workshops/trainings on specific health conditions

The Role of the Family Service Workers and other Staff

Head Start staff can assist in providing ongoing care for enrolled children by:

- Participating in training on how to identify changes in physical health, development and behavior
- Working with families to identify the reasons of changes in health
- Working with families to provide ongoing services to children for identified needs

The Role of the Health Services Advisory Committee

The HSAC can assist the health coordinator in providing ongoing care for all enrolled children by:

- Developing training for staff on recognizing significant changes in health and behavior
- Developing a protocol on which staff should be contacted for various health conditions
- Recruiting community providers to serve Head Start children in the identified health areas

Additional Online Resources



OHS answers policy questions posed by Head Start grantee and delegate agencies. These clarifications are posted on the ECLKC. The following policy clarification may answer questions you have regarding ongoing care.

[How can a Head Start program meet the requirements of 1304.20\(d\) ongoing care?](#)

Young children's development occurs rapidly, making it necessary for Head Start staff to record observations of changes in children's health and development on an ongoing basis. If this is not done, children are at risk

because health and developmental concerns that can adversely impact the child's ability to learn will not be detected in a timely manner.

Head Start programs must develop and implement procedures for ongoing care in order to ensure that children remain healthy and ready to learn. The procedures should clearly identify staff responsible for observing, communicating and recording information about any concerns regarding each child's ongoing health and development. Parents have a very important role in ongoing care and must be trained and integrally involved in all aspects of the process. Programs should ensure that staff and parents are trained in how to observe children for signs and symptoms of disease and illness or changes in emotional or behavioral patterns. Training should also include use of observation tools, and the protocols for communication (including recording as appropriate). There should also be a process for reviewing information recorded on each child and for making decisions regarding referrals for further evaluation and treatment as needed. There are a number of ways that a program can demonstrate compliance with ongoing care requirements, including: recording information about individual children's developmental progress, changes in physical appearance, and changes in emotional and behavioral patterns in health records and/or children's classroom files; agency policies and procedures; minutes from staff meetings and case conferences; notes from home visits and meetings with parents; observation forms; and staff training and parent workshop materials. Most programs help address the requirement for "ongoing care" through multiple methods, including a system for ongoing assessment of child progress.



Systems that Support Health Services

This section reviews systems that support health services in Head Start. Health services plans are developed based on the Community Assessment and Self-Assessment process. It suggests data sources, such as the Program Information Report (PIR), risk management process, and public health data, to identify the health needs of the population served.

Systems that Support Health Services

Planning and Implementation of Health Services Based on the Community Assessment



Head Start Program Performance Standard 1305.3(c)

Determining community strengths and needs.

Each Early Head Start and Head Start grantee must conduct a Community Assessment within its service area once every three years. The Community Assessment must include the collection and analysis of the following information about the grantee's Early Head Start or Head Start area:

- (1) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic composition;*
- (2) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;*
- (3) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;*
- (4) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;*
- (5) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;*
- (6) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.*



Community Assessment Process

Head Start programs are mandated to conduct a Community Assessment every three years. As a health manager, one of your tasks

may be to identify the health needs of Head Start-eligible children and the resources within the community to provide these services.

Using the [Community Assessment Matrix](#), you need to work with HSAC members to quantify the following:

- Number of children with health insurance (Medicaid, CHIP, private, or other)
- Number of children with no health insurance
- Number of health care providers serving children birth to 5
- Number of health care providers serving children birth to 5 accepting Medicaid
- Number of dental providers serving children birth to 5
- Number of dental providers serving children birth to 5 accepting Medicaid
- Immunization levels among school children
- Prevalence of health problems, such as anemia, asthma, obesity, high lead levels, vision or hearing problems, diabetes
- Incidence of communicable diseases
- Incidence of dental caries
- Number of children with disabilities, types of disabilities, and resources
- Incidence of child abuse and neglect
- Incidence of drug and alcohol abuse
- Number of children born to addicted mothers
- Reports of spouse abuse
- Rates of infant and child mortality
- Number of low-birth weight babies
- Rates of teen pregnancy
- Number of women receiving prenatal healthcare

To determine the capacity of your program and the surrounding community to provide services for identified health concerns, you need to review the [5 Steps to Community Assessment: A Workbook for Head Start and Early Head Start Programs Serving Hispanic and Other Emerging Populations](#). This workbook discusses the purpose of the Community Assessment and the five steps for conducting a comprehensive assessment:

1. Plan and organize
2. Design data collection
3. Gather data
4. Review and analyze
5. Make decisions



Data Collection

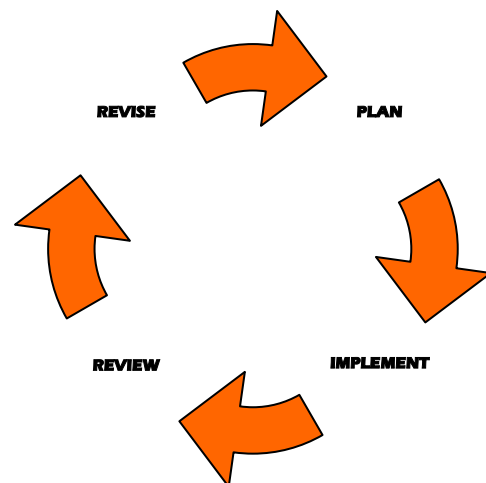
In the period between Community Assessments, the demographic make-up of your Head Start program may change. As the population's ethnic and linguistic composition changes, so may children's health needs. You need to meet with your HSAC to determine the best sources of recent health data for your community. Some resources may include:

- Recent data from the PIR
- Risk Management meetings
- Child health reports
- Local health departments
- State Medicaid offices
- Focus groups
- [Agency for Healthcare Research and Quality \(AHRQ\)](#)
- [Centers for Disease Control and Prevention \(CDC\) \(Data and Statistics\)](#)
- [Human Resources and Services Administration \(HRSA\) \(Geospatial Data Warehouse\)](#)
- [National Center for Health Statistics \(NCHS\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) \(Office of Applied Studies\)](#)

Health Services Plan

As a health manager, you will plan health activities based on this assessment, as well as individual health information collected during intake. It is important to regularly review your plan to ensure the activities are meeting the needs of the changing community and emerging conditions. Your health services plan may include:

- Efforts targeted to specific health concerns
- Trainings for parents and staff
- Health fairs
- Providers to perform onsite screenings



Additional Online Resources

For more information on the OHS Risk Management process, review the [Head Start Risk Management Process Information Memorandum](#).

Record Keeping



Head Start Program Performance Standard 1304.20 (c)

Extended follow-up and treatment.

Grantee and delegate agencies must establish procedures to track the provision of health care services.

- (iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem;*
- (iv) Develop and implement a follow up plan for any condition identified in 45 CFR 1304.20 (a) (1) (ii) and (iii) so that any needed treatment has begun.*

Why is Record Keeping Important?

Head Start programs must establish and maintain efficient and confidential record-keeping systems. A record-keeping system for health services integrates four health components:

- the child health record
- tracking policies and procedures
- staff and volunteer records
- confidentiality policies and procedures

A well-documented health record-keeping system enables you to provide continuity and quality health services. The system manages health care treatment and follow-up, identifies prevailing health problems, as well as gaps in services; creating a more comprehensive picture of a child's health. It also provides a comprehensive medical history when transitioning a child and family out of Head Start.

Individual Child Health Record

The individual child health record officially documents a child's medical, dental, mental health, nutrition histories, screenings, diagnosis, treatment, and follow-up. This document is a legal record of health services and is maintained for every child enrolled in Head Start and EHS. The [Child Health Record - English](#) (also available in [Spanish](#)) contains information to assist you in arranging comprehensive health care. Other examples of child health records include the [Health Data Tracking Instrument](#) and the [Parent-Held Child Health Record Template](#). You can refer to these to tailor a child health record that works best for your Head Start program.



Tracking Policies and Procedures

Head Start programs establish policies and procedures to track health information for all children and families enrolled in Head Start. Tracking health information is a systematic way to organize health information such as screenings, immunizations, and examinations for Head Start children and families. It also helps to ensure timely provision of health services. As a health service manager, you can use this information to keep up-to-date with scheduling appointments for follow-up services.

An efficient tracking system may include:

- State EPSDT requirements including Well-Child Visits and follow-up recommendations
- Dental visits
- Immunizations
- Dietary considerations
- Information that will be included on the Program Information Report (PIR)
- Information required by State licensing
- Additional information (if any) that is unique to your community or required by your HSAC



Health Tracking Tools

There are two types of health tracking tools: electronic and paper. There are pros and cons to each approach and deciding which method to use is a local program decision. When deciding which method works best, you should consider your program size, the feasibility of each method, accessibility to program staff, technical requirements, necessary training, resources for data entry, and capability. Electronic tracking systems, such as [ChildPlus](#), [HSFIS](#), and [PROMIS](#) provide a database of information that is easily accessible to all staff and they quickly generate reports by computer software. Paper-tracking systems maintain information that is manually summarized. It is a low-tech method of tracking information for programs with intermittent access to a computer.

These electronic tracking systems are used as examples, OHS does not endorse the use of a specific electronic tracking software package.

Programs differ on the information collected. With the HSAC you need to review your program child health record to ensure that the necessary information is being collected. It is critical to keep these questions in mind:

- What is the information we need to collect for the children and families we serve?
- How will we use this information?

As family service workers have an increasing role in health data collection, it is important to discuss what information is collected. This will help to coordinate efforts and minimize duplication.



Staff and Volunteer Health Records

All staff and regular volunteers should demonstrate that they are in good health.

- **Staff:** Head Start and EHS programs develop program-specific health policies for staff that take into consideration Federal, state, and/or local laws, as well as the local Health Department

recommendations. It is important to consult with the HSAC and to obtain legal counsel in developing this policy. Programs may develop a standard form for staff to take with them to their health care providers. This standardized form must meet the requirements of the *Americans with Disabilities Act* (ADA) and [Section 504 of the Rehabilitation Act](#).

- **Volunteers:** Regular volunteers in Head Start or EHS Programs must comply with state, Tribal, and local laws regarding health examinations and screening for tuberculosis for volunteers. If state, Tribal, or local laws do not require a tuberculin skin test, you should consult your HSAC regarding the need for the tuberculin screening of volunteers. The screening may not be necessary for a volunteer who only comes into the program periodically. The HSAC also may suggest requiring other health screenings and procedures for volunteers; in some cases, state or Tribal requirements may mandate additional screenings or tests.

Staff and volunteer health records are covered by the same confidentiality policies as the Individual Child Health Record.

Confidentiality of Information



Head Start Program Performance Standard 1304.52 (h)

Standards of conduct.

(1) Grantee and delegate agencies must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct. These standards must specify that:

(ii) They will follow program confidentiality policies concerning information about children, families, and other staff members.

The Importance of Confidentiality in Head Start

Maintaining confidentiality is a significant issue in managing the record-keeping system. It is important that each program develop guidelines to ensure that collected information is stored, released, and transferred in a way that protects the privacy of the child and family. A

confidential record-keeping system will ensure that information is released only to those individuals who either work with the child or evaluate the program.

Written confidentiality policies should include procedures for internal storage, use, and handling of identifiable health information. As a health service coordinator, you should review your confidentiality policy and be prepared to provide copies and consent forms to health care providers and other community partners.

Your Role as the Health Coordinator

In your role as the health coordinator, consider the following steps to maintain the confidentiality of each child's health record:

- Include the confidentiality policy in pre-service and in-service training for staff, such as family service workers, home visitors, and volunteers
- Orient parents of their right to access
- Keep the comprehensive records in a locked file or under a password, if the information is stored on a computer
- Determine how long to keep records
- Update records, as needed

Storing Health Information

Health data must be kept under lock and key in order to maintain the confidentiality of children and families. Access to health records must be strictly controlled. The Head Start program director has an administrative responsibility to identify staff persons who need health record information.

You Role as the Health Coordinator

In your role as the health coordinator, you should ensure that:

- Records are kept in a locked file or under a password, if records are stored on a computer
- Summary emergency cards are readily available in a central location, including the emergency consent form
- Confidentiality policy includes: who has access to which records and how the information will be collected
- Each child's health record contains a cover sheet requiring a signature, date, and the purpose for the person to access the file

Informed Parent Consent

Staff may only provide information concerning the child or family to a person other than the parent, legal guardian, or authorized representative when the parent or guardian provides informed consent.

You Role as the Health Coordinator

In your role as the health coordinator, review the informed consent forms and make sure forms include:

- Name of the person or institution to whom the record is to be released
- Date when the consent form expires
- Statement of how many times the record can be released
- Signature of the person allowing the information to be released

Health Insurance Portability Accountability Act

The *Health Insurance Portability and Accountability Act 1996 (HIPAA)* is Federal legislation that establishes national standards to protect the confidentiality of individual medical records and other personal health information. If a Head Start Program functions as a health care provider and electronically conducts transactions in conjunction with a health insurer (e.g., Medicaid), that program must comply with the HIPAA Privacy Rule regulations.

To comply, Head Start Programs must:

- Notify individuals (usually in writing) regarding their privacy rights and how their protected health information will be used and/or disclosed. For sample notification disclosures, please refer to www.hhs.gov/ocr/hipaa
- Develop and implement internal privacy policies and procedures to safeguard electronically transmitted protected health information in connection with an identified covered transaction and train employees to understand the policies
- Designate individuals who are responsible for implementing privacy policies and procedures and who will receive privacy-related complaints
- Establish privacy requirements in contracts with business associates that perform covered functions

- Have in place appropriate administrative, technical, and physical safeguards to protect the privacy of health information
- Meet obligations with respect to health consumers exercising their rights under the HIPAA Privacy Rule

The Role of the Parents

Parents should feel comfortable asking staff questions about how confidential information is stored and accessed. Parents should maintain copies of the program's confidentiality policy and hold staff accountable to upholding the policy.

The Role of the Family Service Workers and other Staff

Staff members who have access to child health records should be familiar and uphold the confidentiality policy of the program.

The Role of the Health Services Advisory Committee

The HSAC is able to help the health coordinator develop confidentiality policies and procedures for staff to ensure that child and family information is kept confidential and accessible only to necessary program staff who work with the child or evaluate the program.

Ongoing Monitoring and Self-Assessment



Head Start Program Performance Standard 1304.51(i)

Program self-assessment and monitoring.

- (1) At least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.*
- (2) Grantees must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies, to ensure that these operations effectively implement Federal regulations.*
- (3) Grantees must inform delegate agency governing bodies of any deficiencies in delegate agency operations identified in the monitoring review and must help them develop plans, including timetables, for addressing identified problems.*

Annual Self-Assessment

Continuous quality improvement is a central tenet of the Head Start program, with the goal of meeting the *Head Start Program Performance Standards* and moving toward program excellence for serving children and families. To ensure continuous quality improvements, grantee and delegate agencies are required to conduct an annual self-assessment.

The self-assessment process provides grantee and delegate agencies with a method to regularly assess the effectiveness of key management systems as it relates to the implementation of program services. In effect, this process supports continuous improvements, which strengthens the quality of services delivered to Head Start eligible children and families.

The *Head Start Program Performance Standards* requires that at least once each program year, with the consultation and participation of the policy groups and, as appropriate, other community members, grantee and delegate agencies conduct a self-assessment.

The self-assessment process involves the collection of information from a variety of sources to determine the effectiveness of systems as it relates to the implementation and integration of program services. It is oftentimes recommended that grantee and delegate agency staff analyze, review and incorporate information from a variety of data sources, such as ongoing monitoring reports, Program Information Report (PIR), Child Outcome Data, Community Assessment, and the results from the most recent PRISM review. These sources of information can be used to identify program strengths, determine areas for improvement for planning appropriate strategies to address program services.

The *Head Start Program Performance Standards* designates the Head Start program director as having operational responsibility for carrying out the Self-Assessment. Head Start directors are responsible for leading a team of program managers, policy groups and community members in outlining a process and timeline for conducting the self-assessment. (Excerpted from the [Understanding the Self-Assessment Process](#))

As the health coordinator, you may be asked to participate in the assessing the coordination of health services for enrolled children during the Self-Assessment process. To help you prepare, you can regularly monitor the other systems that support health services, such as: program governance, communication, human resources and fiscal management. To ensure you have all of these systems in you place, you can review the [Implementation of Services and Partnerships](#) grid.

Additional Online Resources

The following resources will provide you more information on the self-assessment process in Head Start.

- [Thinking About How to Evaluate Your Program? These Strategies Will Get You Started](#)
- [Preparing Your Self-Assessment](#)
- [Head Start Self-Assessment: Your Foundation for Building Program Excellence](#)
- [Program Self-Assessment Booklets](#)



Other Resources

This section provides additional resources and guidance located on the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) and other government Web sites. It also references helpful local relationships with the Head Start Collaboration Directors, State-wide health coalitions, and state and Regional TTA providers.

Other Resources

The ECLKC is the primary repository of information for the Head Start community. The [Health Domain Page](#) features information for children, families, and staff on health and oral health.

In addition to online resources, you can to make use of the relationships and expertise available within the larger Head Start community. Many [Head Start Collaboration Directors](#) are building relationships at the state-level to meet health service requirements. You need to connect with your Collaboration Director on the work they are doing and their participation in state health coalitions. There are also cluster trainings available to you in your state and Region. The following are additional resources that may be of use in your work.

- [Agency for Healthcare Research and Quality](#) (AHRQ)
- [American Academy of Pediatrics](#) (AAP)
- [American Academy of Pediatric Dentistry](#) (AAPD)
- [American Association of Poison Control Centers](#)
- [Bright Futures](#)
- [Centers for Disease Control and Prevention](#) (CDC)
- [Food and Nutrition Services - Supplemental Nutrition Assistance Program](#) (SNAP)
- [Health Resources and Services Administration \(HRSA\) – Maternal and Child Health Library](#)
- [Indian Health Service](#) (IHS)
- [Indian Health Service - Head Start Program](#) (AIAN)
- [KidsHealth](#)
- [National Migrant and Seasonal Head Start \(MSHS\) Association](#)
- [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC)
- [Children's Health Insurance Program](#) (CHIP)
- [U.S. Department of Education \(ED\) - Healthy Start Grow Smart](#)
- [U.S. Department of Health and Human Services](#) (HHS)