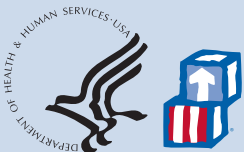


Physically Healthy and Ready to Learn

National Head Start Training and Technical
Assistance Resource Center

Technical Assistance Paper No. 1



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

Physically Healthy and Ready to Learn

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This document was developed by the National Head Start Training and Technical Assistance Resource Center (HSNRC) at Pal-Tech, Inc. in collaboration with the Head Start Bureau. The contents of this paper are not intended to be an interpretation of policy.

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Photo by J. Brough Schamp, SECO Head Start.

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INTRODUCTION

Alejandro Gutierrez and his family recently immigrated to the United States from a small village in Mexico to a densely populated urban community. The family does not speak English, nor do they have access to close friends or family who can serve as translators. Alejandro and his family share an apartment with another immigrant family. One of the adults in the home is a smoker, which is a new experience for Alejandro and his family. Prior to moving, Alejandro seemed healthy, but his mother has begun noticing that his breathing is accompanied by a stuffy and runny nose, coughing, sneezing, and restless sleep. Alejandro's mother is hesitant to visit a doctor because of the language barrier. She tries a few traditional home remedies to make her son comfortable, but his difficulty breathing is persistent.

When Alejandro's mother finds out about the local Head Start program, she enrolls him. The health staff immediately suspect his breathing troubles as possible early signs of asthma. They refer Alejandro's parents to a local community clinic that provides services to Spanish-speaking immigrants. The doctor at the clinic diagnoses Alejandro with asthma and prescribes the medicine he needs for his breathing problem. After Alejandro's visit to the clinic, his mother notices immediate improvement in his breathing and sleeping. He seems his usual self again.

Left untreated, Alejandro's condition would have worsened, possibly leading to costly emergency services. And saddled with his condition, his overall development might have been impaired. But now that he is healthy again, Alejandro can get back to learning and growing. Children must be physically healthy to learn and Head Start helps make that happen. The comprehensive health services provided by Head Start identify urgent health needs, as in the case of Alejandro Gutierrez, and ensure follow-up treatment as well as ongoing well-child care.

Head Start's overall mission is to help children from low-income families start school ready to learn. To be ready to learn, young children need to be healthy. But, what is meant by health? The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, 1946). The *Head Start Program Performance Standards*, which all programs are required to implement, support and promote this holistic view of health. Head Start's commitment to wellness embraces a comprehensive vision of health as the foundation for cognitive, social, and emotional development for each child.

Head Start has a long history of providing comprehensive health services to young children and their families. Project Head Start began in 1965 as a summer program designed to break the cycle of poverty for pre-kindergarteners by providing school readiness support. Dr. Robert Cooke, Professor and Chairman of Pediatrics at Johns Hopkins University, was appointed by the Office of Economic Opportunity to chair



Photo by T. Dickson

an advisory committee to establish the framework for Project Head Start. The committee's final report, known as the Cooke Report (1965), recommended that a comprehensive early care and education program promote optimal physical health, emotional and social development, cognitive development, and a sense of responsibility, dignity, and self-worth for each child and family. These recommendations have provided the foundation for Head Start's comprehensive health care approach with its focus on preventive health care and parental involvement.

This Technical Assistance Paper offers guidance to programs regarding the implementation of the *Head Start Program Performance Standards* on child health and developmental services, child health and safety, and child nutrition. The paper examines how physical health influences children's development and how child health and development are integrated with parent engagement, community support, and systems planning. The paper also discusses how Head Start programs can promote a culture of healthy lifestyles in every classroom and home so that young children will embrace lifelong healthy practices. Finally, the paper explores specific health-related concerns of many Head Start programs, including establishing a medical and dental home, promoting oral health, addressing obesity and physical activity, and embracing cultural considerations in health. The paper is divided into these major sections:

- An Ounce of Prevention: Building a Healthy Foundation for Learning
- Keeping Kids Healthy: Ongoing Health Monitoring
- Establishing Staff and Parent Communication
- Promoting Child Health and Safety
- Providing Nutrition Services
- Individualizing Health and Education Services
- Building Community Partnerships
- Establishing Health Systems
- Special Issues

AN OUNCE OF PREVENTION: Building a Healthy Foundation for Learning

Young children grow, change, and develop quickly. Therefore, Head Start has only a brief opportunity to address threats to their health and development and promote wellness and healthy practices. The *Head Start Program Performance Standards* require that programs provide comprehensive health services that include a medical evaluation, dental examination, and a screening for developmental, sensory and behavioral concerns. The *Head Start Program Performance Standards* also require that the comprehensive health services program be individualized to address the unique needs of each child and family.

Results from screenings, information from parents, and ongoing observations are used to assess the specific health needs of children and families. These results might also indicate the need to individualize health services for children with disabilities. In providing comprehensive health services, Head Start connects children with a medical and dental home to provide ongoing well-child care including immunizations and appropriate well-child check-ups that include treatment for medical, behavioral, and oral health concerns.

The *Head Start Program Performance Standards* mandate that Head Start staff collaborate with families on early identification of health and developmental concerns [45 CFR 1304.20]. Head Start health staff is required to put into action the critical concepts of prevention and early intervention by connecting families to a medical/dental home and ongoing care; supporting parent involvement in health care; developing an individualized health plan; and ensuring tracking and follow-up health care. Also, Head Start staff implement other preventive measures such as proper nutrition and a safe environment.

The *Head Start Program Performance Standards* require a comprehensive health program that includes these components:

- 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

MAKING A DETERMINATION ABOUT CURRENT HEALTH STATUS

The *Head Start Program Performance Standards* require that all programs collaborate with parents to determine if each child in Head Start has an ongoing, continuous, *accessible* source of health care, also known as a medical home or dental home [45 CFR 1304.20(a)(1)(i-iii & iv)]. To promote healthy development and to ensure optimal learning, every child needs a medical and dental home that is available after the child leaves Head Start. (Refer to Special Issues section for more information on a medical home and dental home).

The first step to ensuring comprehensive health services is to collaborate with families within 90 days from the child's date of entry into the program to determine if the child has access to ongoing health care. Review local program policy to determine the timing of entry into a Head Start Program. If the family does not have an established medical home for both health and dental services, then the grantee must assist families in accessing a source of health care [45 CFR 1304.20(a)(1)(i)]. To ensure that children receive prompt medical and dental evaluation and/or treatment, Head Start staff assist families to obtain a source of funding for health services, such as Medicaid's Early Periodic Screening, Diagnostic, and Treatment program (EPSDT). If funds are not available to families, then Head Start funds may be used [45 CFR 1304.20(c)(5)].

EPSDT service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT includes periodic health, vision, dental, and hearing screening and treatment services. Once a medical or dental home is established, each child visits the health care provider on a schedule of preventive and primary health care as required in the EPSDT periodicity schedules developed by each state [45 CFR 1304.20(a)(1)(ii)].

Under EPSDT periodicity schedules, health and dental services must be provided at intervals determined to meet reasonable standards of medical and dental practice. If children are up-to-date on a schedule of well-child care, Head Start programs

ensure that they continue to follow the recommended schedule for well-child care [45 CFR 1304.20(1)(ii)(B)]. If a child is not up-to-date on well-child care, then Head Start programs assist the family in accessing health services to bring the child up-to-date [45 CFR 1304.20(a)(1)(ii)(A)]. It is possible that children are up-to-date on well-child care but do not have a continuous source of available health care. In this case, staff and parents work together to plan strategies to ensure that the family acquires a continuous source of care or a medical home. (Refer to the Special Issues section for more information on a medical home.)

For children with observable, known, or suspected health or developmental problems, Head Start programs obtain or arrange for further diagnostic testing, examination, and treatment, which may be accessed through EPSDT programs [45 CFR 1304.20(a)(1)(iii) & (iv)]. Programs also develop and implement a follow-up plan for any condition identified to ensure that any needed treatment has

begun [45 CFR 1304.20(a)(1)(iii) & (iv)]. If a medical home is in place, then follow-up care can be initiated without significant delay.

LET'S TAKE A PEEK: SCREENING FOR DEVELOPMENTAL, SENSORY, AND BEHAVIORAL CONCERNS

The screening process allows for early detection of health and developmental concerns. The *Head Start Program Performance Standards* mandate that within 45 days of a child entering Head Start, appropriate screening procedures must be conducted to determine if developmental skills (e.g., walking and talking), sensory abilities (hearing and vision), and behavioral skills (social and emotional), are progressing as expected [45 CFR 1304.20(a)(b)(1)]. This screening process must be carried out in coordination with parents, staff, and community partners.

Head Start does not require the use of specific screening instruments [45 CFR 1304.20(b) Guidance]. However, the *Head Start Program Performance Standards* Guidance specifies that screenings must be reliable, valid, and comprehensive [45 CFR 1308.6(b)(3)]. Appropriate standardized measures must be used whenever available. Screenings should be conducted using multiple sources of information including information from family and staff observations, child and family medical history, and other information such as EPSDT reports. Furthermore, screenings must be culturally sensitive to language and cultural values and must be age-appropriate. (Refer to the *Head Start Bulletin* on Screening and Assessment Issue 2001 No. 70 for detailed information on screening).

The three kinds of screenings required are:

Developmental screenings. Developmental screenings provide a composite picture of a child's developmental status including physical, social, emotional, and intellectual functioning. Acquisition of age-appropriate developmental skills depends, in part, on a child's health status. All children grow sequentially through patterned and predictable milestones, and each child develops at his or her own rate, which contributes to individuality. If the initial screening in Head Start uses a standardized measure, a child's developmental status can be compared to norms for his/her age. This information can be used effectively by Head Start parents and staff to determine how programs can best respond to each child's individual characteristics and needs.

EPSDT

Early: Assessing a child's health early in life so that potential diseases and disabilities can be prevented or detected in the early stages, when they can be treated most effectively;

Periodic: Assessing children's health at key points to assure continued healthy development;

Screening: Using tests and procedures to determine if children screened have conditions requiring closer medical or dental attention, including attention to mental health problems;

Diagnostic: Determining the nature and cause of conditions identified by screenings and those requiring further attention; and

Treatment: Providing services needed to control, correct, or reduce physical and mental health problems.

Head Start, Medicaid, & CHIP: Partners for Healthy Children. A Guide for Head Start Programs. Administration for Children and Families and Health Care Finance Administration, September 1999.

Sensory screenings. Sensory screenings involve vision and hearing. These screenings can often be conducted during well-child visits as specified in a state's EPSDT program or by licensed professionals such as an audiologist or ophthalmologist. A state's EPSDT periodicity schedule determines when vision and hearing screenings are appropriate. The American Academy of Ophthalmology recommends that preschoolers be screened for common eye problems during their regular pediatric appointments and vision testing should be conducted for all children starting at around 3 years of age.

Parents and staff work together to watch for signs of potential vision problems. Young children with vision problems usually do not squint, but they may cover one eye when looking at things close up or complain about headaches. Often, children who have difficulty learning may actually have undetected vision problems. Preschoolers typically develop visually guided eye-hand-body coordination, fine motor skills, and the visual motor skills necessary to learn to read.

The goal of screening for hearing loss in preschoolers is to identify children whose hearing loss may interfere with speech and language development, overall health and well-being, or future school performance. In addition, because hearing loss of preschoolers is so often associated with middle ear disease or ear infections, it is also recommended that preschoolers be screened for middle ear disorders. Frequent or untreated ear infections also can lead to speech and language delays. Parents and staff work in partnership to monitor for symptoms of an ear infection such as pulling on the ears, drainage, fever, and/or irritability. Some children may pass an initial hearing screening, but still be at risk for hearing loss that is inherited, fluctuates or is progressive (gets worse over time), or is manifested later in development. Therefore, it is important to obtain a family history and to monitor children's hearing status on a regular basis.

Behavioral screenings. Behavioral screenings focus on social-emotional development. Head Start staff and families look for signs of increasing self-regulation, self-help, and self-control in young children as well as positive interactions with family and peers. This information on social-emotional functioning can be incorporated into the behavioral screening. When concerns are raised as a

result of the behavioral screening, programs should consult with a mental health provider to address a child's identified mental health needs [45 CFR 1304.20(b)(2)]. Most importantly, Head Start staff, families and mental health providers work together to identify early signs of emotional and behavioral concerns. If necessary, a mental health provider will develop an appropriate treatment plan for children and families.

Head Start programs assess the availability of mental health resources for families in need and promote successful partnerships with families/caregivers, community support systems and local resources. Head Start programs also support family/caregiver strengths and cultural values and beliefs about mental health.

Screenings do not determine a diagnosis or need for early intervention services. However, the results may suggest the need for an in-depth formal evaluation by a professional [45 CFR 1304.20(b) Guidance]. The formal evaluation more fully assesses the child's status and determines what intervention may be needed (e.g., special education or related services). (Refer to the *Head Start Bulletin* on Screening and Assessment Issue 2001 No. 70).

It is important to note that programs may find it challenging to complete all screenings within the required 45 days. Some strategies to help facilitate the screening process include:

- conducting pre-enrollment meetings for parents to inform them about necessary screenings and to help them identify providers to conduct the screening;
- communicating with parents about the importance of maintaining an individual child health record to reduce duplication of services;
- establishing relationships with local health care providers who understand and support Head Start's requirements for timely screening and assessment;
- developing collaborations with colleges and universities with professional schools so that students in nutrition, nursing, speech pathology, audiology, and other allied health fields can help with screenings; and
- empowering parents to be peer advocates for health care services.

Screenings are not one-time events. To ensure positive outcomes for preschoolers served in Head Start, it is essential to identify concerns early, keeping in mind that problems may be identified any-time during the program year. If a child is suspected of having a health concern after the initial screening period has passed, a referral must be made for a formal evaluation.

KEEPING KIDS HEALTHY: Ongoing Health Monitoring

In a quality early care and education program, ongoing assessment is the basis for individualizing all services. That is why it is important for staff to periodically observe, document, and record children's progress and to discuss with parents what they notice about their child's development. *Head Start Program Performance Standard* [45 CFR 1304.20(d)] mandates that programs implement procedures by which Head Start children are observed throughout the day as they participate in indoor and outdoor experiences, routines, transitions, arrivals, and departures. These observations help staff to identify any new or recurring medical, dental, or developmental concerns so that appropriate referrals can be made as soon as possible.

As part of ongoing health monitoring, daily health checks of each child can be conducted at the beginning of each day. If a parent or guardian accompanies the child to Head Start, then they can exchange information with staff and specific signs or symptoms of illness can be identified in time to prevent the spread of infection. Staff are not expected to be able to diagnose illness, but be sensitive to a child's condition. On occasion, this health check may lead to a decision that the child is not well enough to attend Head Start. In those instances, appropriate action is taken (e.g., isolate the child from other children) until a parent can come to take the child home or to the primary medical provider. (Refer to page 14 for more information on Short-Term Exclusion and Admittance.)

It is important that parents and staff form strong partnerships in order to promote the child's health and to address health concerns. Strong partnerships enable staff and parents to maintain an open line of communication regarding the ongoing health status of children in order to protect all

In completing a daily health check, observe or learn through discussion with home caregivers whether any signs of illness are present such as:

- elevated temperature, pale or flushed coloring
- 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 fussy listless behavior

In addition, staff can be alert to signs of:

- tooth discoloration or bleeding gums during tooth brushing activities
- signs of injury such as bruising or abnormal swelling
- abnormal emotional or behavioral patterns different from the previous day's attendance (i.e., timid, fearful, or aggressive behavior)
- unusual changes in eating, sleeping, and toileting patterns
- unusual changes in physical activity such as frequent falling
- lack of response to verbal commands
- decreased talking

(American Academy of Pediatrics 2002)

children and staff from illness and to respond to children's health needs.

ESTABLISHING STAFF AND PARENT COMMUNICATION

The *Head Start Program Performance Standards* mandate that programs establish and implement communication systems to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community [45 CFR 1304.20(e)(1-5)]. A key responsibility of health

staff is the exchange of health information. Health staff may be talking with parents about their child's health needs, working with family service staff about how to collect sensitive health information from families, or negotiating with a community resource to provide health services to Head Start children and families.

A communication system may seem easy to implement because we are often in touch with people—either on the phone, catching up with a co-worker in the hall, sending an e-mail, or writing notes. A good tip is to consider whether communication is clear and whether the information supports efficient management of health services and addresses family needs.

In order to develop or improve a communication system, it is important to consider the audience; tailor each message accordingly; use various communication styles (i.e., formal or informal); and consider the language and culture of the listener.

A system for effective communication may include:

- communication that is culturally sensitive and considers literacy levels;
- oral and written communication in the native language of the child and family using an interpreter whenever necessary;
- ongoing communication with parents regarding follow-up that addresses identified health needs;
- home visits when sensitive information needs to be discussed;
- sharing the health services plan with policy groups and parent committees as part of an open exchange of ideas;
- daily or weekly notes sent home to families in their native languages as well as a general newsletter; and
- orientation activities held at the beginning of the year for families, staff, and community partners.

Head Start respects families in their role as primary caregiver. One way to demonstrate respect is to provide information—written and/or oral—in the families' primary preferred language and in a way that is culturally sensitive. A culturally sensitive communication system ensures the exchange of information that allows families and professionals to become fully involved in program services; for example, translating health-related terminology in a way that is understandable is a critical task,

because families have the responsibility for their children's health and well-being (Refer to Special Issues section on Cultural Considerations.)

Consider the following ideas and sources for assistance in providing communication in the parents' language:

- train staff and/or parents who can serve as interpreters on health issues;
- contact local community organizations, such as refugee or immigrant agencies or ethnic associations for assistance and possible interpretation services; and
- partner with community colleges or universities for ideas about communicating with multi-cultural populations and to obtain interpretation services.

Establishing a communication system that supports the unique needs of families and respects their cultural diversity will ensure that Head Start programs provide the best possible health care for all children.

PROMOTING CHILD HEALTH AND SAFETY

A primary right of every child in Head Start is to learn in a healthy and safe environment. *Head Start Program Performance Standard* [45 CFR 1304.22 (a-f)] mandates that programs 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

Creating and maintaining a safe environment for children is a task that requires thoughtful planning and careful implementation. The Head Start management team, the Policy Council, and the Parent Committee, as well as the agency's Board, have important roles in assuring that sound policies are in place. The Health Services Advisory Committee (HSAC) supports the development of policies and procedures that ensure children's health and safety. Finally, community partnerships

can provide valuable guidance on effective policies to prevent and manage emergencies.

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

EMERGENCIES

The medical aspect of caring for children is likely to be the area of care for which classroom staff are least prepared, as their training is usually in early childhood education. However, all Head Start programs establish written procedures to respond to routine, urgent, or emergency medical needs [45 CFR 1304.22(a)]. Procedures include rapid response emergencies, telephone numbers of emergency response teams, evacuation routes, and contact information to notify parents. Head Start programs institute clear, easy-to-follow procedures and ensure that everyone is up-to-date and trained on effective health and safety practices.

Head Start staff understands what emergencies young children may have, but it is useful to involve other professionals, such as police and firemen, when developing emergency procedures. They can be a strong network of support. It is likely that there are emergency policies in place in Head Start agencies, but agencies routinely review and update them and ensure that staff are trained and prepared.

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 [45 CFR 1304.22(d)(1)(2)]. 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.

Head Start staff ensure that drinking water is nearby to prevent dehydration, and that first aid kits are near the play area or close at hand to make it easier for staff to access them quickly when needed. Impact-absorbing materials on playgrounds reduce the chance of serious injury.

General health and safety practices may include, but are not limited to:

- Medication administration and storage
- Admission and readmission after illness, including inclusion/exclusion criteria
- Health evaluation procedures on intake, including physical assessment of the child and other criteria used to determine the appropriateness of a child's attendance
- Managing children with communicable diseases
- Injury prevention and managing children with injuries
- Tracking communicable illnesses and problems that arise in the care of children with communicable illnesses;
- Head Start staff, parent, and volunteer training on illness and injury prevention
- Communication with parents and health care providers in the event of illness or injury
- Practices for emergencies that require medical care within an hour

(American Academy of Pediatrics 2002)

Health and safety policies and procedures should include information on:

- Medical and dental emergencies
- Rapid response emergencies (e.g., a child choking)
- Conditions of short-term exclusion and admittance
- Medication administration and storage procedures
- Contacting parents in the event of an emergency
- Record-keeping and reporting
- Staff training on health practices
- Hygiene practices
- First aid kits
- Contacting the Poison Control Center at 800-222-1222

(American Academy of Pediatrics 2002)

Any exposed dirt is be free of toxins, including lead. Head Start staff visually observe playing children at all times.

Childhood injuries can be prevented in Head Start, in the home, and in the community when programs maintain safe environments and promote safe behaviors for children and adults. Children 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* [45 CFR 1304.53(a)(9)] 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 [45 CFR 1304.53].

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. (Refer to *Head Start Program Performance Standard* 1304.22(a)(5) and Appendix A to 1301.31, Identification and Reporting of Child Abuse and Neglect, for detailed definitions and procedures.) 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 also 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 Head Start agencies formulate and implement their policies for dealing with child abuse and neglect, they can consider the guidelines in the box on the following page.



Photo by J. Brough Schamp, SECO Head Start.

Steps to consider as you develop and implement policies for child abuse and neglect:

INVOLVE THE HSAC, 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. Many mistakes in reporting can be avoided by working with an experienced consultant before deciding what to do. However, when the level of suspicion is high, consultation with an outside expert may be unnecessary.

UNDERSTAND FEDERAL, STATE, LOCAL, AND TRIBAL REGULATIONS for reporting suspected child abuse and/or neglect.

- The facility shall report to the Department of Social Services, child protective services, or police (as required by state and local laws) in any instance where there is reasonable cause to believe that child abuse, neglect, or exploitation may have occurred.

PROVIDE STAFF AND VOLUNTEER ORIENTATION AND TRAINING on identifying and reporting child abuse and neglect. Staff training may include:

- Information about child abuse reporting procedures that contains a summary of the state and/or tribal child abuse reporting regulations;
- Information on state, local, and/or tribal laws governing immunity from legal penalties and how reporting suspected child abuse can affect employment status;
- Proper protocol for reporting suspected abuse and/or neglect in the case of suspected caregiver abuse or abuse from a Head Start staff member or volunteer;
- Increased awareness of common signs and symptoms of child abuse (i.e., physical abuse, emotional abuse, and sexual abuse) and/or neglect (i.e., failure to provide basic life necessities such as food, clothing, a safe environment, or shelter).
- What procedures staff and volunteers must follow to request time off if they feel too stressed to work with children; and
- Educating staff and volunteers to be helpful rather than punitive towards abusing or neglecting parents and other caregivers.

REGULARLY ORIENT AND TRAIN PARENTS on child abuse and/or neglect policies and procedures.

- Training for parents should be conducted in a sensitive manner by helping parents to understand that child abuse laws are designed to protect children and families;
- Define the terms of child abuse and neglect for parents and what standards Head Start uses in determining suspected child abuse and/or neglect
- Offer orientations for parents on the need to prevent abuse and neglect;
- Explain what parents can do to alleviate stress at home when they need a break from the children;
- Offer information on state, local, and/or tribal laws that mandate facilities to report suspected child abuse and/or neglect.

*(Adapted from the Head Start Performance Standard 1304.22(a)(5) and related Guidance)
(Also refer to Appendix A to 1301.31, Identification and Reporting of Child Abuse and Neglect)*

FIRST AID KITS

In order to respond to the minor injuries children incur while at Head Start, staff 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 [45 CFR 1304.22(f)(1)(2)].

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. For example, the American Academy of Pediatrics no longer recommends syrup of Ipecac for home use, but the HSAC may have specific program recommendations. Review local program policies and state laws to determine any other specific requirements for a first aid kit.

INVENTORY OF EACH FIRST AID KIT

First aid kits should contain at least the following:

- ❑ Vinyl disposable gloves (remember, some children can be allergic to latex)
- ❑ Sealed packages of antiseptics for cleaning
- ❑ Scissors and tweezers
- ❑ Digital thermometer (be sure to check batteries often)
- ❑ Packaged swabs or cotton
- ❑ Bandage tape, various types of gauze and bandages
- ❑ Universal phone number for Poison Control Center: 800-222-1222



The American National Red Cross



Photo by D. Drake. North Wyoming Community Action Program MSHS.

SHORT-TERM EXCLUSION AND ADMITTANCE: COMMUNICABLE DISEASES

As an inclusive program, Head Start works diligently to accommodate the needs of children who will benefit from participating in the program. Other preschool programs may exclude children who are not potty-trained or who need special attention because of a chronic condition, but Head Start does not. Children can not be excluded from Head Start programs for chronic long-term illnesses, such as HIV or asthma [45 CFR 1304.22(b)(2)]. Every effort should be made to accommodate children unless their attendance poses a significant and serious threat to children and staff.

However, at times children must be excluded for health reasons such as a short-term contagious illness [45 CFR 1304.22 (b)(1)]. A significant problem for parents may result when there is an unexpected day that their child cannot attend Head Start. Therefore, exclusion due to illness can be a difficult policy to implement, but there are times when a child needs to be cared for at home.

The challenge in this inclusive environment is two-fold:

- Are exclusion policies maximally inclusive?
- Do staff and parents support necessary exclusion policies?

Illnesses that may require temporary exclusion may include:

- Persistent fever
- Persistent or increased lethargy
- Persistent fever accompanied by a stiff neck, lethargy, irritability, crying
- Diarrhea
- Signs of dehydration
- Blood or mucus in the stool
- Persistent vomiting
- Contagious stages of communicable diseases such as measles, mumps, chickenpox, rubella
- Untreated infestation of scabies, head lice, or ring worm
- Untreated tuberculosis
- Undiagnosed rash
- Difficulty in breathing
- Undiagnosed jaundice
- Other conditions as determined by the director or health manager



(American Academy of Pediatrics 2002)

With guidance from the HSAC, agencies are assured that any exclusion policy is well-thought out and decisions to exclude children are reasonable. Children can be readmitted when appropriate criteria are met.

TECHNIQUES TO STOP THE SPREAD OF DISEASE

- Staff, families, and children must wash hands. Hand washing and cleanliness are critical to stop the spread of infectious respiratory, intestinal tract, and skin diseases.
- Ensure that all children receive age appropriate immunizations.
- Wear latex or vinyl gloves whenever contact with bodily fluids (e.g., blood, mucous, or saliva) occurs. Be sure that the child does not have an allergy to latex.
- Do not allow food to be shared.
- Clean and disinfect toys and used surfaces with a bleach solution.
- Use disposable eating utensils and cups whenever possible. Wash eating utensils in a dishwasher or with hot soapy water when necessary.
- Use disposable towels and tissues and dispose in a step can with a trash can liner.
- Clean and cover broken skin promptly.
- Open windows and air out classrooms often.
- Each child must have a personal mat or crib and other personal items such as combs and blankets. Do not allow sharing.
- Notify parents when children have been exposed to communicable diseases.

(American Academy of Pediatrics 2002)

WASH YOUR HANDS: HYGIENE PROCEDURES

Communicable illnesses are the bane of early childhood programs because young children often pass illnesses to others. Handwashing is the most effective way to reduce the spread of infectious disease; Head Start programs are required to maintain effective handwashing practices for adults and children [45 CFR 1304.22 (e)(1)(2)].

Hygiene procedures should include developing handwashing policies, posting handwashing instructions in appropriate locations, and training staff to stop the spread of disease.

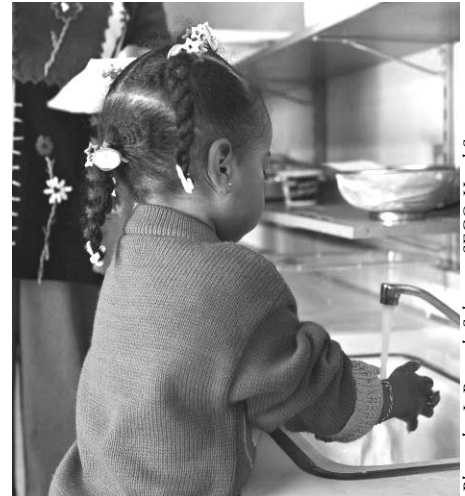


Photo by J. Brough Schamp, SECO Head Start.

When to wash your hands

- Handwashing must occur upon arrival for the day or when moving from one child care group to another;
- Handwashing must occur before and after
 - eating, handling food, or feeding a child
 - giving medication
 - playing in water that is used by more than one person
- Handwashing must occur after
 - diapering
 - using the toilet or helping a child use a toilet
 - handling bodily fluids (e.g., mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths, or from sores
 - handling uncooked food, especially raw meat and poultry
 - handling pets and other animals
 - playing in sandboxes
 - playing on the playground
 - cleaning or handling the garbage

(American Academy of Pediatrics 2002)

HANDWASHING INSTRUCTIONS

- Use water no less than 60 degrees F and no more than 120 degrees F, finding a comfortable temperature.
- Moisten hands and apply liquid soap (antibacterial soap is not required).
- Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds.
- Rub areas between fingers and around fingernails, jewelry, and back of hands.
- Rinse hands under running water until they are free of soap and dirt. Leave the water running while drying hands.
- Dry hands with a clean, disposable paper or single use towel.
- Turn faucets off with a disposable paper or single-use cloth towel if faucets do not shut off automatically.
- Dispose of paper towel in a lined trash can.
- Lotion may be used to prevent drying and chapping.

*Adapted from USDA-FDA Foodborne Illness Education Information Center,
<http://www.nal.usda.gov/foodborne/>*

ADMINISTRATION, HANDLING, AND STORAGE OF MEDICATION

The proper use of medication can make an enormous difference in a child's overall health and participation in Head Start. Head Start staff are aware of what medication a child is receiving at home, who prescribed the medicine and when, and the known reactions or side effects [45 CFR 1304.22(c)(5)]. All Head Start programs have policies and procedures in place to ensure the safe storage, handling, and administration of medication [45 CFR 1304.22(c)(1-6)].

Managing medication can be complicated because 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. The HSAC establishes policies and procedures for administering over-the-counter drugs.

The first step in managing medication is to determine who may administer it [45 CFR 1304.22(c)(2)]. 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. Any Head Start staff member who administers medication receives appropriate training to promote safety. The training is usually provided by a nurse. Head Start staff are familiar with the actions of medications, administration, dosages, measurement, documentation, and the specific policies of the Head Start program. Assigning specific staff to medication administration increases accuracy and safety.

Additional safety steps to consider:

- Have the written health care provider's order, the pharmacy-labeled bottle, and the parent's written request BEFORE giving the first dose. Make sure all three documents are consistent.
- Keep the medicine at the facility under lock and key and refrigerate when necessary. When medication is sent back and forth from home to the center, there is an increased risk of missed doses, lost medicine, unsafe storage, and other children accidentally taking the drug. Most pharmacies will "split" the prescription at no extra charge if parents ask.
- Each child reacts uniquely to each medication. In addition to prescriptions from their health care provider, families may independently purchase many medicines, herbs, vitamins, and home remedies. Since these all affect the body and may interact with each other, they must ALL be considered medications in Head Start.
- Head Start staff document all medications administered.

CFR 45 1304.22(C)(1-6)



The challenges of medication administration highlight the urgent need to connect families with medical homes. A medical home will include a practitioner who can work with parents and staff to ensure that medication is administered, labeled, and properly stored.

There are **FIVE RIGHTS** that must be respected when giving medications to a child:

1. THE **RIGHT CHILD**: Double check that you have the right child when administering the medication.
2. THE **RIGHT MEDICINE**: Check that the medicine's name on the label/prescription matches the child actually receiving the medication.
3. THE **RIGHT DOSE**: Read and understand the prescription directions for dosage. Also, understand other circumstances relative to administration (such as with or without meals).
4. THE **RIGHT ROUTE**: Read and understand the prescribed method to administer the medication.
5. THE **RIGHT TIME**: Read and understand the prescription directions for frequency.

National Resource Center for Health and Safety in Child Care: <http://nrc.uchsc.edu/>

PROVIDING NUTRITION SERVICES

Healthy nutrition is fundamental to a child’s healthy development and positive outcomes even before the child is born. Head Start promotes wellness, growth, and development by encouraging and supporting healthy eating habits through comprehensive nutrition services. These services include family style meal service, safe food preparation practices, assessing nutritional needs of children, and ensuring balanced diets [45 CFR 1304.23(b)(1)]. Many of the children in Head Start programs face challenges getting enough food or getting healthy food to eat. When a family’s meal patterns are erratic, or the food is not health-promoting, or there is insecurity about the availability of food, many aspects of a child’s life are affected negatively.

It is important for staff to have a clear understanding of the role good nutrition plays in growth and learning and how healthy and positive eating experiences contribute to social, emotional, and cognitive development. Head Start is also committed to helping parents promote their children’s health. This will involve teaching their children lifelong healthy eating habits [45 CFR 1304.23(b)(3)], providing healthy food on a limited budget, and encouraging learning about new foods while respecting cultural, familial, or personal food preferences. Head Start families come from many different cultures and each Head Start program builds its food services with attention to this diversity.

FAMILY MEAL SERVICE

The Head Start requirement for family-style meal service is very important. When children eat healthy foods in a nurturing and relaxed environment, such as a Head Start classroom, there are many benefits. Their sense of security, their social skills, and their language are developing. Children also have the opportunity to try new foods and to learn how to be involved in food preparation and clean-up [45 CFR 1304.23(c)]. It is important to work with teaching staff to assure that good nutrition is taught as well as provided and that meal and snack times are enjoyable and positive.

The adults in the program can learn a great deal about children by eating with them. Mealtimes are an opportunity for sharing stories of the day in a pleasant atmosphere. Food is not used as reward or punishment, and experimentation with new foods is encouraged, but not forced [45 CFR 1304.23(c)(2) and Guidance].

Staff collaborate to plan program meal services, making sure the physical layout of the classroom is conducive to pleasant meal times. Head Start programs allow teachers to inquire about any concerns or questions they may have. Some programs have struggled with embracing the family-style meal philosophy, particularly those agencies that contract with an outside vendor or are located within a school system.

The reality is that some children being served in Head Start have very few opportunities to talk with adults at meal time. Many parents are working or going to school, and meals are often on the run. Yet, whenever possible, it is beneficial to sit down together and share a meal as a family. Head Start staff encourage families to be creative. Head Start staff also brainstorm ways to facilitate conversations between adults and children.

Encouraging adults to talk with children about the kinds of food on the table or to try a new food together will promote social relationships as well as teach healthy nutrition. Parents may be surprised about how many “teachable moments” occur at mealtimes. For example, the shapes and sizes of food or steps in food preparation are interesting topics for preschoolers and parents to discuss together.

Eating family-style is not about having child-sized utensils! It is a concept that every agency can embrace. It is about providing opportunities for children to have meaningful conversations with adults at meal times and to develop social relationships. Family-style means that adults sit with the children and eat with them.

To ensure successful nutritional services, Head Start programs are aware of any behavior or comments among staff and parent volunteers, such as discussions about weight, which could send negative messages to children. It is useful to educate staff and families about food variety, especially fruits and vegetables, and about the healthy food choices made by different cultural groups.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

In accordance with the USDA and the CACFP, the *Head Start Program Performance Standards* are specific in requiring Head Start programs to provide a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities [45 CFR 1304.23(b)(1)]. Children who are enrolled in part-day Head Start are provided with at least a third of their daily nutritional needs, and children in full-day programs receive one-half to two-thirds of their daily nutritional needs, depending upon the length of the program day [45 CFR 1304.23(b)(1)(ii)]. Home-based programs work with families to assure adequate nutrition for their children and encourage socialization around mealtimes, whether these times occur in the home or in group Head Start activities.

The Child and Adult Care Food Program (CACFP) from the United States Department of Agriculture (USDA) recommends appropriate serving sizes for all ages. Food served in Head Start programs adheres to accepted dietary guidelines from the USDA. Yet there is a great deal of flexibility in the choice of foods within these guidelines [45 CFR 1304.23(b)(1)(i)].



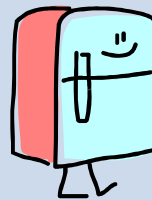
Photo by J. Brough Schamp. SECO Head Start.

FOOD SAFETY AND SANITATION

Safe food preparation, handling, and storage are critical in preventing illness. The *Head Start Program Performance Standards* offer clear guidelines for food safety, in conjunction with food safety rules and regulations of local areas, states and tribal organizations [45 CFR 1304.23 (e)(1)]. It is important that agencies are familiar with the laws in their communities and ensure that their facilities are in compliance with all applicable food safety laws, including those related to the storage, preparation, and health of food handlers.

Agencies that contract with outside food vendors also receive regular reports on safety and sanitation related to food handling to ensure that food service contractors have met all required regulations. Staff and volunteers, including the teaching teams who eat family-style with the children, are trained about food safety and sanitation. In order to maintain standards of food safety, agencies conduct self-inspections on a quarterly basis and ensure that any necessary corrections are made accordingly.

Food Safety Tips



- Wash hands before and after handling food.
- Keep all food preparation surfaces clean.
- Keep raw meat separate from other foods at all times.
- Refrigerate food promptly.
- Cook all food thoroughly.

NUTRITION ASSESSMENT

The first step in planning a nutrition program is to understand the needs of the families and children being served. In identifying their nutritional needs, staff consider all available information from the review of health records, family interviews, and health screenings [45 CFR 1304.23(a)(1)(2)(3)]. Many Head Start families may be current or former participants in the Women, Infants, and Children (WIC) program whose services include follow-up on weight gain and eating patterns. This information also will be useful in making nutrition plans.

In conversations with the parents, staff will be able to learn a great deal about each child's health and food preferences, as well as cultural considerations. Often it is the health aides or family service workers who have these conversations with parents. It is vital that they share this information with other staff such as the teaching team. However, it is important to consider the information received from parents about individual children in light of the overall picture of nutrition (and health) of the community. Head Start staff analyze all nutrition-related data from all sources to ensure nutritional needs are identified comprehensively. For example: Is lead paint an issue in the homes? What are the lifestyles of the families in the community – do they prepare meals at home or rely on fast foods? Are there safe playgrounds or parks in the neighborhood where families can be active? How does culture influence food choices? Answering these and related questions offers insight into the nutritional needs of the children.

Written records about health matters are useful, but some nutritional challenges (such as obesity) are very complex. Written records may not convey family, cultural, or community issues that contribute to a challenging situation. Therefore, other kinds of information may prove useful. For example, Head Start health staff can plan to be present in the center during socialization time or in the family child care home during meal time when the children can be observed. Head Start staff observe carefully to notice positive eating behaviors, preferences and potential problems. Head Start staff talk with the team who work with the children and discuss any problems of overeating, poor appetite, food with poor nutritional value, or stress around mealtime. Even if one can not have direct contact with Head Start families and children, it is important to obtain information from other sources in order to plan the nutritional services. Head Start staff also respect cultural backgrounds that influence food preferences.

INDIVIDUALIZING HEALTH AND EDUCATION SERVICES

One of Head Start's core principles is to individualize health and education services for all children [45 CFR 1304.20(f)(1)(2)(i-iv)] because each child has an individual pattern of growth, development, and unique health needs. Head Start programs use

the results of screenings, observations (e.g., daily health checks), evaluations, information from health care providers and parent interviews to individualize health services for children and families. Specifically, the status of each child's individual health, nutrition, oral health, safety and mental health can be improved significantly when services are tailored to meet their unique needs. For example, program experiences can be tailored, the curriculum adapted, and the physical environment modified to support each unique health and educational need. Individualizing can make a dramatic difference in learning and in outcomes across all developmental domains.

All Head Start programs collect health information when a child enrolls. When reviewing this information, program staff may notice that there is a prevalent health problem in the community. This may require some changes in program policies and procedures, and it may require specific staff and parent education efforts. For example, there may be concerns in the community about the prevalence of asthma coupled with awareness of high levels of family smoking. Staff can address these topics in an educational session with parents and other community members.

INVOLVING PARENTS: It's a Process!

Strong and effective partnerships with parents are the key to fully implementing the *Head Start Program Performance Standards* related to health [45 CFR 1304.40(f-h)(1-4)(i)]. It is Head Start's role to promote healthy development by supporting parents to become educated health care consumers as well as their child's advocate with schools and in the community.

FAMILY PARTNERSHIP AGREEMENT (FPA)

All families in Head Start go through a process of identifying family strengths and needs and deciding what support they need in pursuing their goals. The Family Partnership Agreement (FPA) process is individualized, strengths-based, family-driven, and staff supported. Each family in the program determines the strategies, responsibilities, and timetables included in their FPA. As a part of the family partnership process, the health staff work with parents to identify their health needs and help them access health-related services and resources in the community [45 CFR 1304.40(a)(2)(3)].

The FPA process also may entail building upon pre-existing family plans from other community agencies. A new plan is not necessary. Make sure that additional responsibilities are not placed on the family. Rather, strategies are to be developed with the other agencies to ensure that services are received, that information is shared appropriately with confidentiality maintained, and that the roles of each agency are clearly defined.

Head Start programs enable parents to access services that meet their specific needs and interests by developing a system of referrals and community connections, including access to emergency or crisis resources, educational or counseling programs that address mental health needs and issues such as substance abuse, child abuse and neglect, and domestic violence. This referral system becomes part of a larger effort among program staff and parents to provide user-friendly community resource information.

It is essential to have a feedback loop in this system. Parents who access services are asked if those services meet the needs of their family and are quality services. Parents report on language and cultural sensitivity and on the overall timeliness of the provided services. This information from parents is used to update the list of local service providers. If gaps or inadequacies in service are identified by parents, Head Start staff work to improve the service delivery of these providers and, if necessary, cultivate relationships with other providers.

BUILDING COMMUNITY PARTNERSHIPS

THE HEALTH SERVICES ADVISORY COMMITTEE

The *Head Start Program Performance Standards* require that every Head Start program form and maintain a Health Services Advisory Committee (HSAC) to advise in the planning, operation, and evaluation of health services in Head Start and Early Head Start programs [45 CFR 1304.41(B)]. The HSAC links Head Start programs to essential persons, organizations, and resources within the community. The HSAC plays an important role in ensuring that Head Start children have medical and dental homes that will remain in place after they leave the program. The HSAC also plays an integral part in the development of health policies and procedures for Head Start programs. This commit-

tee is unique in Head Start programs because it is an *internal resource*: It helps programs look carefully at how high quality health services can be provided for families. It also is an *external resource*: It allows programs to draw on resources in the greater community to meet the needs of Head Start families.

The committee is formed on a voluntary basis and composed of Head Start parents and staff, health and human services professionals, and other community volunteers who are representative of the cultural and linguistic groups served by the local Head Start program. The *Head Start Program Performance Standards* do not specify who or how

Participants on the HSAC may include, but are not limited to:

- Pediatricians
- Nurses
- Nurse practitioners
- Dentists
- Nutritionists
- Mental health providers
- Women, Infants, and Children (WIC) program staff
- Medicaid and SCHIP staff
- Head Start parents
- Head Start staff



many should serve on the committee. Rather, each Head Start program determines committee membership based on program needs that are specified by the program's most recent community assessment. Head Start programs are creative in determining how to use the HSAC, how often it meets, and when to access members' expertise outside of the regularly scheduled meetings.

The HSAC is a valuable resource in the community assessment process because its members are knowledgeable about available community resources. The HSAC also can assist in forming partnerships between the Head Start program and local health-care providers and building relationships between the Head Start program and the local community.

ESTABLISHING HEALTH SYSTEMS

In Head Start agencies, a *systems approach* is critical to quality service delivery and overall accountability in all areas of program functioning.

Implementing a *systems approach* requires cooperation, communication, and coordination among all members of the Head Start management team.

Each manager is an important part of the bridge between a program's management system and its service delivery system.

PLANNING

Planning is one of the most important aspects of the systems approach. A plan provides the groundwork to anticipate and prepare to meet the needs and objectives of the Head Start program, children, and families. Program planning occurs in a continuous cycle and involves key members of the Head Start community (e.g., the HSAC, parent groups and policy groups). Although every agency has its own method or style of planning, there are some required elements that all agencies incorporate into planning [45 CFR 1304.51(a)(1)(i)-(iii)]:

- community assessment to evaluate community and family strengths, needs, and resources;
- involvement of policy and parent groups (such as the HSAC) in the formulation of multi-year program goals along with short-term program objectives that specifically address Health Services;
- a written Health Services plan for implementing established goals and targeting health service delivery for Head Start children and families;
- a yearly self-assessment process to formulate new short- and long-range program goals, revise existing goals, and set financial objectives; and
- ongoing monitoring activities.

COMMUNITY ASSESSMENT

Planning for health services begins with the community assessment as mandated by Head Start [45 CFR 1304.51(a)(1)(i)]. The community assessment is a dynamic process by which programs collect data that identify community health, education, nutrition, and social services needs, strengths, and resources. Though the community assessment is conducted every three years, it is updated annually. Programs use data collected during the community

assessment to make decisions about the types of services to provide for children and families and to assist in establishing health priorities.

The identified health needs will provide the basis for:

- development of annual objectives for the Health Services Program;
- identification of health education priorities for parents, staff, and children;
- identification of common problems and health risks facing the community which can be addressed by the health services team and coordinators of other Head Start components and which parents can be made aware of (e.g., the presence of lead-based paint in communities); and
- assessment of community cultural demographics.

Health needs are defined by families of Head Start eligible children and by institutions in the community that serve young children [45 CFR 1305.3]. Head Start programs collaborate with other local service providers in order to conduct more comprehensive community assessments and to assist in interpreting results. Collaborating partners could be other child care agencies and organizations that serve young children and their families. Every Head Start program is responsible for ensuring that community data on health needs, strengths, and resources are collected and analyzed on a regular basis. Members of the HSAC have access to sources of health data and are involved in the community assessment. Remember to utilize internal and external sources of information such as:

- local or state health departments
- program health records from the previous year
- community libraries
- local universities or colleges
- census data
- professional organizations such as the American Dental Association or the American Academy of Pediatrics
- other social service and health agencies such as WIC or Medicaid
- parents

Although the *Head Start Program Performance Standards* give programs the flexibility to “tailor” plans to meet their specific needs, there are key health-related elements that should be included in the community assessment. Refer to the chart on

KEY ELEMENTS IN COMMUNITY ASSESSMENT	
KEY ELEMENTS	COMPONENTS AND CONSIDERATIONS
Culture/Race/Religion	Local cultural issues/considerations <ul style="list-style-type: none"> • Language/ethnicity • Healing beliefs/attitudes Spiritual/social diversity
Census/Demographics	Age Distributions <ul style="list-style-type: none"> • Percent of population under 5 years old Average family size for population Education level <ul style="list-style-type: none"> • Percent of non-high school graduates • Percent of high school graduates Percent of population under 200 percent of poverty level Prevalent industries
Funding/Policies/Laws	Medicaid benefits SCHIP availability Private insurance availability and cost Grant opportunities Employment/human resources
Educational Institutions	Adult education High school equivalency ESL classes Nursing/dental hygiene/audiology/PA schools Preschool/daycare centers Disability services School district LEA's
Health Resources	Hospitals Clinics <ul style="list-style-type: none"> • Free or low-cost clinics Medical specialties <ul style="list-style-type: none"> • Pediatric dentists State and local health departments <ul style="list-style-type: none"> • Immunizations • WIC • Communicable disease control • Community/patient health education • Information on services for children with disabilities Prenatal services/education availability
Allied Health Services/NGOs	American Red Cross chapters American Heart Association March of Dimes Food banks Other service agencies
Focus Group Interviews	Review perceived community's strengths and needs from all groups <ul style="list-style-type: none"> • Head Start eligible parents • Community leaders, professionals, and community partners • Health Services Advisory Committee

(Italiano-Thomas. 2003. National Head Start Health Services Institute)

the previous page for the key health-related elements of a community assessment.

RECORD KEEPING

A well-maintained *confidential* record-keeping system is essential to the accomplishment of Health Services goals [45 CFR 1304.51(g)]. The *Head Start Program Performance Standards* require that Head Start programs establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff. Efficient health record keeping serves multiple purposes:

- evaluating services provided or “quality assurance”
- monitoring progress towards meeting positive outcomes for children and families
- ensuring children receive needed services
- accountability with regard to parents, professionals, and providers
- individualized health services for children and families
- developing training approaches for staff and families
- research and program planning
- enhancing staff’s understanding of each child and communication among staff about children and their families
- documenting health services activities in case of legal action
- furnishing health information for the PIR, PRISM, and other official reports
- documenting compliance with Federal, tribal, state, and local regulations as well as program policies

The four components of a well-maintained record-keeping system are:

1. Individual Child Health Record
2. Tracking Systems
3. Staff and Volunteer Health Records
4. Confidentiality and Access Policies and Procedures

Head Start programs ensure that children are up-to-date on a schedule of well child care in accordance with State EPSDT schedules and the Centers for Disease Control recommended immunizations schedule. This information appears in the **Individual Child Health Record** of each child.

Information contained in these records is factual and stated in a non-judgmental and unbiased manner that demonstrates respect for the child and

family. All Head Start staff members are familiar with the mandated components of the health record [45 CFR 1304.20(a)(1)(i-iv) and 1304.51(g)]. Health records are periodically reviewed and updated by a designated health services staff member in order to identify the strengths and weaknesses of the current system.

An Individual Child Health Record must contain:

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

Adapted from *Healthy Young Children*, p.99 (2002)

A **tracking system** is a management tool designed to assist health staff in keeping track of all the various items found in the Child Health Records of the children enrolled in the program.

Establishing a tracking system helps to ensure that children remain up-to-date on a schedule of well-child care. The tracking system assists with scheduling appointments, providing follow-up services,

and compiling program status information for ACYF. Each program develops their own tracking system. Tracking can be done by paper and pencil or on a computer.

To ensure a safe and healthy environment for children and staff, all staff and regular volunteers demonstrate that they are in good health. Agencies develop a policy in consultation with the HSAC to address the establishment and maintenance of **staff and volunteer health records**.

Programs also ensure appropriate confidentiality of the information found in the Child Health Record [45 CFR 1304.51(g)]. Programs are required to develop **confidentiality policies and procedures** to ensure that all staff members are aware of and implement those policies correctly [45 CFR 1304.52(h)(1)(ii)]. The written policy includes procedures for internal storage, use, and handling of identifiable health information, as well as procedures for safeguarding confidentiality when electronically transmitting records to other providers and programs.

REPORTING SYSTEMS

The *Head Start Program Performance Standards* require programs to establish and maintain efficient and effective reporting systems that generate periodic reports of financial status and program operations [45 CFR 1304.51(h)(1)]. Programs also generate official reports for Federal, state, and local authorities, as required by applicable law [45 CFR 1304.52(h)(2)]. There are two types of reports agencies compile on a regular basis – fiscal reports (the status of monies/funds) and program reports (what agencies have accomplished in a particular area such as health). Maintaining an efficient reporting system is important because it allows programs to control program quality, maintain program accountability, and advise governing bodies, policy groups, and staff of program progress. Reporting systems allow staff to centralize information, coordinate services, and provide program oversight. Health information is collected and reported in a user-friendly fashion.

The following funding sources/agencies may have reporting requirements to consider when designing reporting systems.

- Administration for Children and Families/Head Start Regional Office Program Information Report (PIR). The PIR is a yearly request for specific information on a range of

Head Start activities. Health questions inquire about immunizations, dental treatments, and treatment of a range of medical conditions. It is wise to examine a copy of what was requested the previous year.

- Medicaid: Early and Periodic Screening, Diagnosis and Treatment program (EPSDT) and State Children’s Health Insurance Program (SCHIP)
- Child Care Food Program/School Lunch Program
- State Child Care Licensing
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Occupational Safety and Health Administration (OSHA)

Oversight councils, committees, and/or boards require reports to fulfill their responsibilities and seek information to determine whether health services are being delivered appropriately. It is important to consider what programs need in order to provide proper oversight of responsibilities and what information would help managers coordinate and integrate services.

Comprehensive and regular data-gathering over a period of time enables programs to look at health trends, to keep track of all activities undertaken and their results, and to analyze the time and resources requested to perform specific tasks.

SPECIAL ISSUES

This section addresses topics that deserve special attention in order for Head Start programs to provide ongoing, comprehensive health services to children and families.

ESTABLISHING A MEDICAL HOME AND DENTAL HOME

The *Head Start Program Performance Standards* require all Head Start programs to ensure that each child in Head Start has an ongoing, continuous, accessible source of health care, which is also known as a medical home. Head Start’s definition of a medical home is consistent with that of the American Academy of Pediatrics (AAP), though the AAP’s is more specific.

Depending on community resources, a Head Start family may have a variety of options for health care. The health care provider might be a physician, nurse practitioner, or traditional healer. The

Definition of a Medical Home

Head Start

A child's medical home is a source of continuous, accessible, coordinated care that can continue beyond the time of Head Start enrollment.

[45 CFR 1304.20(a)(1)(i) Guidance]

American Academy of Pediatrics

A child's medical home will include these characteristics: accessible, continuous, family-centered, comprehensive, coordinated, compassionate, and culturally and linguistically sensitive.

[American Academy of Pediatrics 1999]

medical home might be located in a physician's office, hospital outpatient clinic, school-based and school-linked clinic, community health center, health department clinic, or even a community-based mobile van. Some families may have special considerations. For example, farmworkers' families who have a permanent "home-base" often have a medical home established in the permanent community in addition to a "mobile" medical home in the temporary/seasonal community. As long as the medical home meets the AAP's definition, medical care may be provided in various locations.

The concept of a dental home is derived from the AAP's concept of a medical home. Pediatric primary dental care includes the same characteristics set forth in the AAP's definition of a medical home, i.e., accessible, continuous, family-centered, comprehensive, coordinated, compassionate, and culturally and linguistically sensitive. The dental home is a specialized primary dental care provider who exists within the broader concept of the medical home, and is a necessary part of complete well-child care.

With support from Head Start as needed, the family has responsibility for identifying a medical and a dental home in the community. In order to help families make sound decisions and access the services they need, the Head Start program educates families about:

- the importance of having a medical home and a dental home and well-child care;
- how to apply for and keep up with medical insurance and dental insurance;

- how to choose a health care provider;
- how to appropriately and effectively use a medical home and a dental home (learning when to seek the doctor's or recognized medical authority's help);
- why taking the child periodically for the recommended well-child visits/preventive check-ups is important;
- what health care providers should be providing during well-child visits;
- following up on EPSDT screenings and recommended treatment;
- how to prepare for and deal with health emergencies and treatment; and
- practicing and modeling preventive care practices.

It is essential to address barriers to treatment in order to ensure that whenever possible, families secure recommended medical/dental procedures. Barriers may include:

- lack of information
- transportation difficulties
- the need for translators
- cultural values and mores
- inflexible work hours
- lack of funds
- fear of "officials" due to immigrant legal status and often marginalized status imposed by society
- the unwillingness of providers to serve Head Start children
- scarce medical/dental resources in the community (Developing partnerships with local providers to provide these services may take time and perseverance.)

When access to care is a problem for Head Start families, programs explore and exhaust ways to facilitate the provision of needed services and document all efforts to access providers and funding sources. These efforts may include:

- providing after-hours care
- obtaining medical advice by telephone
- providing on-site services (as long as this is being done within the parameters of the *Head Start Program Performance Standards*, the AAP definition of a medical home, and state and local child care licensing requirements) while helping families stay connected to a medical home

ORAL HEALTH

Oral health is an essential component of a child's overall health and wellness. The impact of dental

diseases on a child can be devastating to a child's general health. Children with poor oral health often experience chronic pain and as a result, they may lack energy, concentration, and a positive attitude toward learning. They may have difficulty eating or speaking. In fact, children at and below the poverty level have much higher rates of tooth decay than the rest of the population.

The most important consideration in addressing oral health within the Head Start community is establishing a dental home. The high occurrence of dental disease among Head Start children also can be alleviated by educating Head Start parents and staff about good dental care and nutrition and by helping families overcome access barriers. However, low-income families often face many challenges when trying to access oral health care.

One barrier is access to insurance coverage. Data from a 1996 Department of Health and Human Services report show that in 1993 only 1 in 5 children covered by Medicaid actually received preventive services, and no states provided preventive services to more than 50 percent of eligible children (Office of Inspector General Report 1996). Now, only about 1 in 4 eligible Medicaid children receive preventive services (Crall 2004).

The decreasing number of dentists, both regular and pediatric, also is a barrier to care access. While the dental workforce is diminishing, the U.S. population is growing, and the number of children at higher risk for dental disease is increasing.

Furthermore, many dentists do not have experience with preschoolers or are hesitant to accept patients covered by Medicaid.

How can Head Start staff help children and families overcome these barriers?

- Educate Head Start staff, parents, and children about good oral health
- Educate and outreach to the dental community
- Work with local Technical Assistance specialists
- Form community-based partnerships and establish systems to provide dental homes and comprehensive care including:
- on-site assessment and individualized prevention and disease management



Photo by J. Barrett, Head Start of Washington Co., Inc.

- in-office/clinic diagnosis, prevention and treatment services, as needed
- local dental groups linked to Head Start programs

OBESITY AND PHYSICAL ACTIVITY

The main causes of obesity in children are poor nutrition and inadequate physical activity. Obesity can pose health risks, such as diabetes and heart disease, that may carry into adulthood. For poor children, obesity can be an even greater risk factor because the most inexpensive foods are also the least nutritious, containing high levels of calories and fat.

Head Start programs address nutrition and physical activities in their daily curriculum as mandated by the *Head Start Program Performance Standards* and in order to promote positive child outcomes [45 CFR 1304.23].

Strategies to address issues related to obesity and physical activity include:

- making nutrition and structured physical activity an integral part of daily classroom curriculum
- limiting the amount of foods that are high in sugar, fat, salt, or refined grains
- modeling good eating habits

- educating families about healthy alternatives for meals and snacks through parent training
- interacting with a nutrition coordinator to create a nutrition policy
- avoiding celebrations that encourage poor or excessive eating habits by offering sweets, potato chips, or soda
- reinforcing family-style meals
- educating children about healthy foods and making children aware of a variety of new foods such as whole grains, vegetables, and fruits
- introducing healthy culture-specific foods

Head Start programs work with families to promote good nutrition at home, teach parents about nutrition, and encourage them to:

- always have healthy snacks available.
- avoid using food as a reward or punishment.
- limit sweetened beverages (juice, soda, sweet tea).
- eat more colorful foods, especially green vegetables and fruit.
- use recipes that are lower in fat.
- sit down for family meals.
- reduce sedentary time.

The 2004 National Healthcare Disparities Report (U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality 2004) identifies African-Americans, Hispanics or Latinos, Native Hawaiians and Other Pacific Islanders, and American Indians and Alaska Natives as priority populations with unique health care needs or issues that require special attention. This collective of priority populations also includes immigrants and refugees. Individuals in these priority populations are less likely to receive preventive care, screening services, or access to quality health care, and are more likely to have poorer overall health.

Furthermore, minority women, children, and people who are poor within these priority groups are at even greater health risk. Furthermore, members of these priority populations are more likely to be uninsured, thereby further compounding their ability to stay healthy and receive needed services.

Residents of rural communities also have special health care needs (rural is defined by the Bureau of Census as “any geographic location that is not urban”). There is considerable ethnic and racial diversity in many rural areas throughout the U.S., and rural communities are often populated by



Photo by J. Brough Schamp. Higher Horizons Head Start.

immigrants and other priority groups. For example, the largest growth of the Hispanic population is in the Southwest region of the country and the rural South is largely populated by African-Americans (U.S. Census Bureau 2000).

Furthermore, larger populations of young children and the elderly reside in rural areas.

Similar to other priority populations, rural communities have an increased incidence of chronic disease, are in poorer health, experience more injuries and perceive themselves to be less healthy than their urban counterparts. Like the priority populations identified by DHHS, their access to health care resources is limited (The National Advisory Committee on Rural Health and Human Services 2004).

It is important that Head Start staff build their own cultural competence to work effectively with families and communities of priority populations identified as health risks. The Commonwealth Fund (Betancourt, Green, & Carrillo 2002) defines cultural competence as “the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet the social, cultural, and linguistic needs of everyone seeking healthcare. Cultural competence also can be described as a vehicle to increase access to quality care for all patient populations.”

Lack of knowledge about the health practices of different cultural and priority groups contributes to disparities in health care leading to poorer health status. Improvement can be achieved through the development and implementation of cultural health awareness programs that focus on special populations. Despite what we know about the importance of cultural competence, major gaps in knowledge continue to exist. Head Start is placing greater emphasis on cultural sensitivity and education to improve health promotion and disease prevention in Head Start families and children. The next section provides strategies that Head Start programs can consider as they build culturally competent health programs.

LET’S CELEBRATE DIVERSITY: CULTURALLY COMPETENT STRATEGIES FOR HEALTH CARE

Focus on Priority Populations

Head Start health services support health activities that target priority populations suffering from health disparities based on factors such as, race/ethnicity, gender, age, income, insurance status, and/or rural or urban geographical location. A good place for programs to start is to understand how each of these factors contributes to poor or restricted health care services and access for culturally diverse populations.

Educate Priority Populations about Health Services

Priority populations often underutilize health services for many reasons and are not able to reap the benefits of services that do exist. For example, immigrants and refugees may not know where to go for medical attention. Illegal immigrants fear that they will be caught and deported if they access health services. Head Start programs start by educating families on available health care services in the community that support cultural practices of priority populations. Further, programs identify

community-based health care agencies that specialize in providing services to illegal immigrants or other priority groups. Finally, linking families to medical homes that are representative of their culture is paramount. The HSAC is an effective asset to educate families about accessible and culturally relevant health services.

Enhance Community-Based Partnerships

Head Start programs serving a culturally diverse population establish linkages with community-based programs that will enhance the coordination of health services. It is wise to encourage community partnerships by educating local doctors on the challenges faced by Head Start children in priority populations. Head Start programs may think about connecting with University-based allied health programs and other professional schools, such as medical, dental, and law, that have experience in serving multicultural populations. Finally, Head Start programs seek out community providers that represent the population served in their program and include representatives from immigrant or refugee groups on the HSAC or other important governing bodies.

Educate Parents

Parents in the priority populations may not be fully informed about the necessity of preventive health care visits. Their communities may not have partnership systems in place, and a child may not see a doctor until an already serious health problem has occurred. It is important to respect traditional medical practices of families while teaching parents basic health and safety techniques and the warning signs of potential health problems. The messages can be presented in workshops, conferences, parent groups and in culturally relevant materials.

Informing parents about resources is an important way to ensure that children get the health care they need. Many Head Start families may not know how to find Medicaid and SCHIP health-related resources; Head Start staff help them learn about and gain access to these valuable and free programs. Head Start staff also provide support to parents in gathering information and filling out application forms and providing language interpretation services when needed.

Expand the Community Assessment

A Community Assessment is mandated by the *Head Start Program Performance Standards* [45 CFR 1305.3]. Accurate data collection and analy-

ses are critical components in addressing health disparities and lead to improving cultural competence in health delivery. Head Start health programs include an assessment of cultural demographics reflecting race/ethnicity, language, healing beliefs, and common religious practices. Head Start programs also collect data on the community-based health care providers who represent cultures served by Head Start. The data can be used to connect families to culturally appropriate health care services.

Link Families with Medical and Dental Homes
Data from the Community Assessment is used to link families with medical and dental homes where the health care providers are sensitive to their cultural values and beliefs. Illegal immigrants are connected with health care providers who will provide services when needed. Programs consult with the HSAC when there are no health care providers in the community who accommodate cultural differences.

Assure Quality Health Care
Head Start programs ensure quality health care by implementing comprehensive and accurate record-keeping and reporting systems, health care tracking systems, and sound procedures for monitoring follow-up of health care services received by Head Start families.

Include Cultural Competence in Staff Development
To ensure a clear understanding of the diverse populations they serve, Head Start programs adopt culturally competent values and practices in all areas—health services as well as education, family services, and others. One place to start is to educate staff about cultural values such as child rearing practices, traditional medical beliefs, the impact of spirituality on health practices, cultural definitions of health and illness, and perceptions about social service institutions. Additionally, Head Start programs establish multicultural committees to support outreach, training, and hiring practices. Finally, Head Start programs consider building cultural competence into staff performance evaluations.

Ensure Linguistic Access in Health Care
Hundreds of languages are spoken in both urban and rural communities, and there are large populations of Limited English Proficient (LEP) families in all regions of the United States. Head Start

supports efforts to address language differences that may impact comprehensive health and education services for children, families, and staff (*Head Start Bulletin* on English Language Learners 2005 Issue No. 78).

Language barriers directly impact the accessibility of health care and can affect the quality of health care that is received. It is critical that clients are able to communicate with their health care providers. Communicating in the client's preferred language ensures the correct exchange of information, allows families to provide informed consent for treatment, reduces confidentiality issues, and increases families' knowledge about their own health status. Federally funded programs have a responsibility to accommodate language differences (Perkins, 2003).

There are multiple steps for Head Start programs to take:

- assess which predominate languages are spoken in local neighborhoods when conducting a community assessment;
- include a detailed plan for addressing language barriers in the health services plan;
- translate vital documents (e.g., health intake forms), providing translators when necessary, and notifying families that these services are available;
- periodically review the quality of language services and translated documents in the Head Start program; and
- recruit and train health services staff that reflects community culture and language.

It is imperative that the health status of members of these priority populations improves. Head Start programs can help by understanding the cultural differences that influence the health practices of families, being leaders in advancing systemic change such as improving accessibility to health care, accommodating cultural differences in daily health practices, and adopting cultural competence principles in all Head Start services. Building cultural competence among all staff will empower families of priority populations to achieve their goal—a better quality of life for their children.

CONCLUSION

Children learn best when they are healthy and safe and when their parents are fully engaged in helping the family achieve optimal health. To fulfill Head Start's mission to help children from low-income families start school ready to learn, Head Start programs promote and teach healthy practices to children, parents, and communities. *The Head Start Program Performance Standards*

provide a solid foundation to help Head Start programs establish family partnerships and support a culture of healthy lifestyles in classrooms and homes. Young children will have a good start in life when they receive comprehensive health services within a prevention framework. Head Start is definitely the foundation that prepares children to be healthy and ready to learn well beyond the preschool years.



Photo courtesy of Education Services, Inc.

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