



## *OHS HSPPS Wednesdays*

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*Head Start Program Performance Standards (HSPPS)*

**January 18, 2017**

# Today's Agenda



- **Welcome**
- **Hot Topics**
- **Monthly Focus**
  - **Health, Safety and Mental Health**
- **Resources**
- **Wrap Up**



# JANUARY'S HOT TOPICS



- **Background checks**

- PI and FAQs published in December

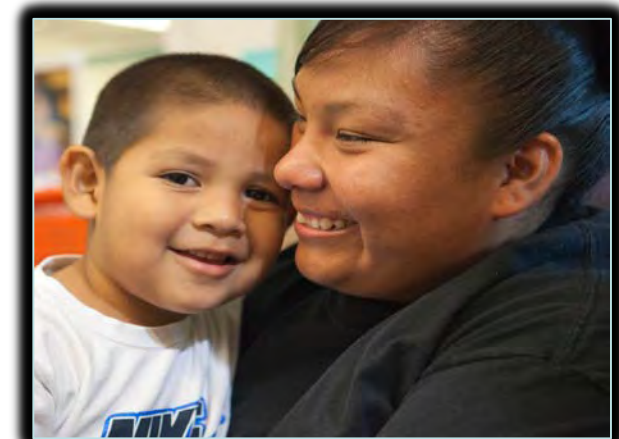
- **Question and Response Process**

- Submitted through the ECLKC
- Responses sent to more than half of submitted Qs
- Some Qs require broader guidance, which Central Office is working with the National Centers to develop.



# Health, Safety, and Mental Health

Marco Beltran & Sangeeta Parikshak,  
Office of Head Start and Early Childhood Development, ACF, HHS



# Sections



- 1302.40 Purpose.
- 1302.41 Collaboration and communication with parents.
- 1302.42 Child health status and care.
- 1302.43 Oral health practices.
- 1302.44 Child nutrition.
- 1302.45 Child mental health and social and emotional well-being.
- 1302.46 Family support services for health, nutrition, and mental health.
- 1302.47 Safety practices.

# Health Program Services Themes



- The core health services from the previous program performance standards were maintained
- Strengthened the requirements with an emphasis on oral health and parent education in health issues
- We updated the mental health requirements
- We also streamlined program performance standards

# Goals in the Implementation of the new HSPPS Regarding Mental Health



- 1) Support programs in creating a culture that promotes positive mental health and social and emotional well-being
- 2) Reduce the prejudice and discrimination around mental health services
- 3) Improve parent and staff understanding of what mental health means for children as well as adults
- 4) Empower programs to know how to handle challenging behaviors
- 5) Improve classroom management



# 1302.17 Suspension and Expulsion



**Goal:** Codifies long standing practice to not expel children from Head Start programs

## **NEW section in HSPPS**

- Prohibits expulsion and severely limits suspension
- Provides steps for programs related to challenging behaviors
- Elaborates on engaging mental health consultants described in 1302.45 mental health and social and emotional well being regulation

# 1302.40 - Purpose



- Goal of the health section is to ensure programs provide high-quality health, oral health, mental health, and nutrition services that support each child's growth and school readiness



# 1302.41 - Collaboration and communication with parents

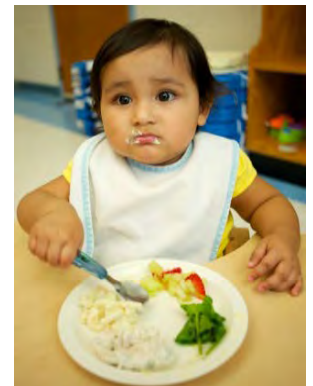


- Requires programs collaborate and communicate with parents about their children's health in a linguistically and culturally appropriate manner and communicate with them about health needs and concerns in a timely manner.
- Program requirements for advance authorization from parents and for sharing policies for health emergencies.

# 1302.42 - Child Health Status and Care



- Determine children's source of care
- Support parents in ensuring children are up-to-date and ensure children receive ongoing necessary care
- Determine if children have health insurance and supports families in accessing health insurance if they do not
- Requirements for extended follow-up care and clarifies use of program funds for medical and oral health services.
- Use of funds for the provision of diapers and formula



# Vaccination Questions



- Can the program deny enrollment for a child that doesn't have his/her vaccines? Where in the standards does it indicate that a child without vaccinations cannot be enrolled in the program? Where in the new standards is the information regarding vaccines or a history of immunology?
- State rules require immunization records for attendance at Head Start within 30 days upon entry or attendance cannot continue, but Head Start administrators have said that because of federal funding for the Head Start they are not able to prohibit attendance under any circumstances. Can you confirm this and cite the statute or rule that applies?



- How often do dental exams and blood tests need to be updated?  
Following current EPSDT requirements for state (are more rigid than new HSPPS).

# Facilitating Fluoride Question



- 1302.42 c(3) indicates that programs must facilitate fluoride supplements and other necessary preventative measures. Are the standards stating the programs must provide fluoride supplements to children if the service area lacks fluoride, along with other preventative measures such as using **fluoridated toothpaste?**



- Promote effective oral health hygiene with daily tooth brushing
- Direct/clear from previous instruction where we said that staff must promote effective dental hygiene among children in conjunction with meals







- Includes requirements related to how much food should be offered
- Requirements for supporting breastfeeding
- Requirements about use of funds.
- Making safe drinking water available to children during the program day is something that did not exist in our current standards under nutrition



# 1302.45 - Child mental health and social and emotional well-being



- Addition of “social and emotional well-being” terminology
- Mental health consultation in all program models:
  - Role of consultants w/teachers, parents, home visitors, and other staff
  - Utilization of consultants
  - Obtaining parental consent





- Mental health consultants' role in eliminating expulsions and limiting suspensions – linking back to 1302.17
  - Prevention focused
  - Collaboration with staff and parents
  - Utilization of community resources



# 1302.46 - Family support services for health, nutrition, and mental health



- Addresses health education and support services that programs must deliver to families
- Improves the clarity and transparency of requirements from the previous rule
- Highlights the critical importance of parental health literacy

# 1302.46 - Family support services for health, nutrition, and mental health (cont.)



- Programs must offer a range of topics for parents including:
  - Home health and safety practices
  - Healthy eating
  - Breastfeeding support
  - Parental and child mental health
- Help parents access health insurance for themselves and their families



# 1302.47 - Safety Practices

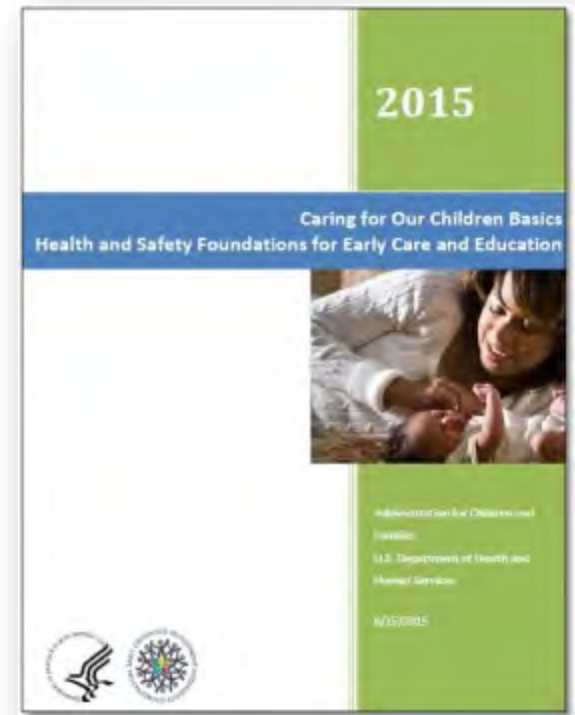


- Allows flexibility to adjust policies and procedures
- Health and safety requirements
  - Facilities
  - Equipment
  - Materials
  - Background checks
  - Safety training
  - Safety practices
  - Administrative safety procedures
  - Disaster preparedness plans

# Caring for Our Children Basics



- Provide guidance on **voluntary**, basic, minimum health and safety standards for early care and education programs
- Reduce conflicts and redundancies found in federal program standards that impact early childhood settings
- Enhance state child care licensing practices and QRIS
- Improve efficiencies in monitoring systems
- Create consistent **floor** across Head Start, child care, and pre-K from which programs would aspire/move to higher quality and upon which parents can rely



# 1302.91 – Staff qualifications related to mental health



- Mental Health Consultants
  - Must be licensed or certified mental health professionals
  - Have knowledge of and experience in serving young children and their families if available in the community.



# Health Procedures Question



- What is the definition for health procedures?
- Would these be considered health procedures that a licensed professional need to perform: blood glucose testing (diabetes), epi-pens (allergic reactions), inhaler (asthma) and suppositories (seizures)?

# 1302.91 Staff Qualifications and Competency Requirements



- (8) *Health professional qualification requirements.* (i) A program must ensure health procedures are performed only by a licensed or certified health professional.

# 1302.40 – Purpose Resources



About School Readiness | HIS/LOP | CLASS\*

## YOUR ROLES IN SCHOOL READINESS

The Office of Head Start provides information for ACF Program Instruction II (OI) on ways Head Start programs can establish goals for school readiness and takes steps to achieve them.

TEACHERS & CAREGIVERS

FAMILY SERVICES STAFF

HOME VISITORS

HEALTH, MENTAL HEALTH, & DISABILITIES

DIRECTORS & MANAGERS

GOVERNING BODY & POLICY COUNCIL

FAMILIES

**STEPS TO SCHOOL READINESS**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
HEAD START

## Health Services Newsletter

### GET A HEAD START ON ENROLLMENT

Enrollment can occur any time throughout the year if your program has an opening. Many programs, however, have an open enrollment period. The enrollment cycle is an important time to gather health and nutrition information on children. It is also a great opportunity to engage families in the health and nutrition program that is available. Early Head Start and Head Start programs should partner with parents and health care providers to ensure every child and program worker has access to a medical history assessment and a health check-up.

### THE HEALTH INFORMATION TO GATHER DURING ENROLLMENT

- The child or pregnant woman's medical record.** The health record should include all of the program's services and all other medical history up to the time of enrollment, including visits to the local health department.
- Immunization schedule**
  - Immunization status.** Identify needs by reviewing immunization status from the USCSHIP (immunization for child, pregnant, newborn, partner, and the program's staff). An assessment of status for each should include:
    - Child's date of last immunization
    - Child's immunization status (immunized, not immunized)
    - Child's age
    - Child's immunization status (immunized, not immunized)
    - Child's immunization status (immunized, not immunized)
    - Child's immunization status (immunized, not immunized)
    - Child's immunization status (immunized, not immunized)

INSIDE THIS ISSUE

- Immunization Schedule
- Immunization Status
- Immunization Status
- Immunization Status
- Immunization Status
- Immunization Status

## Health Manager's Orientation Guide

School readiness begins with health!

## WEAVING CONNECTIONS

The Health Services Advisory Committee

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
HEAD START

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
CHILDREN & FAMILIES

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
HEAD START

### Introduction: Welcome to Head Start Health Services Management

Whether you are new to Head Start, are new to the role of health manager, or have been a health manager for a while, this guide was developed to be a resource tool for you. This section provides a brief overview of Head Start health management. It also looks at the important role Head Start plays in fostering a culture of health and wellness for Head Start children, families, and staff.

[PDF, 469KB]

### Chapter 1: Getting to Know Who Is Part of Your Health Services Team and Their Roles

Get to know the staff health managers work with and what their roles are in your program. It also includes information about the Health Services Advisory Committee (HSAC).

[PDF, 554KB]

### Chapter 2: The Foundation of Successful Health Services

This chapter explores the foundations of Head Start as outlined in the Head Start Program Performance Standards (HSPPS).

[PDF, 1MB]

### Chapter 3: Health Topic Self-Reflection Checklists

Find out how checklists can help to determine what you need to do, what you need to know,

# 1302.41 - Collaboration and communication with parents resources



### HEALTHY BREATHING AT HOME

#### Help Prevent Asthma: Keep Your Home Smoke-Free

**Why is it important?**

- 25% of children with asthma live in homes with tobacco smoke.
- Secondhand smoke can trigger asthma attacks.
- Children who live in homes with tobacco smoke are more likely to have asthma.

**What is Thirdhand Smoke?**

It's the smoke that lingers on surfaces like walls, furniture, and clothes after the cigarette has been smoked.

**What to do:**

- No smoking or vaping in the home.
- No smoking or vaping in the car.
- Wash hands and clothes after smoking or vaping.
- Wash surfaces like walls, furniture, and clothes after smoking or vaping.

**Things You Can Do to Help Your Child**

- No smoking or vaping in the home.
- No smoking or vaping in the car.
- Wash hands and clothes after smoking or vaping.
- Wash surfaces like walls, furniture, and clothes after smoking or vaping.

### MENTAL HEALTH

#### What is mental health?

Mental health is how we think, feel, and act. It affects how we handle stress, relate to others, and make choices.

**Why is it important?**

- Mental health is just as important as physical health.
- It affects how we learn, work, and live.
- It can be affected by stress, trauma, and genetics.

**Things You Can Do and Say to Help Your Child**

- Talk to your child about their feelings.
- Listen to your child without judgment.
- Encourage your child to talk to a professional if they need help.
- Be supportive and understanding.

### HEALTHY EATING

#### Healthy Habits Start Early

Children who eat healthy foods and get regular physical activity are more likely to be healthy and happy.

**Why is it important?**

- Healthy eating and physical activity help children grow and develop.
- They help children feel good and have energy.
- They can help prevent chronic diseases like obesity and diabetes.

**Things You Can Do to Help Your Child**

- Offer a variety of healthy foods.
- Encourage your child to be active.
- Limit screen time and sugary drinks.
- Eat together as a family.

### SAFETY AND INJURY PREVENTION

#### Safety and Injury Prevention for Young Children

Young children are curious and explore their world. It's important to keep them safe.

**Why is it important?**

- Young children are at risk of injury.
- Many injuries can be prevented.
- Safety is a key part of a child's development.

**Things You Can Do to Help Your Child**

- Childproof your home.
- Supervise your child.
- Teach your child about safety.
- Use safety seats in cars.

### ACTIVE PLAY

#### Healthy Habits Start Early

Active play helps children develop their bodies and minds.

**Why is it important?**

- Active play helps children grow and develop.
- It helps children feel good and have energy.
- It can help prevent chronic diseases like obesity and diabetes.

**Things You Can Do to Help Your Child**

- Encourage your child to be active.
- Offer a variety of active toys.
- Limit screen time.
- Eat together as a family.

### HEALTH LITERACY: A KEY TO UNDERSTANDING AND USING HEALTH INFORMATION

#### Understanding What Your Doctor Tells You

Health literacy is the ability to understand and use health information.

**Why is it important?**

- Health literacy helps people make better decisions about their health.
- It can help prevent chronic diseases.
- It can help people get the most out of their healthcare.

**Things You Can Do to Help Your Child**

- Talk to your child about their health.
- Encourage your child to ask questions.
- Use simple language.
- Be supportive and understanding.

### ORAL HEALTH

#### You Can Promote Good Oral Health By:

Good oral health is important for a child's overall health.

**Why is it important?**

- Good oral health helps children eat and speak.
- It can help prevent tooth decay and gum disease.
- It can help children feel good and have energy.

**Things You Can Do to Help Your Child**

- Brush your child's teeth.
- Floss your child's teeth.
- Limit sugary drinks.
- Visit the dentist.

# 1302.41 - Collaboration and communication with parents resources



<https://www.wellvisitplanner.org/>

## Your Child, Your Well-Visit

a product of The Child & Adolescent Health Measurement Initiative

Take 10 minutes to get a **personalized visit guide** for your child's next well-care visit ([Click here](#))

- **EXPLORE** key issues and needs important to the health of your child and family
- **LEARN** about important topics to discuss with your healthcare provider
- **PICK** your top priorities and get educational information before the visit
- **PARTNER** with your child's provider by sharing your personalized visit guide

The Well-Visit Planner is based on national recommendations for parents/guardians of children 4 months to 3 years old.

**Step 1**

Answer a Questionnaire about your child and family

**Step 2**

Pick Your Priorities: let us know what you want to talk or ask your provider about at your child's next visit

**Step 3**

Get Your Visit Guide: this you and your child's health care provider will use to make the visit as meaningful as possible

Your privacy is important to us. Please review our [terms and conditions](#), and [consent form](#). Check each box below and click the [Get Started](#) button below.

I am 18 years old or older. I agree to the [Terms and Conditions of the Well-Visit Planner](#).

My use of the Well-Visit Planner is voluntary.

[Get Started!](#)  
Click here

[Are you a health care provider? Click here for more info.](#)

*School readiness begins with health!*

# 1302.41 - Collaboration and communication with parents resources



## Head Start and Families Working Together—3 years

### Welcome to Group Care!



**H**ead Start and other programs that serve infants and toddlers provide your child a safe environment to learn. We believe you are your child's first teacher. Parents, grandparents, and other caregivers are viewed as partners. We promise to...

- Value individual culture, beliefs, and traditions in raising children
- Listen to your concerns and share ideas on healthy child development
- Support and encourage you through your child's enrollment
- Provide you with daily reports on how your child is doing
- Assist in helping you locate community resources, such as food and medical care

### Social and Emotional Development

Your child is learning how to get along with others—how to share and be kind. We use simple games that encourage cooperative play. For example, playing make-believe enables your child to play with others and try out different roles.

- She is developing a sense of humor. She likes to laugh and repeat silly words
- She will seek attention and approval of adults
- She may be influenced by what she watches on TV
- You can spend a few minutes every day doing something together that both of you like. It could be reading, walking, talking, or playing a game together
- You can show her how to handle anger and frustration. Help her take time alone and show respectful actions



### Toilet Training

Most children will be toilet trained by this age. However, keep in mind that each child is unique and develops at her own rate. Let us know if you have concerns about toilet training. To be successful with toilet training, your child needs to:

- Sense the urge to go
- Understand what that feeling means
- Communicate the need to go to the toilet

*School readiness begins with health!*

## Head Start and Families Working Together—4 months

### Welcome to Group Care!



**H**ead Start and other programs that serve infants and toddlers provide your child a safe environment to learn. We believe you are your child's first teacher. Parents, grandparents, and other caregivers are viewed as partners. We promise to...

- Value individual culture, beliefs, and traditions in raising children
- Listen to your concerns and share ideas on healthy child development
- Support and encourage you through your child's enrollment
- Provide you with daily reports on how your child is doing

### Bottle-feeding

Your baby should be fed when he shows signs of being hungry. We hold babies during feeding to build the relationship between baby and caregiver. We never prop bottles.

- Your infant will be fed breast milk or formula for the first four to six months of life
- We will never put a bottle in the microwave

### Solid Foods

Breast milk or formula is all your baby needs until he is 6 months of age. When you know your infant is ready, introduce solid foods one at a time. We will wait to give your infant solid foods until you let us know.

- Signs that show your child is ready
  - Opens mouth for the spoon
  - Sits with support
  - Has good head and neck control
  - Shows interest in foods you eat
- Let us know if you have questions about bottle-feeding or solid foods



### Safe Sleep

At 4 months of age, your infant may not have a regular sleep schedule. Throughout the day, he may sleep only one or two hours at a time. We place your baby on his back to sleep. This is the safest position until he is able to roll over by himself (usually 4 to 7 months).

- He may start rolling over at this time. He may choose not to stay on his back
- We keep our cribs free of toys, stuffed animals, and extra bedding for safety
- We supervise infants while they are sleeping
- Our cribs meet current safety standards

### Immunizations (Shots)

Immunizations help your baby stay healthy. Your baby's pediatrician should provide routine immunizations based on the current state schedule.

- We explain how to determine if your infant is up-to-date

*School readiness begins with health!*

## Head Start and Families Working Together—3 years

### Welcome to Group Care!



### Healthy Active Living at Home

- Limit fast food and dining out. It is much easier to make sure that what your family eats is healthy if you make it yourself!
- Let your child help make meals with you. Give simple tasks such as putting napkins on the table, placing pre-cut vegetables in the salad, or helping mix batter.
- If your child has a hard time sitting at the table during mealtimes, try to keep mealtimes short—10 minutes or so. Let your child get up when she shows she is finished eating.
- Put healthy foods, such as a bowl of apples, where your child can reach them. When she gets hungry, she can easily get to healthy foods.
- Encourage your child to drink water if she is thirsty.
- Limit juice to no more than four to six ounces a day. Add water to juice, or offer fresh fruit instead.
- Make sure that everyone who cares for your child gives healthy foods and not sweets.
- When awake, children should not be inactive for longer than 1 hour at a time.
- Limit TV and videos to no more than one to two hours each day.
- Try not to put a TV in your child's bedroom.
- Be active together as a family.
- Choose active toys for your child. Young children need easy access to balls, jump ropes, and other active toys.
- Find time for things such as singing, exploring parks, tying a kite, digging in the sand, tumbling in leaves, or building a snowman.
- Find ways to engage your child in healthy active living such as
  - Playing a game of tag



## Head Start and Families Working Together—4 months

### Welcome to Group Care!



### Healthy Active Living at Home

- Breast milk or iron-fortified formula is all your baby needs to eat in the first four to six months of life.
- Signs that your baby may be ready to start eating baby foods include
  - Opens mouth for the spoon
  - Is able to sit up with support
  - Has good head and neck control
  - Seems interested in foods you eat
- Feed your baby when he is hungry. Do not assume your baby is hungry every time he cries; he may just need comfort.
- Avoid feeding your baby too much. Watch for signs of fullness. Signs include leaning back and turning away from the breast, bottle, or spoon.
- Don't put your baby to bed with a bottle.
- Encourage more active play as your baby learns to roll and scoot
  - Offer baby-safe mirrors, floor gyms, and colorful toys to hold
  - Let your baby spend plenty of time on his tummy when he is awake and can be watched.
  - Once he can sit, play peekaboo. This helps him build his muscles to be able to sit longer.
  - Play music. Encourage your baby to scoot and move to the music with you.
- Babies love floor time. They love to roll, reach, and crawl. Do not leave your infant in an infant seat, crib, or playpen for more than 15 minutes unless he is sleeping or traveling.



*School readiness begins with health!*

# 1302.42 - Child Health Status and Care Resources



## Vision Screening: A Fact Sheet for Early Care and Education Programs

**Introduction**

Children use all their senses to learn. Children's play with puzzles, or sports, balls, and blocks can improve important visual skills. These skills contribute to a child's school readiness. An uncorrected vision problem can be a barrier to this readiness. Timely vision screening (coupled with an eye examination<sup>1</sup> when indicated) is an important step toward early detection of any possible vision problems. Early detection can also lead to effective intervention and restore proper vision. Head Start and Early Head Start programs, in collaboration with parents<sup>2</sup> are required to perform or obtain the results of a child's vision screening within 45 calendar days of the child's entry into the program (30 days for programs of shorter duration).<sup>3</sup>

Health managers may begin by looking at a child's most recent physical for the date and results of a child's vision screening. Many programs also choose to do their own vision screening. Reasons may include:

- The child was uncooperative for an earlier screening;
- The results of the child's screening are unavailable;
- A family or staff member is concerned about the child;
- The Health Services staff member recommends



Programs may conduct vision screening at any time, such as before or within the first few weeks of a new program year when many children are entering, at once. Trained staff or volunteers can perform vision screening. Programs can contact [Prevent Blindness](#), which has a vision screening certification training program. The training is available from Prevent Blindness and its affiliates. Other qualified community groups can also conduct age-appropriate, evidence-based vision screening. Some programs have worked with voluntary community groups such as:

- Lions Clubs

## The Medical Home and Head Start Working Together

**The Opportunities for Health Professionals**

Health professionals face a number of opportunities and challenges every day in meeting the many needs—both medical and social—of the children and families for whom they care. What resources exist for health professionals to best support families when challenges arise?

**Partnering with Head Start helps the Medical Home and Families**

The whole community benefits when children and families are offered high-quality early education and comprehensive services through child care or home-based services. Children are supported to learn and school ready. Parents pursue their own goals of education and employment, improving their family's socioeconomic status and providing stronger contributions to society. Early Head Start and Head Start (EHS) programs can support the medical home efforts to connect families to these and other supports, such as obtaining housing assistance, accessing mental health or substance use disorder treatment, or other benefits.

**Steps for Health Professionals**

Over 1 million children participate in EHSIS programs—and they need the support of the medical home. Pediatricians and other health professionals can get involved in their local EHSIS programs on different levels, depending on their interest and time available.

**Start simple:**

- Find out where your local EHSIS program is located, what services they offer, and the process for referring a family (<http://nclh.hhs.gov/handbook/0204>).
- Meet with the EHSIS director, staff, and/or health service manager and offer to leave business cards for families in need of a medical home.
- Obtain materials that provide information on local EHSIS programs and have them available for families.
- Write articles on health for HS publications.
- Provide consultation to agencies that offer technical assistance to EHSIS programs.

**Share expertise**

- Offer to provide health education materials or sessions for program staff or families (e.g., immunizing, infectious disease, toxic stress, etc.) or have program staff present on EHSIS to medical home staff.
- Participate on the EHSIS health services advisory committee to provide guidance on the program's health services.
- Take advantage of the expertise of the EHSIS program—including obtaining developmental screening results and supporting families to meet goals and engage health care providers.

**Acknowledge the importance of and advocate for high-quality early childhood education**

- Work with Head Start Collaboration Offices (<http://nclh.hhs.gov/handbook/collaboration>).
- Contact local media to promote quality early education and child care.
- Act as a legislative advocate.

**Bring the health community to the Head Start program**

- Teach pediatric residents about Head Start, and consider rotation in a local HS program.
- Participate in continuing medical education on Head Start.
- Establish a more formal partnership between the EHSIS program and the medical practice or the institution with which you are affiliated to provide on-site clinical care.

## Health Services Newsletter

**STAFFWORK IN HEAD START**

How can the children in your program getting an "eye tag" before you can answer that question your program team ensures the parents and developers of each child upon enrollment. You will help your program staff know what needs individual child a program year. The following are some strategies to help you determine what you can do for the program with shorter duration of 90 days or less from a child's enrollment date, a program will often require some strategies to identify any developmental, sensory, and behavioral concerns. These strategies along with ongoing communication and ongoing supervision and other services to the individual needs of a child. They should also be used to determine if a child has a more formal evaluation to identify any disabilities. As a health services manager, you may or may not be responsible for these services. However, if health services staff person who often contact staff children's sensory, mental health concerns, family services, vision, hearing, nutrition staff, and the health services division. Following ECHO's best practices, appropriate strategies are provided and modifications are made to maximize data each child's needs.

Your program should have a record of:

- Enrollment and licensing and compliance
- Health services provided information to the child and the parent/guardian
- A report of vision screening, and the date of the next vision screening and a public statement, or a statement of no need.
- Documentation of screening and follow-up arrangements or referrals that complete a timely intake.

## Children with Special Health Care Needs

Wendy J. Dixon-Gardner, MD, MEd, MPH  
 Health Commissioner, MD  
 August 2015

# 1302.43 - Oral Health Practices Resources



## Brush Up on Oral Health

- Healthy Drink Choices
- Many Drinks Have Sugar
- Helping Parents Promote Healthy Drink Choices: What Head Start Staff Can Do
- Cook's Corner: Recipes for Healthy Snacks

### ORAL HEALTH

#### You Can Promote Good Oral Health By:

- Encouraging your child to brush their teeth twice a day with fluoride toothpaste.
- Limiting sugary drinks and snacks.
- Making sure your child visits a dentist regularly.

#### Things You Can Do to Help Your Child:

- Use fluoride toothpaste.
- Limit sugary drinks and snacks.
- Make sure your child visits a dentist regularly.



## ¡Sonrisas Saludables: Un Webinar para Padres, Sobre la Salud Oral!

## Dental Hygienist Liaison Program





# 1302.44 - Child Nutrition Resources



## GROWING HEALTHY

**A Guide for Head Start Health Managers and Families About Healthy Active Living for Young Children**

**THE NATIONAL CENTER ON  
Early Childhood Health**

**NATIONAL CENTER ON**  
 Early Childhood Health and Wellness



## Engaging Families in Healthy Active Living

Enter Presenter Name

### GROWING HEALTHY

**5 Fruits and Vegetables a Day**

- Pick up the rainbow! Each meal, pack a dish from the rainbow and try to eat a new fruit or vegetable from each group: berries, grapes, melons, yellow peas. It's a great way for 100% of the colors available to be available to you!
- Whenever possible, let your child help get fruits and vegetables ready to serve. Maybe he can wash an apple or she can mix the salad. Your kid's help will be more likely to try foods that they help to create.
- Never have kids hold their own goggles and get into a deep water tray or pool.

**1 Hour of Active Play or Physical Activity a Day**

- A great way to cut down on screen time is to make a "no television for computers" while watching rule.
- If your children are watching TV, switch with them. Use commercial breaks for an activity break—like a dance, stretch, or come up with a crazy new way to do jumping jacks.
- If you need a break and want to let your child watch TV, set a timer for 30 minutes. You can sit a bit down and your kids can bring you their own snacks.
- Turn off TV in your child's bedroom might seem like a convenient idea, but having TV close to bedtime can affect your child's ability to sleep.

**1 Hour of Active Play or Physical Activity a Day**

- An hour of active play might seem like a lot but you don't have to do it all at one time. Try being active for 10-15 minutes several times each day.
- Offer some of your favorite active games when you have a craft! They might seem aimed at you but they'll be made to your child. Try some today.
- Pick or bad weather has you stuck in the house? Use 1 of 4 ideas that you can do a hour doing active together. Try one of these fun activities:
  - Have an indoor picnic.
  - Get out a scavenger list inside.
  - Show your own robot Champion and see how many fun things you can do in the most steps?
- **Beagay: Drink a Day**
  - Let your child see their favorite "big ball" map to get for water.
  - They'll get water (100 percent) by adding a fruit slice (see colored for natural flavor).
  - Avoid buying juice or adding it to hot water—it's not in the best, so one can drink it.
  - If you're still trying to get sugary drinks down to zero, keep an "empty water" young children should never have come past or spent more than 10 minutes to give it up, please remember.
  - or take your time to get 100% fruit juice.
  - If it's the weekend, I'll set up a day (2-4 hours) if you're interested.
  - Always make sure kids are older than 4 or 5 years old.

### IDEAS FOR LIVING A HEALTHY ACTIVE LIFE

- 5** Eat at least 5 fruits and vegetables a day.
- 2** Keep screen time (like TV, video games, computer) down to 2 hours or less per day.
- 1** Get 1 hour or more of physical activity every day.
- 0** Drink 0 sugar-sweetened drinks. Replace soda, pop, sports drinks and over 100% fruit juices with milk or water.

### GROWING HEALTHY

There are lots of ways to give health a boost that you aren't even thinking about!

**IDEAS FOR LIVING A HEALTHY ACTIVE LIFE**

- 1. Eat at least 5 fruits and vegetables a day.
- 2. Keep screen time (like TV, video games, computer) down to 2 hours or less per day.
- 3. Get 1 hour or more of physical activity every day.
- 4. Drink 0 sugar-sweetened drinks. Replace soda pop, sports drinks and over 100% fruit juices with milk or water.

**OUR GOAL FOR THIS MONTH IS TO:**

- 1. Eat \_\_\_\_\_ fruits and vegetables a day.
- 2. Limit screen time to \_\_\_\_\_ minutes a day.
- 3. Get \_\_\_\_\_ minutes of physical activity a day.
- 4. Limit sugary drinks to \_\_\_\_\_ a day.

THE NATIONAL CENTER ON  
 EARLY CHILDHOOD HEALTH AND WELLNESS  
 1302.44 - CHILD NUTRITION RESOURCES

# 1302.47 - Safety Practices Resources



## ACTIVE SUPERVISION TOOLKIT

Together, everyone can contribute to children's safety in every Head Start and Early Head Start program. Each person has a responsibility to keep children safe. The Head Start National Centers offer many resources to help with child supervision. Program leaders and staff can use this tool to learn about program policies and practices.

The toolkit includes three sections. Each section offers you supervision:

- 1) What is Active Supervision?  
*Provides a broad overview of and resources for active supervision.*
- 2) How Do Programs Support Active Supervision?
  - a) In Early Head Start and Head Start Programs  
*Describes resources specific to the six strategies in early childhood education.*
  - b) Agency-wide  
*Identifies governance, leadership, and management practices that have improved child supervision practices.*
- 3) Active Supervision Quick Reference Guide  
*Shows how the resources support active supervision and efforts to support child supervision.*

### What is Active Supervision?

Active Supervision: A Referenced Fact Sheet from The Head Start Office of Head Start National Centers. The toolkit provides more information and systems that support child supervision. Use the toolkit's Active Supervision Quick Reference Guide as a relevant resource. You can also select one of the materials listed below to learn more about using active supervision and attention management.

- Active and positive supervision involves:**
- a. Knowing each child's abilities;
  - b. Establishing clear and simple safety rules;
  - c. Being aware of and scanning for potential safety hazards;
  - d. Standing in a strategic position;
  - e. Scanning play activities and circulating around them;
  - f. Focusing on the positive rather than the negative to teach a child what is safe for the child and other children;
  - g. Teaching children the appropriate and safe use of equipment—first only—and teaching why climbing up a structure is not safe.

School Readiness Emergency Preparedness Affordable Care Act Safe and Healthy Family

### Keep Children Safe Using Active Supervision

Children learn best when they are in safe, well-supervised environments. Head Start staff can reduce the possibility of a child getting hurt when they closely observe children and respond when needed. When programs think systematically about child supervision they create safe, positive learning environments for all children.

Using active supervision means that programs:

- Develop a systems approach for child supervision
- Provide staff development and resources to ensure program safety
- Use redundant strategies to ensure no child is left unattended

To learn how to implement active supervision, review the Active Supervision Quick Reference Guide from the Office of Head Start National Centers. The toolkit provides more information and systems that support child supervision. Use the toolkit's Active Supervision Quick Reference Guide as a relevant resource. You can also select one of the materials listed below to learn more about using active supervision and attention management.

### Active Supervision

#### Active Supervision

Find six strategies to keep children safe in classrooms, family settings, and on transportation.

[Active Supervision At-a Glance](#) [PDF, 56KB]

[Active Supervision Poster](#) [PDF, 1375KB]  
Read these two resources to find strategies that allow children to learn and play safely.

[Active Supervision Webinar](#)  
Share this webinar with staff to learn and practice the six active supervision strategies.

[Supervising Children on Head Start Buses](#)  
Watch the webinar to learn how to actively supervise children on transportation.

[Child Supervision on Transportation: Attention Management](#) [PDF, 257KB]  
Learn more about using active supervision and attention management on transportation.

## ACTIVE SUPERVISION

SIX STRATEGIES TO KEEP CHILDREN SAFE

Set Up the Environment Position Staff



## Tips for Keeping Children Safe: A Developmental Guide

During the first five years, children constantly acquire new skills and knowledge. Caregivers who know what children can do and how they can get hurt can protect them from injury.<sup>1</sup>

All children develop differently. Staff **individualize** their approach because "children have different rates of development as well as individual interests, temperaments, languages, cultural backgrounds and learning styles." Ongoing child assessment helps staff determine each child's developmental level.

This tool provides safety tips for early childhood staff working with young children in classroom environments. Each section includes a description of development and safety tips organized by daily routines. Some tips apply to all children. Others address the developmental needs of children in a specific age group. If children in your classroom fit more than one developmental level, review the safety tips for each.

Center-based programs can use this tool to: ▼

Using the Tool ▼

Young Infants

Mobile Infants

Toddlers

Preschoolers

Listen

Redirect

tml

# 1302.91 – Staff qualifications and competency requirements (for health) resources



<b>OVERARCHING COMPETENCIES</b>					
These competencies reflect the most critical set of attitudes, knowledge and skills. They form a foundation for providing health services within early care and education programs.					
O-1	A	<b>ENGAGING FAMILIES COMPETENCIES</b> These competencies reflect the relationship-based approach found in the <i>Head Start Parent, Family, and Community Engagement Framework</i> and recognize that families are the primary decision makers.			
O-2	A				
O-3	K				
EF-1	A	<b>LEADERSHIP COMPETENCIES</b> These competencies address how to effectively manage and lead Head Start health services and work collaboratively with families, staff, individual providers, health organizations, and service delivery systems.			
O-4	K				
EF-2	K				
O-5	K	L-1	A	<b>CHILD AND FAMILY HEALTH COMPETENCIES</b> These competencies address the healthy growth and development of young children from birth to five years of age, family well-being, and Head Start requirements regarding the health and safety of children, families, and staff.	
O-6	S	L-2	A		
O-7	S	CFH-1	A		Believe that children and families have the right to be healthy and safe
O-8	S	L-3	K		Acknowledge the importance of safe, responsive, and nurturing relationships for healthy social and emotional development
O-9	S	CFH-3	K		Be familiar with early childhood developmental milestones including cognitive, motor, language, and social and emotional
O-10	S	CFH-4	K		Be aware that maternal and family health and wellness beginning with preconception <sup>5</sup> influence health across the lifespan
O-11	S	CFH-5	K		Know current pediatric periodicity schedules ( <a href="#">EPSDT</a> ), including physical, mental, developmental, dental, hearing, vision, and other screening tests, and immunization recommendations and requirements, and understand screening, assessment, and examination results
		CFH-6	K		Be aware of changes in health care delivery systems (e.g., eligibility, provider participation, covered services) <sup>6</sup>
		CFH-7	K	Understand how <a href="#">toxic stress</a> and <a href="#">adverse childhood experiences</a> influence health and development	
		CFH-8	K	Know the importance of healthy oral development, risks and protective factors	

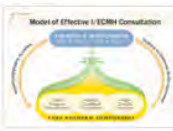
## Health Manager Competencies

# Mental Health Resources



## NEW! Professional Development in Infant/Early Childhood Mental Health Consultation Webinar

Examine effective infant/early childhood mental health consultation (I/ECMHC) in this webinar. Presenters discuss I/ECMHC outcomes and share implementation strategies.



## NEW! Using Motivational Interviewing Techniques to More Effectively Partner with Parents

Motivational interviewing principles and strategies are effective tools in promoting relationships and behavior change. Learn how to use them to more effectively partner with parents. See video highlights that showcase these proven approaches.

## Breaking Through: Video and User's Guide to Understand and Address Toxic Stress

View this 20-minute educational video to learn how toxic stress can impact a child's lifelong health and well-being. Also, find out how Head Start programs and health care professionals can support children and families to help prevent toxic stress. The user-friendly guide shows how best to use this resource.

### Viewers Guide Facilitating Relationships and Change: Using Motivational Interviewing Strategies

**Head Start** has a fifty year history of supporting families to achieve their own goals and to enhance the lives of their children. To support families, EHS/HS staff engage them in a variety of conversations from discussions about their own goals to discussions about their child's oral health, nutrition, weight, behavior, and developmental status. Regardless of the topic, these conversations can have great influence on the relationships staff build with families. Through these relationships, staff have the ability to reinforce families' interests, enhance their motivation and support their ability to make progress towards their goals. Conversations with families can leave them feeling open and hopeful or nervous and defensive. When families feel hopeful and supported they are much more likely to engage in personal conversations about their lives and discuss goals that they would like to progress toward. At times staff feel unprepared to have sensitive discussions with families. Using Motivational Interviewing (MI) strategies and principles can help staff feel more confident when addressing tough issues. Staff who practice MI techniques may also find that it enhances their relationships with families—opening up a deeper dialogue. Supervisors, directors and consultants have also used these strategies to form more positive and effective relationships with their colleagues. Programs may find strategies other than MI similarly useful in building trusting relationships with families.

**Using the Videos to Enhance your Relationship Building Skills**

Use this viewing guide along with Handout 1: Using Motivational Interviewing Strategies to Facilitate Relationships and Growth and Handout 2: Identifying MI Strategies to help you deepen your knowledge of the process, spirit, and skills of MI. There are two videos to highlight motivational interviewing strategies that can be used in staff's daily work. You will see two scenes and six "debriefs" for each scene. The scenes are:

- 1.A teacher talking to a parent about having the mental health consultant observe her child
- 2.A home visitor talking to a parent about a positive depression screening

**Handout 1:** Using Motivational Interviewing Strategies to Facilitate Relationships and Growth outlines the process, spirit, and strategies of MI. **Handout 2:** Identifying MI Strategies allows you to observe MI in action. Supervisors and trainers can incorporate these videos and Handouts 1 and 2 in one-on-one supervision or small group meetings. Staff can also view these videos on their own to replicate these strategies in your practice.



## MENTAL HEALTH

### What Is Early Childhood Mental Health?

Early childhood mental health (birth to 5 years) is a child's growing capacity to do three things, all in the cultural context of family and community (adapted from ZSO TO THAS):

- 1. Experience, regulate, and express emotions
- 2. Form relationships
- 3. Explore and learn

**Mental Health Services in EHS/HS include:**

- Promotion—making all children feel good about themselves, to get along with others and to manage their behavior
- Prevention—making all children feel good about themselves, to get along with others and to manage their behavior
- Identification and intervention



### 10 things you should know

1. Mental health is an essential part of health.
2. The mental health of young children is linked to the well-being of the people who care for them.
3. Promoting the mental health of infants and young children can make a positive difference for years to come.
4. Positive relationships support positive mental health.
5. Culture plays an important role in young children's mental health and in how families view mental health and behavior.
6. The more staff and families know about mental health, the better they are able to support it.
7. Addressing mental health concerns when children are young is more effective than waiting until they are older.
8. Mental health must be an integral part of Early Head Start and Head Start.
9. Each Head Start program is required to have a mental health professional on-site on a regular basis.
10. Programs that focus on mental health are able to design services that improve children's behavior.

Continued on next page

## MENTAL HEALTH

### What is mental health?

What are mental health concerns in young children?

- Emotional issues
- Attention issues
- Behavioral issues
- Learning issues
- Physical issues
- Social issues

**When Young Children Are Worried, Sad, or Anxious, It Can Be Hard To:**

- Understand their feelings
- Help them feel better
- Communicate with them
- Get them to school
- Get them to sleep
- Get them to eat
- Get them to play
- Get them to learn
- Get them to behave

### Things You Can Do and Say to Help Your Child

**Your Infant:**

- Hold your baby close and talk to them.
- Talk to them when they are awake.
- Talk to them when they are asleep.
- Talk to them when they are crying.
- Talk to them when they are angry.
- Talk to them when they are sad.
- Talk to them when they are happy.
- Talk to them when they are tired.
- Talk to them when they are hungry.
- Talk to them when they are thirsty.
- Talk to them when they are dirty.
- Talk to them when they are cold.
- Talk to them when they are hot.

**Your Toddler/Preschooler:**

- Listen to what they are saying.
- Respond to what they are saying.
- Help them feel better.
- Help them communicate.
- Help them learn.
- Help them play.
- Help them eat.
- Help them sleep.
- Help them behave.
- Help them learn.
- Help them play.
- Help them eat.
- Help them sleep.
- Help them behave.



# Mental Health Consultation

## Tool



<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/mental-health/ec-mental-health-consultation/mh-consultation-tool>



# ESTRES

## Conceptos Básicos

### ¿Qué es el estrés?

El estrés es una reacción emocional/del cuerpo ante una demanda física, psicológica o emocional. Todas demuestramos estrés de diferentes formas.

Algunas formas de estrés son buenas; nos ayudan a preparar nuestro trabajo; justificadamente. Sentir demasiado estrés no es bueno y puede afectar nuestra salud a corto y a largo plazo.

### ¿Qué causa el estrés?

Las expectativas que nos imponemos. Las expectativas de otros. Nuestro entorno físico: ruidos, tamaño del cuarto, iluminación. Nuestra vida interior: presión de trabajo, frustración o falta de tiempo.

### ¿Cómo manejar el estrés?

Practicando formas de comunicación eficaz: describe los sentimientos con claridad (por ejemplo: "me siento ansioso que me grites"). Tómándose "tiempo para uno mismo": busque tiempo para distraer de sus actividades favoritas.

Practicando métodos para reducir el estrés: aprendiendo técnicas de relajación, tales como respiración profunda, relajación muscular y meditación.

### ¿Cuáles son algunos de los síntomas del estrés?

Taquicardia y presión arterial, tensión, irritabilidad, fatiga y depresión. Falta de interés, falta de concentración, pensamientos acelerados y preocupación excesiva. Comportamientos tendientes a evitar la realidad: exceso de alcohol, cigarrillos y consumo de drogas.

**PROXIMAMENTE  
MÁS ESTRATEGIAS PARA  
REDUCIR EL ESTRÉS.**

# STRESS

## Imagine!

Visual imagery is a proven way to help reduce stress. It helps you to relax by focusing on a place or image that brings you comfort. It also allows you to slow down and breathe.

**It's Easy!**

**Step 1:** Sit comfortably. Close your eyes and "see" in your mind's eye a beautiful beach, countryside, or a favorite childhood place or memory.

**Step 2:** Imagine the sounds, smells, tastes, and physical details. Try to see the colors, feel the warmth of the sun or the wind, who you are building, who you are doing, the smell of spices, the feeling of the sand or water, and your feet on the sand.

**Step 3:** Take a minute to rest in your comfortable place. Take a few deep breaths and release them slowly. Stay here for as long as you like.

**TIP:** Sometimes it's helpful to practice using a "guided" visual imagery audio recording on [www.wash.org](http://www.wash.org).

# STRESS

## Thoughts Impact Behavior

Did you know that your thoughts can impact your behavior? Stress comes from our perception of a situation. Technically, the actual situation is not stressful, it is our **PERCEPTION** that makes it stressful.

The perception of stress is cyclical and includes thoughts, emotions, and behavior.

Each component of stress impacts the other. If you can intervene in one of these parts, you can stop the cycle of stress.

Sometimes it is easier to start by changing your thoughts, and here is one way to try this:

**Practice "Thought Stopper"**

**Step 1:** Notice your thoughts. Are they positive and helpful? Or negative and unhelpful?

**Step 2:** Use a trigger word to stop a negative and unhelpful thought.

**Step 3:** Replace that thought with a more helpful thought.

**This is what it might look like:**

1. See: "There is no pizza in my fridge."
2. Hear: STOP!
3. Say: "This kitchen needs a hand, coffee, or other source of support."

# ESTRES

La respiración abdominal o "Ejercicio de Respiración Profunda" es una forma comprobada para reducir el estrés. Pruebe este ejercicio de pie o sentado en una silla:

1. Relaje los brazos y las manos posados sobre los brazos de una silla.
2. Cierra los ojos.
3. Concéntrate en el abdomen, la parte inferior del estómago. Imagina que dentro del abdomen flota un pequeño globo inflado. Contiene la respiración durante algunos segundos.
4. Aspira lento y profundamente por la nariz e imagina un globo inflándose. Continúa la respiración durante algunos segundos.
5. Expulsa el aire lentamente por la boca, imaginándose que el globo se desinfla lentamente. Sopla por la boca como si estuviera soplando una vela.
6. Repite este ejercicio al menos tres veces.

**CONSEJO PRÁCTICO:** Coloque la mano sobre el abdomen para sentir cómo se infla y desinfla al estar respirando con el pecho. Puede hacerlo en el aula, en su casa, en el autobús, en el trabajo... ¡en cualquier otro lugar!



# RESOURCES



- Videos coming to the Showcase in February
  - General Structure of the HSPPS
  - Infants and Toddlers
  - Dual Language Learners
  - Suspension and Expulsion
  - Family Child Care Option
  - Home Based Option



# HSPPS Resources on ECLKC



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**Program standards**

Standards program areas

**Dr. Blanca Enriquez**  
Director, Office of Head Start

### News

**01/06/2017**  
Application of the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards to For-Profit Head Start Grantees (ACF-PI-HS-17-01)*

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**01/03/2017**  
Funds to Extend Program Duration Awarded  
[List of Awardees](#) [PDF, 717KB]

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**12/12/2016**  
A Farewell Letter from Dr. Enriquez

Navigation arrows and page numbers: 1 2 3 4 5

### Newest Resources



**Teacher Time: Birth to 5 Webcasts**  
Watch this professional development series to discover teaching tips and related materials.



**Facilitating Change: Conversations That Help**  
Learn more about developing conversational skills that help strengthen relationships with...

**For Families**

**Early Childhood Development, Teaching, and Learning**

**Find a Head Start Program**

**Advanced Search**

- [How Do I Apply?](#)
- [Location Datasets](#)



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Policy

## Presenting the New Head Start Program Performance Standards

### HSPPS

HHS has made the first holistic revision and complete reorganization of the HSPPS since they were published in 1975. They are effective starting November 2016.

[Explore Resources](#)



### Showcase

Find videos and resources around key topics outlined in the 2016 Head Start Program Performance Standards.

[Explore Resources](#)



### Preamble - Part I

Explore the executive summary and discussion of comments from the preamble of the 2016 Head Start Program Performance Standards.

[Explore Resources](#)



### Preamble - Part II

Examine the regulatory process matters from part 2 of the preamble of the 2016 Head Start Program Performance Standards.

[Explore Resources](#)



### Fact Sheet

The new Standards encourage the use of data for programs to

### Q & A

Explore these questions and answers surrounding the release

### Program Instructions

Review the Final Rule around the HSPPS for key changes,

### Effective Dates

Download this PDF for a list of the Standards with delayed



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Policy



# Head Start Program Performance Standards Showcase

The Office of Head Start has released the first comprehensive revision of the [Head Start Program Performance Standards \(HSPPS\)](#) since 1975. Find out more under "Presenting the Standards." Explore the content areas of the Showcase to learn more about how the Standards apply to major Head Start program areas.

## Governance

Encompassed in Part 1301, this topic addresses the requirements around a governing body, a policy council at the

## ERSEA

Supporting Part 1302 Subpart A, this topic addresses requirements and procedures for the eligibility determination.

## Program Structure

As discussed mainly in Part 1302 subpart B, this topic addresses the program options a program may operate, and the

## Education

Drawing mainly from Part 1302 Subpart C, this topic addresses how programs must provide high-quality early education and

# HSPPS Copies coming your way soon



- Multiple copies of the HSPPS and HSELOF are being sent directly to every center, grantee and delegate head offices, and HSSCOs
- The Preamble to the rule is also being sent to grantee and delegate head offices, and HSSCOs
- Spanish copies are sent in proportion to number of children whose primary language is Spanish, according to 2016 PIR
- Look for them at the end of January

Addresses are based on HSES data from November

# THANK YOU





***Thank you for participating today!***

***OHS HSPPS Wednesdays***

***Head Start Program Performance Standards (HSPPS)***

**Next event: Wednesday, February 15, 2017**

**2 – 3:30pm EST**

**TOPIC – Early Childhood Systems**