SUBPART B — EARLY CHILDHOOD DEVELOPMENT AND HEALTH SERVICES

1304.20

Child Health and Developmental Services

(a) Determining Child Health Status

(b) Screening for Developmental, Sensory, and Behavioral Concerns

(c) Extended Follow-up and Treatment

(d) Ongoing Care

(e) Involving Parents

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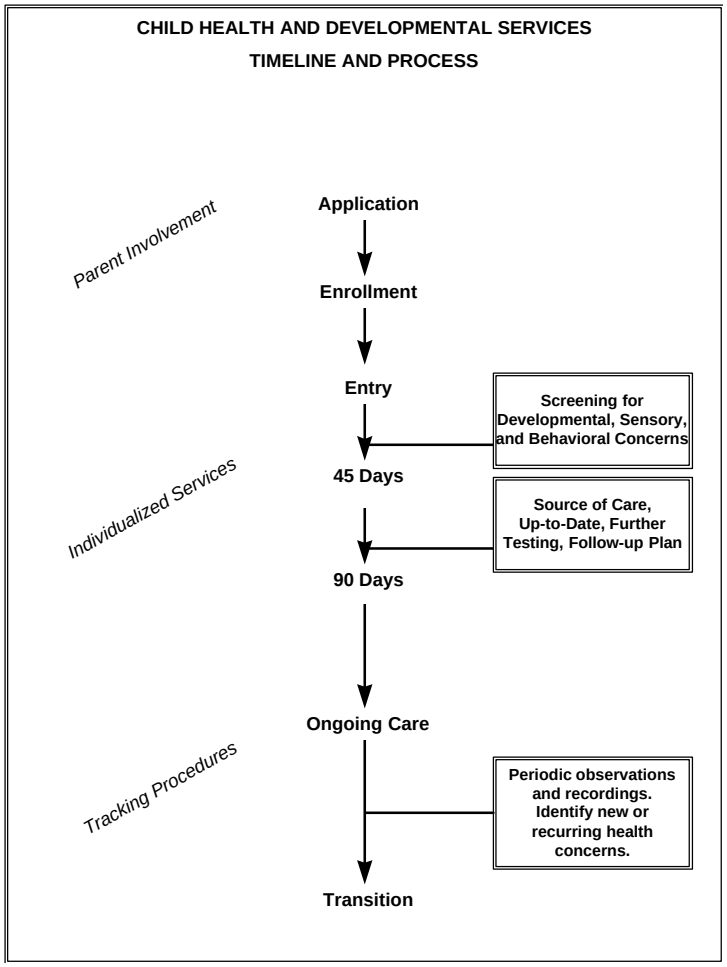
INTRODUCTION TO 1304.20

Head Start's commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of 45 CFR 1304.20 is to ensure that, through collaboration among families, staff, and health professionals, all child health and developmental concerns are identified, and children and families are linked to an ongoing source of continuous, accessible care to meet their basic health needs.

The standards in this section address the initial determination of a child's health status and developmental needs, and discuss ongoing services provided in collaboration with parents and professional service providers.



Performance Standard 1304.20(a)(1)(i)

(a) Determining child health status.

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

(i) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;

Rationale: To promote healthy development, every child needs a source of continuous, accessible health care that is available even after the child leaves Head Start. Each child visits this health care provider, on a schedule of preventive and primary health care, to ensure that problems are quickly identified and addressed, as early identification and treatment for health problems reduce complications and improve health outcomes. Because parents have the primary, long-term responsibility for their children's health, it is critical for them to be as involved as possible in this health care process. *This rationale serves 45 CFR 1304.20(a)(1)-(2).*

Related Information: See 45 CFR 1304.20(e)(4) and 45 CFR 1304.40(f)(2)(i) for further information on assisting families to enroll and participate in a system of ongoing health care.

Guidance: Parents, as the primary caregivers of their children, play a central role in child health and developmental services. They provide important information, and their concerns about their child's health and development are carefully addressed. Parents are encouraged to participate in health promotion activities, well child care, treatment for health problems, and follow-up health care, and to receive training and information on child health and development.

Staff also serve an important role in coordinating health services with families. Through interviews and through reviewing medical documents with parents, they help make a determination as to whether or not each child has a source of continuous, accessible, coordinated care that serves as a "medical home," one that can continue beyond the time of Head Start enrollment. Staff also help determine whether or not each child has a source of funding for health services, which is necessary to assure a prompt and complete assessment of a child's health status.

If a child does not have a continuous source of care, staff and parents work together to plan strategies to ensure that the family acquires a medical home. Strategies include:

- Seeking assistance from the Health Services Advisory Committee to identify long-term providers, sources of funding for health services, and ways to inform community health providers about the health needs of Head Start children and families;
- Working with local Medicaid agencies to determine a child's eligibility for medical assistance; and
- Carefully and periodically reviewing health records to ensure that recommended treatment and preventive services are being provided, and that plans are developed for treatment and follow-up.

It may be advantageous for staff to conduct enrollment activities and assist families in accessing health care prior to the time of the child's entry into the program. Although the time frame for

determining a child's health status is 90 days after entry into the program, agencies strive to make this determination for each child as early as possible. Due to the rapid development of infants and toddlers, it is particularly important to begin services as early as possible.

Performance Standard 1304.20(a)(1)(ii)

(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

Related Information: Refer to the schedule of well child care employed by the EPSDT program of the State Medicaid agency.

Schedules and recommendations for well child care will evolve over time, and it is the responsibility of each grantee to obtain current information. Sources for this information include the State Health Department and, for American Indian grantees, the Indian Health Service. Screenings to identify children who may have disabilities requiring further assessment are carried out within 45 days after a child enters the program. See 45 CFR 1304.20(b) and 1308.6(b) for additional screening information; and see 45 CFR 1304.20(a)(2) for time frames for programs operating 90 days or less.

Guidance: Each child's health provider has primary responsibility for making decisions about the child's health status and appropriate health services. One role of Head Start staff in determining that children's well child care is up-to-date is to work with parents to ensure that health care professionals have conducted the required review of the child's health, and have provided diagnostic testing and treatment, as needed.

The Health Services Advisory Committee (HSAC) strengthens recommended child health care guidelines by drawing upon its knowledge of the community. For example, the HSAC provides guidelines regarding:

- standards for prenatal care,
- the frequency of tuberculin and lead testing,
- the frequency of dental visits,
- preventive recommendations regarding the use of community water fluoridation, the topical use of fluoride, and various other dental services,
- testing and preventive measures for community health problems such as sickle cell anemia, intestinal parasites, Fetal Alcohol Syndrome/Effect, baby bottle tooth decay (infant dental caries), head lice, and Hepatitis A,
- recommendations for additional immunizations (e.g., children at high risk could be immunized against Hepatitis A), and
- whether the schedule of EPSDT services, as implemented in the community, adequately addresses all aspects of health.

Performance Standard 1304.20(a)(1)(ii)(A)

(A) For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;

Related Information: See 45 CFR 1304.20(a)(2) for further strategies parents can use in bringing children up-to-date on a schedule of well child care.

In addition, see 45 CFR 1304.51(c)(1)-(2) for suggestions on communicating with families.

Guidance: Agencies work collaboratively with parents and providers to make arrangements for children to receive needed examinations and immunizations. Families, therefore, may be referred to local clinics and health professionals who provide such services at reduced fees or who accept Medicaid. Agencies may arrange for staff from the local health department or health providers to come to the agency to provide services, in recognition that some parents may have difficulty taking children to medical or dental appointments. Such arrangements are not a substitute for working toward the long-term strategy of linking children and families to an ongoing source of health care. Agencies also work collaboratively with the Health Services Advisory Committee and State and local health agencies to ensure that health providers, including managed care organizations, are informed about the full range of services covered under the Medicaid program.

Performance Standard 1304.20(a)(1)(ii)(B)

(B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and

Guidance: Program staff:

- Discuss with parents the importance of prevention, early intervention, and well child care;
- Speak with parents to ensure that they have arranged necessary well child care appointments with health care professionals;
- Assist families in arranging for transportation to and from appointments, as well as in locating child care, if needed;
- Provide other support, as necessary, to ensure appointments are kept; and
- Ensure that parents understand their child's eligibility for services under Medicaid programs and how to advocate for their child in a variety of health delivery systems, such as fee-for-service, managed care, sliding-fee or private insurance systems.

Performance Standard 1304.20(a)(1)(ii)(C)

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

Guidance: Tracking health care services involves maintaining child health records (see 45 CFR 1304.51(g)), which are used to:

- Provide a child development program suited to the individual child (see 45 CFR 1304.20(f) for additional information on individualization of the program);
- Identify needed preventive and corrective care; and
- Assure that such care is arranged.

Head Start staff and parents work with health care providers to ensure that after medical and dental examinations take place, results of the examination and the treatment plan, if necessary, become part of the child's health record. In addition, records indicate progress in completing treatment for all conditions in need of follow-up.

Health records contain information of a confidential nature, and, therefore, are kept in a place not accessible to unauthorized persons. Those portions of the health information providing helpful guidance to staff are shared through reports and through conferences that translate the confidential health information into useful educational and administrative recommendations. The need for, and the nature of, such sharing is explained to the parents, and their written authorization obtained. Staff review health records with parents (see 45 CFR 1304.51(g) and 1304.52(h)(1)(ii) for additional guidance).

Performance Standard 1304.20(a)(1)(iii) & (iv)

(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and

(iv) Develop and implement a follow-up plan for any condition identified in 45 CFR 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.

Guidance: The evaluations and screenings required by 45 CFR 1304.20 are helpful in identifying a child in need of further examination or treatment. For such a child, staff responsible for tracking the delivery of health services, together with parents, assume responsibility for ensuring that health or developmental problems receive competent and continuing care until the issues are remedied, or until a pattern of ongoing care is established. To accomplish this, staff responsible for tracking the delivery of health services:

- Check regularly with parents and other staff members to determine if examinations or treatments have taken place;
- Collaborate with center-based and family child care staff and home visitors, for the careful and repeated review of health records;
- Encourage health professionals to explain all procedures to families; and
- Ensure that parents understand how to navigate the referral procedures in various health care delivery systems.

Whenever possible, health services treatment and follow-up are completed by the end of the program year. However, if completion is not possible, a system is established for continuing the treatment after the child leaves the program. Staff in migrant programs are urged to assist families in identifying follow-up care at their new location.

Performance Standard 1304.20(a)(2)

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

Related Information: See 45 CFR 1304.20(a)(1)(i)-(ii) for further guidance on determining a child's health status.

Guidance: To make a health status determination, and to secure preventive care or immunizations as quickly as possible, a good working relationship with State and local health agencies is essential. To facilitate timely services, Head Start staff in programs operating for 90 days or less can arrange for and schedule health services to take place before or during the first weeks of the program. For example, appointments for health services can be scheduled before migrant families arrive. In addition, night and weekend appointments can be made to accommodate the migrant family work schedules.

Other strategies that facilitate the provision of health services include:

- Coordinating with community agencies to provide screenings on site;
- Certifying Head Start health staff to perform screenings and measurements, when possible; and
- Facilitating transitions for families by learning where families will be going next, so that child health records may be transferred, with parental consent, to a Head Start agency, elementary school, or other child development program near the family's new home (see 45 CFR 1304.41(c)(1)(i) on the transfer of records).

Performance Standard 1304.20(b)(1)

(b) Screening for developmental, sensory, and behavioral concerns.

(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Rationale: A timely and systematic approach toward screening indicates which children require a formal assessment of their developmental needs. An approach which uses multiple sources of information and is sensitive to a child's cultural background provides a more valid "picture" of the child. *This rationale serves 45 CFR 1304.20(b)(1)-(3).*

Related Information: See 45 CFR 1308.6 for a description of the process of assessing children suspected of having disabilities.

Guidance: The screening process identifies children who need to be referred for more formal assessments in order to receive the benefit of interventions such as vision or hearing aids, mental health services, special education, or other related services. A coordinated review of pre-existing information, such as results from a recent vision screening performed through the EPSDT program, is combined with or supplemented by information gathered within the first 45 days of entry into the program.

The *Head Start Program Performance Standards* do not require that any particular strategy, instrument or technique be used. Appropriate procedures, however, should conform to sound early childhood practice and be valid, measuring what they are supposed to measure, and reliable, yielding consistent results over time and across users. Agencies consult with the program's content area experts in health, child development and mental health, with parents, and with the Health Services Advisory Committee as they design and implement a developmental screening approach.

Milestones in the development of motor, language, social, cognitive, perceptual, and emotional domains should be viewed flexibly – particularly since a child's development is affected by many factors, including heredity, health status, temperament and childrearing practices. The following are suggestions for performing and interpreting screenings:

- Consider the cultural, linguistic, and developmental background of the child when selecting tools or when conducting screenings and interpreting screening outcomes;
- Recognize that there is not widespread support for the use of any single screening instrument for identifying young children needing further assessment for behavioral or social-emotional concerns. A systematic and effective approach taps multiple sources, including
  - — staff and parent observations of actions and behaviors,
  - — health history,
  - — developmental history and current status, and
  - — family functioning, including relationships between the child and his or her parents and caregivers; and

- Review the results to determine if the findings "match" what staff and the family know about the child.

Performance Standard 1304.20(b)(2)

(2) Grantee and delegate agencies must obtain direct guidance from a mental health or child development professional on how to use the findings to address identified needs.

Related Information: See 45 CFR 1304.24(a)(3)(i) on consulting with a mental health professional to design and implement program practices responsive to identified mental health needs.

Guidance: Agencies have a health, mental health or child development professional available to:

- Advise program staff on how to make timely referrals for comprehensive assessments by qualified professionals;
- Provide guidance for staff on the next steps to take should screening results indicate a need for further assessment;
- Assist home visitors in planning and delivering findings and other relevant information to parents;
- Solicit ideas on how to address children's needs in the program and in the home; and
- Assist staff in determining appropriate procedures for developmental screening.

All professionals respect family cultural backgrounds and lifestyles.

Performance Standard 1304.20(b)(3)

(3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child's development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

Guidance: The formal screening process is only one of several methods that can be used to establish developmental profiles of Head Start children. A system ensures that staff and parent observations are part of all screening processes, which include:

- screening instruments as described in 45 CFR Part 1308,
- the systematically recorded observations of teachers, home visitors, and parents (see 45 CFR 1304.20(d) for guidance on observational techniques),
- collections of representative work by children, such as artwork, dictated stories, or tape recordings of language samples,
- interviews with preschool children,
- videotapes and audiotapes,
- staff summaries of children's progress as individuals and as members of groups, and
- parent feedback.

Performance Standard 1304.20(c)(1) & (2)

(c) Extended follow-up and treatment.

(1) Grantee and delegate agencies must establish a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.

(2) Grantee and delegate agencies must provide assistance to the parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.

Rationale: Collaboration and communication between parents and staff is essential for optimal child health outcomes. *This rationale serves 1304.20(c)(1) & (2).*

Related Information: See 45 CFR 1304.40(f)(2)(ii) and 45 CFR 1304.20(e)(4) for further information on encouraging parents to become active partners in their child's health care process, and to advocate for their family's health needs.

Guidance: To support an ongoing system of communication, program staff and parents regularly compare observations of the child, refine goals, discuss progress, ask questions, talk about the quality of care, and address difficulties and concerns as they arise.

Agencies help parents to locate transportation; find assistance to pay for medications, aids, or equipment; determine where to go to obtain prescription medications, aids, or equipment; and discuss any issues or questions parents raise. Staff assist parents in learning how to communicate and work with health professionals.

Performance Standard 1304.20(c)(3)(i) & (ii)

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

(i) Fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay; and

(ii) Other necessary preventive measures and further dental treatment as recommended by the dental professional.

Rationale: Preventive dental services and treatment are designed to ensure that a child's teeth and gums are healthy, and that dental health problems do not affect a child's overall health. Fluoridation is one of the most effective means of preventing tooth decay.

Related Information: See 45 CFR 1304.23(b)(3) for information on promoting effective dental hygiene among children.

Guidance: Effective dental hygiene is promoted through the use of fluoride. Two types of fluoride treatment are:

- Fluoride supplements, which may be recommended by dental professionals when communities do not fluoridate their water. These supplements are particularly useful for teeth that have not yet erupted through the gums.
- Daily brushing with fluoride toothpaste, the best way to get topical fluoride, which acts on teeth that have already erupted through the gums.

Agencies address barriers to treatment to ensure that families secure recommended dental procedures. Barriers may include a lack of information, transportation, or funds; or the unwillingness of dental providers to serve Head Start children. When access to dental care is a problem for Head Start families, special efforts, such as those described in 45 CFR 1304.20(c)(5), may be appropriate.

Performance Standard 1304.20(c)(4)

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

Rationale: Addressing the health concerns of children with disabilities will enhance their opportunity to participate in, or fully benefit from, the Early Head Start and Head Start experience.

Guidance: The Individualized Education Program (IEP) for preschoolers or Individualized Family Service Plan (IFSP) for infants and toddlers represents an agreed-upon plan of action to support the achievement of important developmental outcomes for children including, in the case of infants and toddlers, supports for families. In these individualized agreements, agencies are expected to clearly identify the related services to be provided, in order to permit the participation of children with health concerns in Head Start or Early Head Start programs.

When the IEP or IFSP calls for the provision of a related service, staff are trained and supported for the roles they assume in securing or providing such services. Clear communication with parents regarding the type and schedule of related services to be provided is important.

Performance Standard 1304.20(c)(5)

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

Rationale: Head Start programs help families to access and to use existing services and resources. Head Start agencies supplement these resources when there is no other alternative for providing families with the services needed.

Related Information: See 45 CFR 1304.41(a)(2) for information on establishing ongoing and collaborative relationships with community organizations.

Guidance: A number of Federal, State, Tribal, and local programs provide treatment, referrals, or payments for medical and dental health care or for related services, including:

- Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT),
- Public Health Service programs, such as the Indian Health Service, the Migrant Health Program, Maternal and Child Health Bureau services, State Maternal and Child Health services, and State Children with Special Health Care Needs services,
- Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics, and
- Health departments (State, Tribal, or local).

Developing partnerships with local providers may take time and perseverance. When contacting community providers, agencies record information such as the date, name of contact, organization contacted, and the results of this contact. This record serves as documentation of their efforts to access funding sources.

The Health Services Advisory Committee also may be helpful in identifying other resources.

Resources need not be utilized solely because they are free. If existing service programs do not meet the needs of Head Start families, Head Start funds may be used as a supplement, but only after community resources and third-party payments have been used.

Performance Standard 1304.20(d)

(d) Ongoing care.

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

Rationale: Because of the rapid development of young children, annual observations are not sufficient to record changes that have an impact upon a child's health and development. It is important, therefore, to implement ongoing evaluation procedures that identify health or developmental concerns in a timely fashion.

Related Information: For additional information on child observations, see 45 CFR 1304.21(c)(2) and 45 CFR 1304.20(b)(3).

Guidance: Strategies for gathering observations and recordings on individual children include:

- When parents or staff observe changes, those observations are shared with a health professional. All sources of information are used in evaluating each child;
- For infants and toddlers, ongoing observations include patterns of eating, sleeping, elimination, and general activity, and this information is shared with parents daily;
- Children are observed throughout the day, as they participate in indoor and outdoor activities, routines, transitions, arrivals, and departures; and
- Parents are regularly provided with information on developmental milestones, and are asked for their observations concerning their child's development.

Even when a child does not exhibit health or developmental problems, staff continue to assess his or her physical, social, emotional, and cognitive development to ensure the quick identification of health or developmental problems, as well as to be aware of the child's developmental progress.

Performance Standard 1304.20(e)(1)

(e) Involving parents.

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

(1) Consult with parents immediately when child health or developmental problems are suspected or identified;

Rationale: As the primary caregivers and advocates for their children, it is important that parents be involved in all decisions regarding their children's health care. Parents should be consulted when a health problem is suspected, informed of the reasons and benefits of all procedures recommended, and told about the results of all procedures. In addition, parents should be encouraged to prepare their children for health and developmental procedures, in order to increase their children's comfort levels, reduce their fears and anxieties, and optimize children's performance and the validity of the procedure. *This rationale serves 1304.20(e)(1)-(5).*

Related Information: See 45 CFR 1304.40(f)(2)(i)-(iii) for information on involving parents in a system of ongoing health care and in medical and dental health education programs.

Guidance: Staff develop skills to communicate with parents in a supportive manner, especially in discussing concerns about a child's development.

Parents know their children and their family, and thus interpret a child's behavior within the context of their own family and culture. In order to accurately assess a child's health and development, parents share their observations and concerns with all appropriate individuals; and, in turn, parents are informed about observations made by others regarding their child. Parents are involved in all decisions and follow-ups for further evaluation and intervention. It is useful for parents and staff to meet frequently to share observations and concerns, and to jointly make plans for further evaluation and intervention. Such consultations and observations should be documented (see 45 CFR 1304.51(g) for information on record-keeping).

Performance Standard 1304.20(e)(2)

(2) Familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;

Guidance: Agencies use fact sheets or other educational materials to familiarize parents with the use and rationale of all health-related procedures, as well as to familiarize them with the types of questions to ask health care providers. The results of diagnostic and treatment procedures are shared and discussed with parents. Group meetings or one-on-one sessions are used to convey information, as parents need understandable information about what the results of procedures mean for their child's health and development.

Performance Standard 1304.20(e)(3)

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

Guidance: Staff speak with parents about how to provide information on medical procedures to their children. Staff model, explain, and give examples in the program setting, during home visits, or during parent meetings on how to prepare children for health procedures — emphasizing that the demonstration or "acting out" of procedures ahead of time helps children to prepare for what takes place.

Performance Standard 1304.20(e)(4)

(4) Assist parents in accordance with 45 CFR 1304.40(f)(2)(i) and (ii) to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and

Guidance: Involving parents in their children's health care includes:

- Promoting preventive health care for all family members;
- Introducing parents to existing resources, and helping them to become effective consumers of health care and to develop good relationships with health providers, so that they will feel comfortable utilizing managed care and fee-for-service systems, making appointments, calling for information, and communicating with the provider during visits;
- Encouraging parents to take their children to health and developmental appointments, and offering them access to safe transportation and other needed resources;
- Stressing the importance of keeping up-to-date health records in a safe place; and
- Encouraging parents to participate on the Health Services Advisory Committee.

In encouraging parents to accompany their children on health appointments, staff need to be aware of parents' work schedules and work conditions, especially with regard to the parents of children in migrant programs. Staff make every effort to ensure that services take place when parents are able to attend; services are not delayed or denied due to parents' working conditions.

Within a complex and changing health care system, Head Start staff, community partners, and other parents play an important role in helping families advocate for health needs. Effective health advocacy skills contribute to improved health care for Head Start children and family members. Head Start helps promote families' health advocacy skills, such as identifying and documenting health concerns, networking with other families who may have similar needs, identifying available resources for information and services, and communicating effectively with health professionals and administrators — and, thereby, assist parents in accessing the health information and services they need.

Performance Standard 1304.20(e)(5)

(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

Guidance: Staff obtain timely, informed, and written parental consent for authorization of all health services provided or arranged. When parents raise concerns about recommended procedures, it is useful to speak with them about why they refuse treatment, and to describe the benefits and reasons for the recommended procedures. When parents express discomfort working with a provider or have concerns regarding services or procedures, staff assume the role of "liaison" between the parents and the provider, consulting with the Health Services Advisory Committee, as needed. When families refuse their authorization, those refusals need to be documented. See 45 CFR 1304.22(a)(5) for guidance in determining when a refusal for treatment may be considered child abuse or neglect.

Performance Standard 1304.20(f)(1)

(f) Individualization of the program.

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

Rationale: Each child has an individual pattern of growth and an individual learning style. Most children will not require special education services to address their needs. However, children with disabilities often require a particular set of special services. *This rationale serves 45 CFR 1304.20(f)(1)-(2).*

Related Information: See 45 CFR Part 1308 for a description of required services for children with disabilities.

Guidance: Building upon the results of screenings, observations, and evaluations, activities are tailored, the curriculum adapted, and the physical environment modified to support each child's learning style, and to be responsive to differences in style (see 45 CFR 1304.21(c)(2)).

Should a screening identify a child in need of further evaluation or diagnostic testing, and the subsequent results indicate that the child meets the eligibility criteria for a disability requiring special education services, an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) is developed, and services begin as soon as possible.

Performance Standard 1304.20(f)(2)(i)

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

(i) Services for infants and toddlers with disabilities and their families support the attainment of the expected outcomes contained in the Individualized Family Service Plan (IFSP) for children identified under the infants and toddlers with disabilities program (Part C) of the Individuals with Disabilities Education Act, as implemented by their State or Tribal government;

Related Information: Part C (formerly Part H) of the Individuals with Disabilities Education Act (IDEA) requires that States develop and implement a program of early intervention services for all infants and toddlers with disabilities and their families. Such a program must include written IFSPs specifying the major outcomes expected for each child and family, and the early intervention services necessary to help reach such outcomes. Each IFSP is a written plan developed by a multidisciplinary team, including parents or guardians, and contains:

- a statement of the infant's or toddler's present levels of physical, cognitive, language, speech, and psycho-social development and self-help skills,
- a statement of the family's strengths and needs with regard to supporting the development of their infant or toddler,
- a statement of the major outcomes to be achieved, along with the criteria, procedures, and timelines used to determine whether progress has been made, and whether a revision of the outcomes or services is necessary,
- a statement of the specific early intervention services needed to meet each child's and family's needs, including frequency, intensity, and method of delivery,
- the projected dates for beginning services, and the anticipated duration of those services,
- the name of the case manager responsible for implementing the plan and coordinating with other persons and agencies, and
- the steps to be taken to support the child's transition to preschool services, such as those specified under the IFSP and the IEP.

The IFSP reflects the kinds of intervention strategies and services the family believes will ensure that major outcomes for the child and family are achieved. Head Start services for infants and toddlers with disabilities are carefully tailored to each IFSP. Families are given continuing opportunities to express their preferences and concerns, in order to help identify the resources they bring, as well as the resources and service options they need to address their concerns.

Guidance: Development of the IFSP is a major step in a family-centered process of early intervention that emphasizes respect for family autonomy, independence, and decision-making and the development of partnerships between families and professionals to meet the individual needs of each child with disabilities. Ongoing communication with the local Part C agency will ensure that a coordinated approach supportive of families, but not duplicative or burdensome, is developed.

Performance Standard 1304.20(f)(2)(ii)

(ii) Enrolled families with infants and toddlers suspected of having a disability are promptly referred to the local early intervention agency designated by the State Part C plan to coordinate any needed evaluations, determine eligibility for Part C services, and coordinate the development of an IFSP for children determined to be eligible under the guidelines of that State's program. Grantee and delegate agencies must support parent participation in the evaluation and IFSP development process for infants and toddlers enrolled in their program;

Guidance: Head Start staff share information with families about services for infants and toddlers with suspected disabilities, and refer families to the appropriate local early intervention agency. Staff recognize that the process for developing the IFSP is as important as the plan itself, and literally depends upon the development of strong partnerships between families and the professionals who help them. Even though assessment and IFSP development may be performed by another local agency, Head Start staff support families in the IFSP evaluation and development process by helping them to:

- Understand their rights, including the right to participate in the development of the IFSP and the right to approve or disapprove it;
- Gather preliminary information, such as pregnancy and birth histories, health records, and developmental observations that will assist in assessing the child's needs;
- Understand the process of assessment and diagnosis, and the findings;
- Come to terms with fears, concerns, and needs;
- Articulate the family's immediate and long-range intervention strategies and service priorities; and
- Learn how services from more than one agency can be coordinated.

Performance Standard 1304.20(f)(2)(iii)

(iii) They participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities; and

Related Information: See 45 CFR 1304.40(h) on involving parents in transition activities, and 45 CFR 1304.41(c) on transition services, especially (c)(2) concerning transitions for toddlers approaching their third birthday.

Guidance: Regulations for Part C of IDEA require the transition of infants and toddlers from Part C services to preschool services to be addressed, including:

- Discussions with and training of parents regarding transition issues, including future placements and long-range goals, strategies, and service priorities for the child and family;
- Preparation of each infant or toddler with disabilities for changes in service delivery or placement, including specific steps to help the child adjust to and function in a new setting;
- Discussions with parents about the IEP development process (see 45 CFR 1308.19); and
- Development of a transition plan at least six months before the child's third birthday, as required by 45 CFR 1304.41(c)(2).

Head Start agencies are aware that, in some States, at the discretion of families, Part C services governing IFSP development and implementation may be substituted for the IEP services that are specified in Part B of IDEA. Agencies, therefore, should be aware of all applicable State laws and regulations in this area.

Performance Standard 1304.20(f)(2)(iv)

(iv) They participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 45 CFR 1308.19.

Guidance: See 45 CFR 1308.19 for information concerning the development and implementation of the IEP, including: the contents of an IEP; the formation of multidisciplinary evaluation teams; and methods for involving parents in the IEP process.

1304.21

Education and Early Childhood Development

(a) Child Development and Education Approach for All Children

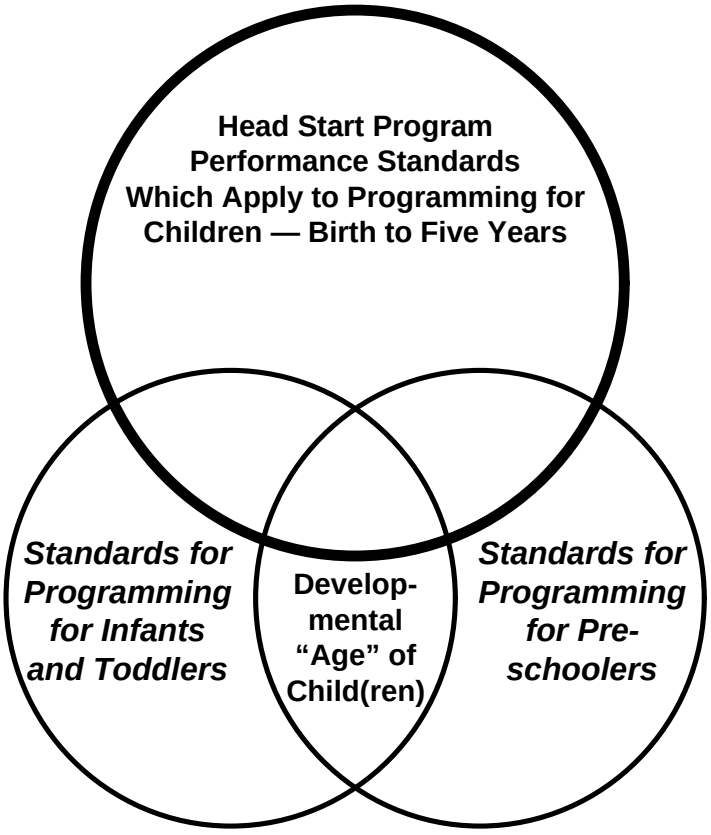
(b) Child Development and Education Approach for Infants and Toddlers

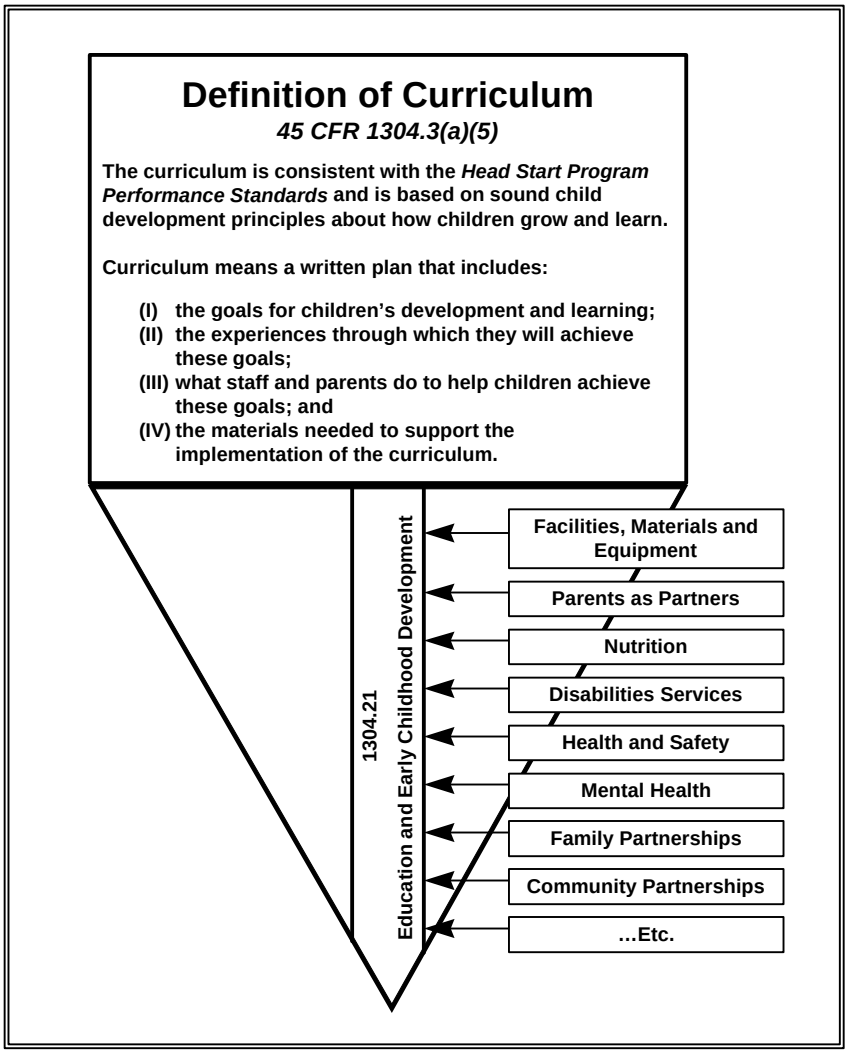
(c) Child Development and Education for Preschoolers

INTRODUCTION TO 1304.21

The objective of 45 CFR 1304.21 is to provide all children with a safe, nurturing, engaging, enjoyable, and secure learning environment, in order to help them gain the awareness, skills, and confidence necessary to succeed in their present environment, and to deal with later responsibilities in school and in life. Each child is treated as an individual in an inclusive community that values, respects, and responds to diversity. The varied experiences provided by the program support the continuum of children's growth and development, which includes the physical, social, emotional, and cognitive development of each child.

The Education and Early Childhood Development standards, which apply in all program options and settings, are grouped into three parts: (a) the approach for all children; (b) additional requirements for infants and toddlers; and (c) more specific requirements for preschoolers. The rationale and guidance describe a developmentally appropriate model, as defined in 1304.3(a)(7). Throughout this section, the term "adults" refers to all adults with whom children come into contact, including teachers, home visitors, parents, assistant teachers, and other staff. In some instances, specific references to "parents" is made to emphasize the importance of their relationship with the program.





A philosophy shared by the program and the parents, and a planned, organized, consistently implemented curriculum support child development and education for infants, toddlers and preschoolers. The curriculum helps the program to meet goals for children's development and learning by providing experiences to meet such goals, and identifying the roles of staff members and parents, and identifying appropriate materials and equipment.

Performance Standard 1304.21(a)(1)(i)

(a) Child development and education approach for all children.

(1) In order to help children gain the social competence, skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, grantee and delegate agencies' approach to child development and education must:

(i) Be developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles;

Rationale: Abilities, interests, temperaments, developmental rates, and learning styles vary among children. The program environment, therefore, is arranged to accommodate a variety of children's needs and strengths, and to stimulate learning across all domains of development: social, emotional, cognitive, and physical.

Related Information: See 45 CFR 1304.3(a)(7) for a definition of "developmentally appropriate"; for information on providing an environment of acceptance, see 45 CFR 1304.21(a)(1)(iii); and for information related to equipment, toys, materials, and furniture, see 45 CFR 1304.53(b). For further home-based guidance, see the *Head Start Home Visitors Handbook*. See 45 CFR 1304.40(e) for a description of parent involvement in child development and education.

Guidance: Program responsiveness to individual children is accomplished through comprehensive curriculum and by providing various materials, activities, and experiences that support a broad range of children's prior experiences, maturation rates, styles of learning, needs, cultures, and interests. Adults respect diversity among children by being responsive to children's cues — being especially sensitive to the development of growing infants and toddlers, and the need to design activities reflective of the observed stages and interests of children. Toward that end, the following strategies are useful:

- Supply a variety of materials and planned activities designed to encourage individual and group play;
- Provide continuous opportunities for children of all ages and abilities to experience success;
- Increase the complexity and challenge of activities, as children develop;
- Use a variety of materials found in the home when conducting home visits; and
- Observe children carefully to identify their preferred ways of interacting with the environment, taking into account their
  - — skills in handling objects and materials,
  - — frequency of conversation,
  - — interest in listening to stories and songs, and
  - — choices to work alone or with others.

Performance Standard 1304.21(a)(1)(ii)

(ii) Be inclusive of children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 45 CFR 1308.19);

Rationale: Agencies honor the individuality of each enrolled child with disabilities by following the child's IFSP or IEP and by ensuring that each child receives the specialized education and support he or she requires.

Related Information: See 45 CFR 1304.20(f)(2) and 45 CFR 1308.19 for additional guidance related to the development and implementation of IFSPs and IEPs for children with disabilities.

The Individuals with Disabilities Education Act (IDEA) stipulates that every IFSP for infants and toddlers with disabilities and each IEP for preschoolers with disabilities contain the following information:

- a statement of the child's present levels of social, emotional, cognitive, physical, and speech and language development, or range of functioning and types of self-help skills,
- a statement of expected outcomes (for IFSPs) or goals and objectives (IEPs) for each child and family,
- a statement of specific early intervention or special education and related services to be provided to each child, and
- an identification of the personnel responsible for planning, delivering, and supervising services, projected dates for the initiation of services, and the expected duration of services.

The IFSP and IEP provide activities that allow all children equal opportunity to develop skills, concepts, autonomy, initiative, independence and self-esteem.

Guidance: Adults follow each IFSP and IEP carefully when individualizing the child development and education approach for children with disabilities. Services provided under the IFSPs and IEPs enable teachers, home visitors, and other adults to include children with disabilities in both the overall and individualized education program. Adults:

- Develop learning environments that are varied and interesting so that children can choose from several learning activities;
- Use routines, activities, and experiences in the daily program that achieve the goals of the IFSP or IEP;
- Participate in meetings with experts in disabilities and health, and with other appropriate personnel, to plan and implement the IFSP or IEP; and
- Draw upon the principles of adult education to guide the staff and parents in implementing the IFSP or IEP.

Performance Standard 1304.21(a)(1)(iii)

(iii) Provide an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition;

Rationale: Respecting individual children nurtures a positive sense of self in each child, and enhances the development of the skills needed to communicate and interact with others. Encouraging an understanding of human diversity helps children to grow up confident of their identity and to be respectful of the identity of others.

Related Information: See 45 CFR 1304.24(a)(1)(iv) on discussing with parents how to strengthen nurturing and supportive environments. See 45 CFR 1304.53(b) for guidance related to equipment, toys, materials, and furniture.

Guidance: Diversity is a key element to consider in organizing and planning the use of materials, as well as for planning an aesthetic environment, designing space appropriate for children, using a dynamic teaching style, and implementing an engaging program. Furthermore, environments reflect the community and the culture, language, and ethnicity of the children and families. Adults demonstrate respect by listening and responding to each child and by showing appreciation for each child and her or his family.

An environment of respect is provided by adults who:

- Demonstrate through actions a genuine respect for each child's family, culture, and life-style;
- Provide an environment that reflects the cultures of all children in the program in an integrated, natural way;
- Foster children's primary language, while supporting the continued development of English;
- Avoid activities and materials that stereotype or limit children according to their gender, age, disability, race, ethnicity, or family composition; and
- Model respect and help children demonstrate appreciation of others.

Performance Standard 1304.21(a)(1)(iv)

(iv) Provide a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities; and

Rationale: A child's development is supported by a balanced program of learning experiences. During early childhood, children's learning and development is enhanced by opportunities to take initiative, make meaningful choices, and to learn the consequences of decision-making. Adults support learning with a curriculum based upon sound principles of child development, and which responds to each child's needs and interests.

Related Information: See 45 CFR 1304.21(b) for further information related to staff working with infants and toddlers. See 1304.3(a)(5) for a definition of "curriculum"; and see 45 CFR 1304.21(c)(2) regarding strategies for observing children to inform the curriculum.

Guidance: A balanced approach provides materials and opportunities for all children to participate in small group and individual activities and in sustained creative play. Staff:

- Plan for variation in ability levels and individual interests in all activities;
- Observe carefully as children engage in activities, and watch for opportunities to extend their thinking and range of interests, and to develop their problem-solving skills;
- Assist children to develop decision-making skills; and
- Together with parents, identify learning opportunities in the home, including how to adapt activities and household routines in response to children's interests, strengths, and needs.

Performance Standard 1304.21(a)(1)(v)

(v) Allow and enable children to independently use toilet facilities when it is developmentally appropriate and when efforts to encourage toilet training are supported by the parents.

Rationale: When developmentally appropriate, toilet training provides opportunities for children to learn self-control, autonomy, and responsibility. Milestones for children in toilet training include: (1) muscle control; (2) emotional readiness and a willingness to cooperate; and (3) the ability to communicate toileting needs.

Related Information: See 45 CFR 1304.22(e)(2)(iii) for further information about hygiene and toilet training, and 45 CFR 1304.53 (a)(10)(xv) about toilet training equipment.

Guidance: To help children use toilet facilities independently, staff work with parents to understand the biological, physical, and emotional stages of toilet training, and provide children with an appropriate child-sized toilet or modified toilet seat. Staff:

- Encourage parents to share information about the child's experiences with toileting at home and about their preferences and concerns, in order to better plan with parents the approach to and timing of toilet training; and
- Assist children to use a child-sized toilet; invite them to use the toilet; help them, as needed; and positively reinforce their efforts, regardless of outcomes.

Performance Standard 1304.21(a)(2)(i)

(2) Parents must be:

(i) Invited to become integrally involved in the development of the program's curriculum and approach to child development and education;

Rationale: Parents are integral partners in the processes of planning and implementing curriculum, as they can share knowledge about their children, and are crucial in reviewing the effectiveness of the curriculum. Parent participation is valuable in assisting parents to increase their knowledge about child development and education, thereby enhancing their ability to serve as their children's primary teacher and to help staff make the curriculum meaningful for children.

Related Information: See 45 CFR 1304.40(e)(1) about working with parents to develop the program's curriculum and

approach to child development. See 45 CFR 1304.3(a)(5) for a definition of "curriculum." See 45 CFR 1304.51(i) for information regarding program self-assessment.

Guidance: In all program options and settings, the curriculum is enriched by parent and staff communication regarding children's strengths, interests, learning styles, and needs, supplemented by activities and strategies developed together. Parents are involved in a variety of ways, including:

- Reviewing the curriculum on a regular basis, and participating on program self-assessment committees assigned to review how the curriculum is working;
- Sharing observations with staff concerning children's developmental patterns and behavior, to help individualize the approach in the home visit and in the program setting;
- Attending related training with staff; and
- Assisting in development and implementation of curricula, which, for infants and toddlers, is based on relationships, routines, and daily experiences.

Performance Standard 1304.21(a)(2)(ii)

(ii) Provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences; and

Rationale: Parents increase their observational skills through participation with their children in group settings and in the home, and through training with staff to become more effective in using child observations to plan the curriculum.

Related Information: See 45 CFR 1304.20(b)(3) on obtaining family input on each child's development and behavior; see 45 CFR 1304.24(a)(1)(ii) on discussing with parents their child's behavior and development; and see 45 CFR 1304.51(c) on communication with families.

Guidance: To encourage systematic parent observations of their child and to support shared parent and staff planning of children's learning experiences, parents and staff review children's learning goals, discuss children's behaviors, and note children's developmental progress. Staff:

- Encourage parental input from observations at home or in the program, so that parents can share information with staff;
- Communicate regularly with parents about children's everyday routines; and
- Encourage parents to keep a scrap book of their child's development in the early years.

Performance Standard 1304.21(a)(2)(iii)

(iii) Encouraged to participate in staff-parent conferences and home visits to discuss their child's development and education (see 45 CFR 1304.40(e)(4) and 45 CFR 1304.40(i)(2)).

Rationale: Staff-parent conferences and home visits enhance adult's knowledge and understanding of the developmental progress of children in the program.

Guidance: A consistent approach to child development is achieved through effective staff-parent conferences (see 45 CFR 1304.40(e)(5)) and home visits (see 45 CFR 1304.40(i)(2)). In these experiences, staff:

- Demonstrate the value of the conferences and home visits (see 45 CFR 1304.40(i)(1));
- Communicate informally, as well as formally, with parents about their child's progress; and
- Schedule home visits and conferences at times convenient for parents and staff (see 45 CFR 1304.40(i)(3)).

Performance Standard 1304.21(a)(3)(i)(A)

(3) Grantee and delegate agencies must support social and emotional development by:

(i) Encouraging development which enhances each child's strengths by:

(A) Building trust;

Rationale: An environment that is responsive to each child, and that is predictable and consistent, strengthens a child's confidence in approaching new challenges, and enhances the development of trust.

Related Information: See 45 CFR 1304.21(b)(1)(ii) for information about encouraging trust and emotional security in infants and toddlers; and see 45 CFR 1304.52(g)(4) about staffing patterns.

Guidance: Children feel secure when staffing is consistent, relationships are nurturing and room arrangements, scheduling, daily expectations, and home visits are routine. Children also feel secure when adults are aware of the effects of sights, sounds, and motions on young children. Staff and parents, therefore, offer security and comfort to each child by:

- Being responsive to children's cries and other cues;
- Building continuous trust in infants and toddlers and keeping groups of children and teachers together throughout the child's program experience; and
- Communicating with children in their home language (see 45 CFR 1304.52(g)(2)).

Performance Standard 1304.21(a)(3)(i)(B)

(B) Fostering independence;

Rationale: Children develop independence gradually, through self-initiated behavior supported by adults. Children's independence is linked to their developing trust and confidence in themselves and others.

Guidance: Staff and parents foster independence when they:

- Encourage the development of self-help skills, such as brushing teeth, washing hands, wiping spills, and setting

the table (see 45 CFR 1304.21(b)(1)(iii) and (b)(3)(i) for additional information on infants and toddlers);

- Provide opportunities for the use and development of language (see 45 CFR 1304.21(a)(4)(iii) for additional information about language development); and
- Provide opportunities for choosing materials and engaging in problem-solving activities (see 45 CFR 1304.21(a)(1)(iv) for guidance about a balanced program of child-initiated and adult-directed activities).

Performance Standard 1304.21(a)(3)(i)(C)

(C) Encouraging self-control by setting clear, consistent limits, and having realistic expectations;

Rationale: Self-control is one element of social and emotional development that enables children to form friendships, to communicate effectively, to use others as resources for problem-solving, and to gain social competence.

Related Information: See 45 CFR 1304.52(h)(1)(iv) for information about using positive methods of child guidance.

Guidance: Adults need to understand that children have different levels of ability to control their own behavior. Adults, then, can use positive techniques to help children develop self-control, such as modeling expected behavior, redirecting children to acceptable activities, and intervening to enforce consequences for unacceptable or harmful behavior. Adults assist children to develop self-control by:

- Providing activities and a daily schedule that engages the child mentally and physically and which is appropriate for the attention span of each child;
- Utilizing a process of observing, anticipating and redirecting;
- Developing consistent and clear rules, and involving preschool children, where possible, in the development of those rules;
- Reinforcing children's development of age-appropriate self-control behaviors;
- Assisting children to develop age-appropriate problem-solving skills by guiding them and by modeling how to solve problems and to resolve differences;
- Using books, stories, puppets, and other experiences to reinforce positive social behaviors; and
- Talking with parents about childrearing practices that support the child, and that bridge the home and program environments to provide consistency for the child.

Performance Standard 1304.21(a)(3)(i)(D)

(D) Encouraging respect for the feelings and rights of others; and

Rationale: Children who are encouraged to respect the feelings and rights of others engage in positive relationships that build social competence.

Guidance: Social skills vary in young children, depending upon development, age, experiences, and situations. Adults individualize their approach to each child, and they anticipate frequent and rapid changes in the behavior of young children. Thus, supportive adults:

- Acknowledge and encourage the understanding and the expression of each child's feelings;
- Model respect for feelings and rights of others;
- Foster positive social behaviors, such as cooperating, helping, and turn-taking, by using modeling, coaching, and encouragement;
- Use dramatic play to assist children in dealing with their feelings and in developing communication skills; and
- Discuss the consequences of various behaviors and redirect children without using punitive techniques or corporal punishment (see 45 CFR 1304.52(h)(1)(iv) on using positive methods of child guidance).

Performance Standard 1304.21(a)(3)(i)(E)

(E) Supporting and respecting the home language, culture, and family composition of each child in ways that support the child's health and well-being; and

Rationale: Incorporating the home language and culture throughout the curriculum supports the development of social competence and demonstrates respect for the values and beliefs of the family. Understanding and respecting the culture, social background, religious beliefs, composition, and childrearing practices of each family supports social and emotional development.

Related Information: See 45 CFR 1304.3(a)(9) for a definition of "family," and 45 CFR 1306.3(h) for a definition of "parent." See 45 CFR 1304.53(b) for information related to equipment, toys, and materials. See 45 CFR 1304.40(a)(5) and see 45 CFR 1304.52(h)(1)(i) regarding interactions with families, and 45 CFR 1304.52(g)(2) for ways to support the home language of the child. For information on home-based programs, see the *Head Start Home Visitors Handbook*.

Guidance: Adults give children a sense of acceptance of diversity by:

- Fostering each child's language development, including Standard American Sign;
- Using strategies to sustain and expand the home language, while children are in the process of learning English;
- Learning key words from the child's home language and their English equivalents; and

- Providing books and materials that reflect families' home languages and culture, as well as that of others in the community.

Performance Standard 1304.21(a)(3)(ii)

(ii) Planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child's needs.

Rationale: Predictable, daily schedules incorporate routines that support emotional stability in children; and transition activities throughout the day can be used as learning opportunities to facilitate various changes.

Guidance: Throughout the day and during home visits, programs have well-timed routines. Transitions are planned for and built into the schedule. Transitions occur as infrequently as possible, in order to support uninterrupted activity periods and to reduce disruptions. Consistent routines supportive of the ages, attention spans, abilities, and temperaments of each child are achieved in the following ways:

- Allowing enough time so that routines and transitions are unhurried and purposeful;
- Developing schedules that include predictability and repetition, particularly for infants and toddlers, and responding to a child's natural timetable;
- Giving all children notice to prepare for change, and explaining to them what is happening and what will happen next;
- Providing children with opportunities to participate in routines, such as picking up toys, setting and cleaning the table; and
- Minimizing waiting time in group settings.

Performance Standard 1304.21(a)(4)(i)

(4) Grantee and delegate agencies must provide for the development of each child's cognitive and language skills by:

(i) Supporting each child's learning, using various strategies including experimentation, inquiry, observation, play and exploration;

Rationale: Through meaningful interactions with adults, other children, and a rich environment, children gain knowledge and understanding of the world. Strategies that support the development of cognitive and language skills allow exploration in both indoor and outdoor environments.

Related Information: For specific information about infants and toddlers, see 45 CFR 1304.21(b) for information related to equipment, toys, and materials, see 45 CFR 1304.53(b).

Guidance: It is essential to provide materials and opportunities for learning, and to design meaningful, concrete experiences that promote children's interactions. Adults use a variety of teaching strategies to support children's learning by:

- Providing opportunities to learn through experimentation, inquiry, play, and exploration;
- Planning experiences for children of all ages to learn the functions and properties of objects, and to classify materials into groups;

- Offering a rich variety of experiences, projects, materials, problems, and ideas to extend children's thinking and to support their interests;
- Supporting children's cognitive development in the program and in the home by posing problems, asking questions, and making comments and suggestions that stimulate children's thinking and extend their learning;
- Having conversations with children to expand their thinking and learning; and
- Providing opportunities for children of all ages to acquire knowledge in areas such as science, social studies, the creative arts, numeracy, and language and literacy.

Performance Standard

1304.21(a)(4)(ii)

(ii) Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue;

Rationale: Children communicate ideas and feelings through gestures, words, pictures, body movements, and sounds. Creative expression in all of these areas helps children to experience success, to develop competence, and to acquire self-confidence.

Guidance: Children need to express themselves creatively. Their experiences with art, music, drama, dance, creative movement, and related conversation enhance their overall development. Because self-expression varies, reflecting the individual's level of development, adults reinforce children's creativity by:

- Supporting exploration of arts materials and demonstrating appreciation of each child's self-expression;
- Engaging in rhythmic activities, singing, and the use of musical instruments;
- Encouraging children to express their thoughts and emotions through dance and creative movement activities;
- Stimulating imagination through drama and other language-rich experiences; and
- Engaging in dialogues to learn about others, to enhance communication skills, and to expand vocabulary.

Performance Standard

1304.21(a)(4)(iii)

(iii) Promoting interaction and language use among children and between children and adults; and

Rationale: Children develop language skills by communicating with others; and they use verbal and nonverbal communication to share feelings and to express ideas.

Guidance: Adults model communication by listening, by engaging in conversation, and by providing interesting experiences that extend language skills and vocabulary. Adults provide a climate in which children communicate effectively by:

- Recognizing infants' communication skills and responding to their cues;

- Giving children time to talk to one another and to ask questions;
- Respecting children's developing skills in English and in their home language;
- Understanding the language development of young children, including the importance of supporting the home language;
- Using simple, clear sentences when conversing with an infant or toddler, and using more complex language with older children;
- Speaking in tones that are pleasant to children;
- Using a variety of strategies for children to learn new and interesting vocabulary, and to expand their language skills through songs, games, poems, and stories from their own and from other cultures;
- Engaging in dramatic play in which children act out familiar activities, such as going to the grocery store or the library, and using the telephone;
- Engaging in meaningful conversations that adults or children initiate;
- Modeling appropriate language use, such as complete sentences and correct grammar; and
- Expanding upon, rather than correcting, children's speech.

Performance Standard 1304.21(a)(4)(iv)

(iv) Supporting emerging literacy and numeracy development through materials and activities according to the developmental level of each child.

Rationale: Children need a foundation for reading and mathematics. The development of this foundation results from the interaction of children's early experiences, relationships with adults and other children, and maturation. The development of skills related to literacy and numeracy is an ongoing part of a child's cognitive development.

Related Information: For additional information on activities that support the learning of infants and toddlers, see 45 CFR 1304.21(b); and see 45 CFR 1304.40(e)(4), regarding family literacy.

Guidance: Literacy and numeracy materials and activities are developmentally appropriate, interesting, engaging and meaningful. Adults support the development of literacy and numeracy skills through:

- Reading and discussing stories everyday;
- Having reading and writing materials accessible and inviting to children to support their awareness of and emerging skills with letters and numbers;
- Planning opportunities for children to listen to stories read aloud by an adult or on tape;
- Encouraging oral traditions through storytelling;

- Providing stories from children's own and other cultures;
- Providing opportunities for children to reflect upon experiences and to see their own words being written by adults;
- Providing books and stories with repetitive verses, words, or sounds, or in which the pictures follow the text closely, so that children can relate what they hear to what they see;
- Helping children develop awareness of the sounds of language by using rhymes and by identifying sounds;
- Helping children to see the functional uses of print in the program or in the home; for example, street signs, a shopping list, and names of helpers on a job chart;
- Providing objects for counting, sequencing games, and one-to-one correspondence toys, as age-appropriate;
- Providing playthings in infant and toddler environments to encourage the understanding of cause and effect, the use of tools, learning schemes, and spatial relationships;
- Designing opportunities for children to discover how numerical concepts relate to other concepts, through activities that include food experiences, science, games, dramatic play, fingerplays, puzzles, blocks, calculators and abacuses, and computers;
- Sharing with parents ways that the home environment encourages literacy and numeracy development;
- Planning family activities that provide children with memorable experiences; and
- Supporting the use of libraries, museums, and other community resources.

Performance Standard 1304.21(a)(5)(i)

(5) In center-based settings, grantee and delegate agencies must promote each child's physical development by:

(i) Providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills;

Rationale: A child's gross motor development is important to overall health. As such, that development is important to the achievement of cognitive skills, the promotion of agility and strength, neural processing, kinesthetic confidence, general body competence, and overall autonomy. Gross motor development is gained through regular play and movement, both indoors and outdoors.

Related Information: See 45 CFR 1304.20(d) for information about the ongoing care of each child's growth and development; 45 CFR 1304.21(c)(2) regarding child observation and assessment to promote and support children's learning and developmental progress; 45 CFR 1304.52(h)(1)(iii) about the supervision of children; 45 CFR 1304.53(a)(4) about separating the physical space used by infants and toddlers from that used by preschool children; 45 CFR 1304.53(a)(9) about the arrangement of indoor and outdoor space and equipment; and 45 CFR 1304.53(a)(10)(x) about playground equipment.

Guidance: Agencies provide ample space, appropriate equipment, and adult supervision, as children explore and exercise; and infants, toddlers, and preschoolers have indoor and outdoor space within which to play. In order to support the development of gross motor skills of all children, adults:

- Arrange physical space so that children have room to roll over, crawl, sit, walk, and test new skills;
- Provide climbing structures that are easily accessible and that provide challenges and opportunities for success;
- Provide solitary play equipment, such as swings with cross-bars and low slides;
- Provide padded and safe structures for exploration, and play surfaces that are appropriately cushioned;
- Encourage the use of riding, pushing, and pulling wheeled toys, such as scooters, wagons, and trucks; and
- Provide supervision and guidance during all activities.

Note: *Infant walkers and jumpers are not used because their use has been found to considerably increase the risk of major injury to young children.*

Performance Standard 1304.21(a)(5)(ii)

(ii) Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child's developmental level; and

Rationale: Fine motor development is important to a child's arm and hand strength, manual dexterity, eye-hand coordination, the manipulation and exploration of objects, and the development of other skills necessary for learning.

Guidance: Adults provide daily opportunities for all children to develop fine motor skills through:

- Planning experiences for developing motor skills and physical strength through repetition of actions;
- Increasing the complexity of age-appropriate manipulative materials and activities;
- Fostering self-help skills, such as buttoning, lacing, and zipping;
- Providing time for children to demonstrate and practice new skills;
- Encouraging parents to find developmentally appropriate opportunities to enhance fine motor skills; and
- Providing adult supervision and guidance during all activities, for safe, active learning.

Performance Standard 1304.21(a)(5)(iii)

(iii) Providing an appropriate environment and adult guidance for the participation of children with special needs.

Rationale: A responsive, inclusive environment supports the needs of all children, and it provides ways for each child to participate in all program activities.

Related Information: For further information on the participation of children with special needs, see 45 CFR Part 1308; and for guidance related to equipment, toys, and materials, see 45 CFR 1304.53(b)(1)(iii).

Guidance: Teachers and home visitors work with parents, content area experts, and other staff to implement an IFSP or IEP. Staff:

- Adapt materials and equipment so that all children can share in activities;
- Provide spaces that make play equipment and materials accessible to all children;
- Assist children, if necessary, in using and playing with materials;
- Are sensitive to parents' expectations; and
- Adapt activities, make accommodations, and use other strategies that integrate children socially and enable them to participate in all activities, regardless of abilities.

Performance Standard 1304.21(a)(6)

(6) In home-based settings, grantee and delegate agencies must encourage parents to appreciate the importance of physical development, provide opportunities for children's outdoor and indoor active play, and guide children in the safe use of equipment and materials.

Rationale: Parents need to understand the importance of physical development in a child's overall development so they will provide opportunities for active play.

Related Information: For further information, see the *Head Start Home Visitors Handbook*.

Guidance: Home visitors and parents focus on the importance of physical activity by:

- Planning and incorporating age-appropriate, outdoor and indoor physical activities into both home visits and group socialization experiences (see 45 CFR 1304.21(a)(5) about promoting children's physical development);
- Discussing realistic developmental expectations, individual rates of development, interests, preferences, and temperament;
- Participating in children's physical activities;
- Identifying equipment and activities appropriate for each child's age and ability;
- Modeling interactions that guide children's safe, active indoor and outdoor play;
- Identifying opportunities for dancing, exercising, and creative dramatics in the home and for jumping, hopping, climbing, and running outdoors;
- Involving children in making safety rules, and helping them understand the reasons for such rules;

- Discussing information about community recreational facilities; and
- Developing and implementing curricula, which for infants and toddlers is based on relationships, routines, and daily experiences.

Performance Standard 1304.21(b)(1)(i)

(b) Child development and education approach for infants and toddlers.

(1) Grantee and delegate agencies' program of services for infants and toddlers must encourage (see 45 CFR 1304.3(a)(5) for a definition of curriculum):

(i) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language (see 45 CFR 1304.52(g)(2));

Rationale: To support the development of infants and toddlers, the curriculum focuses on relationships, respect, and responsiveness of the child development services. Social and emotional development of infants and toddlers is based upon their relationship with their caregivers. For healthy social and emotional development, infants and toddlers need the attention of consistent caregiving. Staff who understand the child's family culture and speak the home language reinforce an infant's or toddler's emotional security and trust. A safe and secure environment nurtures positive relationships with peers and adults.

Related Information: See 45 CFR 1304.21(a)(1)(iv) for further information on child-initiated and adult-directed activities; see 45 CFR 1304.24(a)(1)(ii) about discussing a child's behavior and development with parents, including separation and attachment issues; and see 45 CFR 1304.52(g)(2) about having classroom and family child care staff and home visitors who speak the child's language.

Guidance: Adults help infants and toddlers develop positive and secure relationships by:

- Assigning a teacher or home visitor to each infant (see 45 CFR 1304.52(g)(4) about staffing patterns). Staff changes, when they must occur, are gradual, to maintain the emotional security of infants and toddlers;
- Valuing continuity in language and culture when assigning staff to a child;
- Communicating frequently with family members about the child; and
- Encouraging families to volunteer in the program, to increase staff understanding of a child's culture and home routines.

Performance Standard 1304.21(b)(1)(ii)

(ii) Trust and emotional security so that each child can explore the environment according to his or her developmental level; and

Rationale: Children's feelings of security and attachment influence all aspects of development, including the curiosity and confidence necessary to explore the environment.

Guidance: Responsive, nurturing caregiving is crucial to infants' and toddlers' feelings of security within relationships and

within the environment, and is a foundation for later development. Each child needs to feel secure and to know that there is an adult who responds sensitively to his or her cues and developmental changes, and who:

- Feeds infants when they are hungry and comforts them when they are distressed (see 45 CFR 1304.23(b)(1)(iv) and 1304.23(c)(5) regarding feeding infants);
- Supports and encourages infants to learn by observing them as they interact with the environment;
- Interacts with infants and toddlers by gently holding, talking, and gesturing with them;
- Provides an emotionally secure and physically safe environment that allows mobile infants and toddlers to explore and to develop independence and control; and
- Nurtures the individuality of infants and toddlers by giving them choices and by providing opportunities for them to do things for themselves.

Performance Standard 1304.21(b)(1)(iii)

(iii) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.

Rationale: Adults enhance all areas of development by supporting infants and toddlers with a broad array of experiences that are interesting to the child and promote sensory and motor exploration.

Related Information: See 45 CFR 1304.53(b) for information related to equipment, toys, and materials.

Guidance: Adults promote sensory and motor development by:

- Changing the area of play by moving infants from one area or position to another;
- Changing or rotating objects to stimulate and challenge infants and toddlers;
- Encouraging movement and playfulness;
- Engaging infants and toddlers through their senses with physical contact, making sounds, feeling textures, and tasting or smelling foods; and
- Interacting face to face during all kinds of routine activities, including diapering and feeding times.

Note: *Cribs, high chairs, and car seats are used only for their intended purposes.*

Performance Standard 1304.21(b)(2)(i)

(2) Grantee and delegate agencies must support the social and emotional development of infants and toddlers by promoting an environment that:

(i) Encourages the development of self-awareness, autonomy, and self-expression; and

Rationale: The social and emotional growth of infants and toddlers develops through their relationships with caregivers. A safe and secure environment nurtures positive relationships with peers and adults.

Guidance: Teachers, home visitors, and parents provide experiences that encourage young children to develop self-awareness, autonomy, trust, and exploration, by:

- Affirming each child as an individual;
- Responding to the child's sense of pleasure in his or her own successes;
- Establishing face-to-face contact and engaging in playful exchanges of sounds and simple games;
- Using pictures and photographs of infants and toddlers with their families;
- Responding to children's behaviors associated with fears or needs; and
- Developing activities that match children's developmental levels and honor their preferences.

Performance Standard 1304.21(b)(2)(ii)

(ii) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.

Rationale: Children acquire and develop communication skills through observation and practice. They learn verbal and nonverbal means of communicating needs, thoughts, and feelings by imitating the behaviors of others.

Guidance: Adults encourage language development by engaging children in a variety of songs, stories, poems, books, and games.

Adults develop realistic expectations of children's speech and language by:

- Engaging children in the use of verbal and nonverbal methods of communication;
- Providing opportunities for appropriate interactions with peers and in daily activities, such as at meal times;
- Using descriptive language and behaviors during routine activities, such as diapering, to build a foundation for the use of language;
- Responding to young children's first attempts at conversation by expanding on their vocalizations or gestures; and
- Reading stories, singing songs, reciting rhymes and encouraging children to hold and manipulate books.

Performance Standard 1304.21(b)(3)(i)

(3) Grantee and delegate agencies must promote the physical development of infants and toddlers by:

(i) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and

Rationale: A comprehensive program for infants and toddlers encourages play and active exploration to support the development of gross motor skills which enhance self-confidence, independence, and autonomy.

Related Information: See 45 CFR 1304.20(d) for information about the ongoing care of each child.

Guidance: Adults promote the physical development of infants and toddlers by:

- Assisting children when tasks become frustrating, rather than by doing the tasks *for* them;
- Recognizing developmental milestones that indicate children's changing needs for independence;
- Allowing infants and toddlers to play with and explore objects in a safe environment;
- Bringing objects and activities to young infants; and
- Providing open and accessible indoor and outdoor space for children to practice skills, such as crawling, walking, and reaching activities (see 45 CFR 1304.53 (a)(4) for information about providing space for mobile infants and toddlers).

Performance Standard 1304.21(b)(3)(ii)

(ii) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.

Rationale: Infants and toddlers develop fine motor skills through sensory exploration and opportunities to practice the coordination of specialized motions.

Guidance: Infants and toddlers develop physical skills and strength through repetition. Adults aid such development through:

- Activities and materials that involve grasping, dropping, pulling, pushing, throwing, touching, and mouthing;
- Opportunities for hand-eye coordination, such as fitting objects into a hole in a box, and self-feeding; and
- Opportunities for infants and toddlers to interact.

Performance Standard 1304.21(c)(1)

(c) Child development and education approach for preschoolers.

(1) Grantee and delegate agencies, in collaboration with the parents, must implement a curriculum (see 45 CFR 1304.3(a)(5)) that:

Rationale: A philosophy shared by the program and the parents, and a planned, organized, consistently implemented curriculum support child development and education, meet the goals for children's development and learning, provide experiences to meet such goals, identify the roles of staff members and parents, and identify appropriate materials and equipment.

Related Information: See 45 CFR 1304.21(a)(2) and 1304.40(e)(1) and (e)(2) for information about parent involvement in child development and education; see 45 CFR 1304.53(b) for information related to selecting materials, equipment, and toys; see 45 CFR 1304.3(a)(7) for a definition of "developmentally appropriate"; and see 45 CFR 1304.21(c)(2) regarding strategies for observing children to inform the curriculum.

Guidance: Staff, in collaboration with parents, implement a curriculum that is consistent with the *Head Start Program Performance Standards*. Agencies develop their own curriculum or select and adapt from among a variety of curriculum approaches or

frameworks, which support each child's social, emotional, cognitive, and physical development, as well as the educational aspects of other program areas. The daily implementation of the curriculum is responsive to ongoing observations of children. Staff work with parents to support the goals of the curriculum in the home.

In developing or selecting and adapting curriculum, agencies and parents jointly ensure that the curriculum is comprehensive, and is:

- based upon sound child development principles,
- well-grounded in its approach and methods,
- specific in goals and objectives for children's development and learning that are achievable, but also challenging,
- inclusive of developmentally appropriate indoor and outdoor activities,
- supportive of spontaneous learning opportunities;
- responsive to a system for observing and documenting children's progress in all areas of development,
- intellectually engaging and personally meaningful to children, and
- informed by the community, cultural beliefs, and the language of those being served.

Performance Standard 1304.21(c)(1)(i)

(i) Supports each child's individual pattern of development and learning;

Rationale: The curriculum is based upon sound principles of child growth and development, and is responsive to each child based upon what staff and parents know about individual children.

Related Information: See 45 CFR 1304.53(b) for information about equipment, materials, and toys.

Guidance: The environment, curriculum, and learning approach support children's individual patterns of development. Staff, together with parents, discuss what they observe about the child's progress, interests, development, learning style, attention span, temperament, and problem-solving abilities. To support individualizing the curriculum, they:

- Plan periods of time for children's sustained involvement in teacher planned and/or self-chosen tasks;
- Plan opportunities for children to work alone and with other children;
- Recognize and respond to children's individual interests and learning styles, including visual, tactile, or auditory; and
- Plan activities that enable children to develop emerging skills and practice existing skills.

Performance Standard 1304.21(c)(1)(ii)

(ii) Provides for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy, reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success;

Rationale: Children expand their knowledge and skills through a variety of experiences and interactions with other children and adults. Intellectual development is reinforced and extended through opportunities to engage in meaningful work that stimulates questioning, forming ideas, and represent what is being learned.

Related Information: See 45 CFR 1304.21(a)(4) for information about the development of cognitive and language skills for all children.

Guidance: Adults support children's cognitive development and eagerness to learn by:

- Providing a learning environment that offers children experiences which vary in complexity as well as support individual interests and abilities;
- Asking questions that have more than one answer and extend children's thinking;
- Supporting play as a way for children to organize their experiences and understand concepts;
- Incorporating developmentally appropriate strategies for children to learn concepts and skills related to science, social studies, language, literacy, numeracy, art, music, and movement;
- Using books, games, and computers, as well as other concrete materials, to raise questions and solve problems;
- Engaging children in creative activities and problem solving; and
- Encouraging children to interpret and represent their experiences, understanding, and ideas through drawing, writing and other art media; language; movement; and music.

Performance Standard 1304.21(c)(1)(iii)

(iii) Integrates all educational aspects of the health, nutrition, and mental health services into program activities;

Rationale: Children develop habits and attitudes about physical health, mental health, and nutrition through a wide variety of experiences.

Related Information: See 45 CFR 1304.40(f) for further information on organizing health, nutrition, and mental health education, and involving parents in these program aspects, and 45 CFR 1304.24(a)(3)(ii) about education on mental health issues.

Guidance: The health, nutrition, and mental health aspects of the *Head Start Program Performance Standards* are incorporated on a daily basis through activities such as handwashing, brushing teeth, preparing food, and talking about feelings. Adults model good health practices and integrate them into the curriculum by:

- Talking about physical and dental examinations, before they occur, in order to increase understanding and reduce fears;
- Encouraging role playing and reading books, before and after visits to doctors, dentists, and therapists;
- Including props and opportunities for learning through dramatic play;
- Providing learning experiences through food preparation and through the sampling of a variety of nutritious foods;
- Providing books, pictures, videos, and special guests to provide information related to health, nutrition and mental health; and
- Engaging individual children in conversations and dramatic play regarding concerns, fears, or issues identified by the children themselves.

Performance Standard 1304.21(c)(1)(iv)

(iv) Ensures that the program environment helps children develop emotional security and facility in social relationships;

Rationale: Emotional security forms the base from which children increase their confidence, initiative, and ability to develop positive social relationships.

Guidance: Adults enhance emotional security for children when they:

- Provide an environment of acceptance for each child;
- Show respect for children's feelings and ideas (see 45 CFR 1304.21(a)(1)(iii) for additional guidance on providing an environment of acceptance);
- Facilitate opportunities for children to develop social skills;
- Recognize and nurture children's friendships with peers;
- Design activities that support children's interactive or social-dramatic play;
- Model effective communication and conflict resolution techniques;
- Equip the environment with multiple sets of materials, in order to reduce conflicts;
- Encourage children to resolve their own conflicts with adult support, when necessary; and
- Help individual children manage stressful situations and events.

Performance Standard 1304.21(c)(1)(v)

(v) Enhances each child's understanding of self as an individual and as a member of a group;

Rationale: The curriculum supports the individuality of children, strengthens their self-confidence, assists them in recognizing themselves as individuals, and increases their skills in relating to others.

Guidance: Through individual and group activities, adults encourage children's self-awareness by:

- Providing individually identified space for the personal belongings of each child;
- Using photos, drawings, and tape recordings of children and families;
- Engaging in cooperative play activities that help children to respect others;
- Assisting children in recognizing their strengths;
- Designing activities that allow children to express feelings;
- Building a sense of community through group discussions and shared projects;
- Encouraging parents to respectfully display their children's work; and
- Modeling respect, and helping children demonstrate their respect for others.

Performance Standard 1304.21(c)(1)(vi)

(vi) Provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning; and

Rationale: The implementation of the curriculum provides opportunities for each child to succeed, feel confident in his or her abilities, and develop positive attitudes toward learning.

Guidance: Staff and parents use a variety of strategies to assure that children experience success, including:

- Encouraging and allowing children to do as much for themselves as they can;
- Intervening, when appropriate, to expand and extend the children's experiences;
- Providing experiences that move from simple to more complex thinking and skills;
- Challenging children to work at the edge of their capability and to acquire new skills and competencies which will increase their self-confidence and self-efficacy; and
- Helping children acknowledge their own and others' progress.

Performance Standard 1304.21(c)(1)(vii)

(vii) Provides individual and small group experiences both indoors and outdoors.

Rationale: The curriculum utilizes indoor and outdoor settings and a variety of equipment and materials to broaden children's learning and experiences. Individual and small group activities allow children to understand others and themselves in relationship to others.

Related Information: See 45 CFR 1304.53(a)(3) for information on organizing space to allow for individual and group activities.

Guidance: Adults provide children with opportunities to work alone and with others by:

- Organizing space into areas, such as a reading center, computer station, block area, or dramatic play corner;
- Designing small and large group activities that involve sharing, caring, and helping;
- Providing an outdoor play area that contains equipment and space for both individual and shared activities; and
- Initiating outdoor group and individual activities and games.

Performance Standard 1304.21(c)(2)

(7) Staff must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child (see 45 CFR 1304.20(b), 1304.20(d), and 1304.20(e)).

Rationale: Flexible and dynamic programs support children's development and changing knowledge and skills, as well as their individual strengths and needs.

Related Information: See 45 CFR 1304.24)(a)(3)(i) for information about designing and implementing program practices responsive to identified behavior and mental health concerns.

Guidance: Staff individualize the curriculum and adapt the environment to promote and support children's learning, by:

- Regularly and continually observing and recording children's behavior and progress, in order to help in the design of activities that support a range of developmental levels;
- Knowing each child's capabilities and modes of learning, to provide individually appropriate activities;
- Including parents in the process of ongoing assessment; and
- Incorporating observations and ongoing assessment information into curriculum planning, including
  - — changing materials used in Head Start settings, including home-based visits,
  - — rearranging the program environment to respond to children's developmental progress, and
  - — expanding goals for children.

1304.22

Child Health and Safety

(a) Health Emergency Procedures

(b) Conditions of Short-Term Exclusion and Admittance

(c) Medication Administration

(d) Injury Prevention

(e) Hygiene

(f) First Aid Kits

Performance Standard 1304.22(a)

(a) Health emergency procedures.

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

INTRODUCTION TO 1304.22

Head Start's commitment to wellness embraces a comprehensive vision of health for children, families, and staff. The objective of 45 CFR 1304.22 is to support healthy physical development by encouraging practices that prevent illness or injury, and by promoting positive, culturally relevant health behaviors that enhance life-long well-being.

The standards in this section include health emergency procedures, conditions of short-term exclusion, medication administration, injury prevention, hygiene, and first aid kits.

Rationale: In emergency situations, staff members are prepared to act quickly to ensure the health and well-being of each child. Staff who are knowledgeable and well-trained in their agency's health emergency procedures are prepared to protect the children in their care. *This rationale serves 45 CFR 1304.22(a)(1)-(4).*

Related Information: See 45 CFR 1304.40(f)(2)(iii) for information on providing parents with the opportunity to learn the principles of emergency first aid, and 45 CFR 1304.22(d)(1) and (2) for information on safety and injury prevention.

Guidance: Emergency policies and procedures clearly stating the responsibilities of each staff member are written in the language of staff members and the population being served, as well as in English. The Health Services Advisory Committee can be instrumental in developing these policies. It also is helpful for emergency providers, such as firemen, policemen, and emergency medical technicians, to participate in developing such policies, particularly after visiting the program, so that staff, children and emergency providers can get to know each other.

Staff training includes techniques for reacting quickly and calmly in implementing emergency procedures; and the training is geared to the age of the children being served.

Home visitors, family child care providers, and other staff work with families to develop plans of action for dealing with emergencies in the home, including conducting periodic emergency practice drills and procedures for families without telephones.

Performance Standard 1304.22(a)(1)

(1) Posted policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention;

Guidance: With consultation from their Health Services Advisory Committee, agencies provide training and post concise directions to staff on administering first aid, contacting emergency care providers, seeing to emergency transportation, and contacting parents.

Performance Standard 1304.22(a)(2)

(2) Posted locations and telephone numbers of emergency response systems. Up-to-date family contact information and authorization for emergency care for each child must be readily available;

Guidance: So that staff can quickly access emergency contact information, a list of emergency care facilities and provider telephone numbers is posted at recognized locations, such as at each telephone station in the program site. When calling about an emergency, helpful information includes the following: name of caller, agency, nature of emergency, telephone number, address, easy directions, exact location of injured person(s), number and age(s) of person(s) involved, condition(s) of person(s) involved, and help already given.

Emergency contact information for each child includes:

- names and telephone numbers (both at home and at work) of the parents or legal guardians,
- names and telephone numbers (both home and work) of parent or contact persons to whom the child may be released, if the parent or guardian is unavailable,
- name, address, and telephone number of the child's usual source of medical and dental care,
- information on the child's health insurance, including the name, identification number, and the subscriber's name,
- special conditions, disabilities, allergies, or medical and dental information, such as the date of the latest DPT immunization, and
- parent's or guardian's written consent, in case emergency care is needed.

Updated information is kept in a file easily accessible to appropriate staff. Copies of this information accompany staff and children on outings away from the facility.

Home visitors and other staff encourage and assist parents to develop a list of names and telephone numbers of individuals to contact in an emergency. Two copies of such lists are made — one copy to post at home and another to give to a responsible person outside the home, such as a neighbor. Parents without telephones develop plans for accessing a neighbor's telephone or a nearby public telephone, two way radio, or "walkie-talkie," in case of an emergency.

Performance Standard 1304.22(a)(3)

(3) Posted emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) which are practiced regularly (see 45 CFR 1304.53 for additional information);

Guidance: A written plan for evacuating and for responding to a fire, flood, tornado, earthquake, hurricane, blizzard, violence in the community, and power failure saves valuable time in emergency situations. Plans include specifics, such as escape routes, assignments for all staff, and the location of the nearest fire alarm. Home visitors help parents to develop an emergency evacuation plan for their own home, as well as a strategy for how to help all family members above age two to understand and follow such a plan.

The Health Services Advisory Committee, emergency medical system (EMS) staff, the fire inspector, and the local fire department are helpful in developing an emergency plan.

Although it is impossible to anticipate each potential emergency situation, some emergencies are prepared for by taking precautions such as:

- Planning two exit routes from every location in the building;
- Having unannounced evacuation drills at least once a month, at varying times of the day; and
- Maintaining records of evacuation drills for the on-site inspection and review of the building inspector.

Performance Standard 1304.22(a)(4)

(4) Methods of notifying parents in the event of an emergency involving their child; and

Guidance: When contacting parents or other emergency contact persons, it is important for staff to calmly and succinctly relate all relevant information.

An incident or injury report form is useful in documenting what has happened to a child and what has been done to care for that child, as well as the notification made to parents and the parents' response to this notification.

Performance Standard 1304.22(a)(5)

(5) Established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws.

Rationale: It is essential to intervene in any suspected case of abuse and neglect, both for the safety of the child and for the wellness of the family. Federal, State, and Tribal laws require educators and caretakers to report all suspected cases of abuse and neglect. Establishing these procedures helps staff determine when and to whom such a report needs to be made.

Related Information: See Appendix A to 45 CFR 1301.31, the *Identification and Reporting of Child Abuse and Neglect*, for a description of Head Start policy governing the prevention, identification, treatment, and reporting of child abuse and neglect; see 45 CFR 1304.41(a)(2)(vi) for information on collaborative relationships with child protective service agencies; and see 45 CFR 1304.52(k)(3)(i) for information on training staff to recognize and report child abuse and neglect.

Guidance: Head Start plays an important role in working with families to prevent child abuse and neglect. Head Start staff help to identify risk factors for abuse, and work with the family to clarify appropriate expectations, enhance parenting skills, and offer the family emotional support and resources. In establishing agency procedures for handling cases of suspected or known child abuse or neglect, agencies:

- Assure that agency policies are in compliance with applicable Federal, State, Tribal, or local child abuse and neglect laws regarding the definition of child abuse and neglect and the standards of evidence required for reporters under applicable laws;
- Establish a local agency reporting plan, as required by 45 CFR 1301.31(e);
- Contact the local, State, or Tribal agency responsible for receiving reports of suspected child abuse and neglect, in order to learn about specific reporting procedures. Agencies may include State and local child protective service (CPS) agencies, Indian child welfare programs, local police departments, or State or local departments of social services. Identify and establish relationships with problem-solving and support groups for abusers and potential abusers (e.g., Parents Anonymous) to provide referrals and training for prevention and intervention;
- Train all staff to identify and report child abuse and neglect. Ensure that staff do not, themselves, investigate suspected cases of child abuse and neglect. Their role is to report suspected cases to the appropriate agencies. Ensure that staff report to their supervisor regarding a suspected case of abuse or neglect;
- Provide special training and support to home visitors who, because they are in the families' homes on a regular basis and have an unusually close relationship with the parents, are in a special situation for reporting child abuse and neglect;
- Cooperate with enforcement agencies and, when possible, work with abusing or neglecting parents and caretakers to provide them with support, counseling, and other referrals;
- Encourage an appointed staff member to approach the individual(s) suspected of abuse or neglect, whenever appropriate, and if doing so will not constitute a danger to reporting staff; convey concerns and inform the individual(s) that a report to the appropriate authorities is being submitted;
- Ensure confidentiality of the individual reporting of the suspected abuse and of all reports of suspected abuse (see 45 CFR 1304.52(h)(1)(ii) for information on the program's confidentiality policy);

- Recognize that most States require only suspicion that abuse or neglect has occurred before reporting may take place; incidents must be reported as soon as they are suspected, because waiting for proof may result in serious risks to the child; and
- Inform staff members of cultural differences in childrearing practices and direct them to discuss with a designated staff member any concerns regarding differences in child rearing practices.

Performance Standard 1304.22(b)(1)

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

(1) Grantee and delegate agencies must temporarily exclude a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

Rationale: Temporarily excluding a child from program participation protects the health of the affected child, other children, and staff.

Guidance: Clear policies and procedures, developed by the agency with the involvement of the Health Services Advisory Committee, indicate those instances in which a child should be temporarily excluded from the program. This policy is conveyed to parents at enrollment, so that everyone concerned will understand and follow standard policy, and so that all may function as partners in determining whether the child in question stays home or not, and can plan accordingly.

Current, professionally established guidelines on short-term exclusion and readmittance may be used to develop agency short-term exclusion policies. When determining such policies and procedures, consideration should be given to whatever arrangements working parents make to care for their ill or injured child. When applicable, staff may suggest alternatives for child care, if reasonable modifications cannot be made in the program setting.

A child may be readmitted to the program when he or she meets appropriate criteria. Some conditions, however, may require approval by a local health official, before readmittance is possible or wise. Staff consult with the Health Services Advisory Committee or other local health officials regarding these conditions and readmittance recommendations.

Performance Standard 1304.22(b)(2)

(2) Grantee and delegate agencies must not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the grantee or delegate agency's policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

Rationale: Provided the program can reasonably accommodate them, all eligible children are afforded an equal opportunity to be included in Head Start, regardless of special health needs or medication requirements, so that they and their families may benefit fully from the experience.

Related Information: See 45 CFR 1308.4(a) and (c) for additional information on meeting the needs of, and including, children with disabilities.

Guidance: Including a child with special health care needs or medication requirements, such as a child with HIV or diabetes, can involve developing policies and strategies, with the assistance of the Health Services Advisory Committee, that include the following:

- Making reasonable accommodations for the child. The Health Services Advisory Committee and local agencies or organizations, such as hospitals, schools, and local health departments, can suggest ways to accommodate the child in the program;
- Ensuring that parents and health care providers supply clear, thorough instructions on how best to care for the child, in order to protect his or her health, as well as the health of other children and staff;
- Ensuring that the program has adequate health policies and protocols, staff training and monitoring, and supplies and equipment to perform necessary health procedures;
- Reassuring parents of other children that their children are at no health risk;
- Promoting understanding of the child's special health needs, without embarrassing or drawing attention to the child; and
- Protecting the privacy of the affected child and her or his family.

In developing strategies for maintaining optimum health requirements, staff review Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, which prohibit discrimination against persons with disabilities, including those with chronic health conditions. In addition, programs are familiar with State child care licensing regulations and medical and nursing practices regarding health procedures.

Resources that are of assistance in preparing staff to care for children with special medical needs include:

- the child's health care provider,
- Health Services Advisory Committee members,
- local public health department staff,
- local medical and nursing society members, and

- medical equipment manufacturers.

Providing the support necessary to promote, improve, and deliver the above services means collaborating with agencies such as the Centers for Disease Control and Prevention, the State Children with Special Health Needs (CSHN) agency, and State, Tribal, and local health departments.

Performance Standard 1304.22(b)(3)

(3) Grantee and delegate agencies must request that parents inform them of any health or safety needs of the child that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

Rationale: This requirement will prepare the staff to provide better care for the child and to help protect the health of other children and staff, and it will facilitate the appropriate and prompt reporting of diseases.

Related Information: See 45 CFR 1304.40(f)(2)(iii) for information on providing parents with the opportunity to learn principles of preventive medical and dental health. Also, see 45 CFR 1304.52(h)(1)(ii) for information on following the program's confidentiality policy.

Guidance: Staff and parents share responsibility for the health of all children. Agencies implement an ongoing process to ensure that parents have opportunities to inform staff of accommodations their child may require, such as those due to a child's chronic illness or condition. Staff offer such opportunities during enrollment and throughout the year as a child's health needs arise. Plans to accommodate a child's health or safety needs are in place before services to a child begin or as soon as possible after the need is identified.

Parents are reassured that disclosing such information is voluntary and that parents only need to share sufficient information to accommodate the child. Agencies ensure that there is a process to share information among staff on a need-to-know basis and that all staff and parents understand the agency's confidentiality policy.

Performance Standard 1304.22(c)

(c) Medication administration.

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

Rationale: The proper storage of medication and its administration by designated staff, following the written authorization of the child's physician and parents, safeguard the health of children, staff, and families. *This rationale serves 45 CFR 1304.22(1)-(3).*

Guidance: The Health Services Advisory Committee assists in developing procedures for the administration, handling, and storage of medication. In developing such procedures, it is important to encourage communication with parents, to be aware of any individual or community health considerations, and to be cognizant of State policies. For example, if applicable, medication administration procedures should be outlined in an individualized plan for the child. In the home-based option, parents administer medications to their children.

Performance Standard 1304.22(c)(1)

(1) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers;

Related Information: See 45 CFR 1304.53(a)(10)(iii) for additional information on the storage of medications.

Guidance: In developing procedures and techniques for labeling and storing medication, it is important for both agencies and families to keep the following in mind:

- ***Instructions and information.*** To ensure the safety of children, prescribed medication is labeled by a pharmacist, with the child's first and last names, the name of the medication, the date the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date, and administration, storage, and disposal instructions.

  For over-the-counter medication with a documented recommendation by a health care provider, parents should provide instructions and information on a label, including: the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer or health care provider; and the name of the health care provider who recommended the medication for the child.

  Medications administered "as needed" ("PRN" medications) have specific directions for administration, including minimum time between doses, maximum number of doses, and criteria for administration. Medication required for use by staff and volunteers is clearly labeled with their first and last names.

- ***Container.*** Prescribed medication is provided in an original, child-resistant container labeled by a pharmacist. For over-the-counter medications recommended by a health care provider, parents may be asked to provide the medication in a child-resistant container.

- ***Storage and inaccessibility to children.*** Medication of any kind needs to be kept away from food, and stored in sturdy, child-resistant, closed containers that are both inaccessible to children and prevent spillage. If medication requires refrigeration, a small lock box designated for storing medication may be kept in the refrigerator.

- ***Expiration dates.*** Medication should not be used beyond the date of expiration on the container, or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions that state the medication may be used "whenever needed" should be reviewed by the physician at least annually.

- ***Transportation.*** Efforts should be made to minimize the transportation of medication. If, however, medication does need to be transported, staff ensure that there are measures to keep it temperature-controlled, if necessary, and that there is a responsible adult in charge of the medication (e.g., the bus monitor, if a child requiring medication takes the bus), in accordance with State and Tribal law.

Performance Standard 1304.22(c)(2)

(2) Designating a trained staff member(s) or school nurse to administer, handle and store child medications;

Related Information: See 45 CFR 1304.22(c)(6) and 1304.52(d)(2) for further information.

Guidance: Child medications are handled by designated staff, selected and trained in accordance with State or Tribal law. The designated individual(s) may be someone who is at the program regularly, so that all children may become comfortable with him or her. In the absence of State law, the most qualified person should administer the medication. A back-up staff member also is designated and kept informed of all current procedures. If State law requires that an individual be licensed to administer medication, a reasonable accommodation may be to obtain the services of a nurse or a nurse practitioner for this purpose.

Performance Standard 1304.22(c)(3)

(3) Obtaining physicians' instructions and written parent or guardian authorizations for all medications administered by staff;

Related Information: See guidance to 45 CFR 1304.22(c)(6) for information on techniques staff should know regarding administering medication.

Guidance: A physician or other person legally authorized to prescribe medication provides instructions for the dose, frequency, method to be used (e.g., before meals, tilting head), and duration of administration in writing by a signed note or a prescription label. These instructions are legible and easily understood. The program provides training for the staff person(s) administering medication.

Signed parent authorization forms are kept in the child's health record. The Health Services Advisory Committee may assist in the development of these authorization forms.

In cases when medication is needed for emergency treatment, it is administered only if authorized by a local poison control center or a physician.

Performance Standard 1304.22(c)(4)

(4) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child's parents;

Rationale: Information pertaining to the dispensation of medication should be well-documented, so that administration is accurate and accomplishes its intended purpose. Changes in a child's behavior, or physical symptoms, may indicate a need to communicate with the physician to alter the dosage or type of medication. *This rationale serves 1304.22(c)(4)-(5).*

Guidance: Each time medication is dispensed during program hours, the amount of medication given, the time and date of

administration, and the name of the person administering each dose is recorded in the child's record. Special circumstances, such as spills, responses, reactions, and refusals to take medication, also are included in the child's health record. This information is then reported to and reviewed by the parent and the individual who prescribed the medication. If there are consistent administration problems, an experienced health professional should be consulted.

Performance Standard 1304.22(c)(5)

(5) Recording changes in a child's behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child; and

Related Information: See 1304.20(e)4) for additional information on involving parents as active partners in their child's health care process.

Guidance: Staff encourage parents to give the first dose of medication at home, so that they can observe whether the child has any type of reaction. In extenuating circumstances where the first dose of medication is given by a staff person, staff members with whom the child has regular contact are instructed to watch for any changes in the child's normal behavior patterns, such as signs of lethargy, moodiness, aggressiveness, or physical reactions such as rashes. When administering medication to infants and toddlers, staff watch for allergic reactions, such as swelling, rashes, or breathing difficulties.

If changes are noted at any time during medication administration, they are recorded and immediately brought to the attention of the child's parents. The parents, in turn, contact the physician, who determines whether or not to continue the child's medication, and at what dosage. A child's reaction to medication may occasionally be extreme enough to initiate emergency procedures.

Performance Standard 1304.22(c)(6)

(6) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

Rationale: Staff knowledge of proper techniques for handling medication safeguards the health of all children in the programs.

Related Information: See 45 CFR 1304.52(k) for additional information on staff training and development, and 45 CFR 1304.22(c)(2) for additional information on designating a trained staff member.

Guidance: Some appropriate techniques for medicine administration include:

- Reading the label and prescription directions in relation to the required dose, frequency, storage, and other circumstances relative to administration;
- Using age-appropriate administration techniques to gain the child's cooperation; and
- Documenting that the medication, in fact, was administered.

According to State child care laws and regulations, including Professional Practice Acts, a health care provider trains staff members to use any equipment needed to administer medication,

such as nebulizers, or any instrument specifically used to administer medication to infants and toddlers. Staff administering medication demonstrate their ability to perform those procedures.

All staff who are in contact with the child understand the way the medication works, and are alert to its possible side effects.

Performance Standard 1304.22(d)(1) & (2)

(d) Injury prevention.

Grantee and delegate agencies must:

(1) Ensure that staff and volunteers can demonstrate safety practices; and

(2) Foster safety awareness among children and parents by incorporating it into child and parent activities.

Rationale: Injuries often are the result of a mismatch between a child's abilities and activities, unsafe conditions in the environment, or a lack of adult supervision. Fostering and incorporating safety awareness into a program supports Head Start's role of protecting each child.

Related Information: See 45 CFR 1304.53(a) for information on keeping the Head Start physical environment and facilities well maintained and hazard free. See 45 CFR 1304.53(b)(3) for information on Sudden Infant Death Syndrome (SIDS).

Guidance: Although injuries are the number one cause of death of young children, they often can be prevented by a practical awareness of potential hazards, and by providing effective supervision, taking action to eliminate or reduce hazards, appropriately responding to an emergency, and teaching children, parents, and staff members about safety.

To prevent injuries and to protect children, the families, staff, and children, themselves, are made aware of critical injury prevention principles, including the importance of:

- Using proper restraints in motor vehicles and protective gear, such as bicycle helmets;
- Keeping firearms, medication, and other hazardous materials locked and away from children; and
- Supervising children at all times.

As part of the ongoing training for staff, parents, and volunteers, agencies focus on safety practices in both home and program settings. Agencies observe staff throughout the year to determine their ability to demonstrate safety practices and serve as a positive role model on health and safety issues. Staff incorporate violence prevention in the day-to-day practice of their jobs. (See 45 CFR 1304.22(a)(5) for additional information on preventing child abuse or neglect.)

Staff and parent attitudes and behavior toward safety are as important as the safety of the physical environment. Different ways for parents and staff to promote safety messages to children include the following:

- Involving children in making and enforcing rules of safety in order to increase their safety awareness and help them feel involved;

- Using "teachable moments" to discuss safety, such as when a child gets a minor bump or bruise, and to talk to the children about ways to prevent similar injuries, taking care not to make the injured child feel embarrassed; and
- Teaching children what to do in an emergency, and where to go for help.

For additional information on injury prevention, agencies contact local organizations, such as SAFE KIDS coalitions, health departments, and American Red Cross chapters. National organizations include the Children's Safety Network, the U.S. Consumer Product Safety Commission, the American Academy of Pediatrics, and the National Highway Traffic Safety Administration.

Performance Standard 1304.22(e)(1) & (2)

(e) Hygiene.

(1) Staff, volunteers, and children must wash their hands with soap and running water at least at the following times:

(i) After diapering or toilet use;

(ii) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table);

(iii) Whenever hands are contaminated with blood or other bodily fluids; and

(iv) After handling pets or other animals.

(2) Staff and volunteers must also wash their hands with soap and running water:

(i) Before and after giving medications;

(ii) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids); and

(iii) After assisting a child with toilet use.

Rationale: Effective implementation of hygiene, sanitation, and disinfection procedures significantly reduces health risks to children and adults by limiting the spread of infectious germs. *This rationale serves 45 CFR 1304.22(e)(1)-(6).*

Related Information: See 45 CFR 1304.22(e)(3) for information on the use of gloves, and 45 CFR 1304.22(e)(4) for information on universal precautions.

Guidance: Effective handwashing practices include:

- Using running water that drains;
- Using soap, preferably liquid;
- Rubbing hands together for at least 10 seconds; and
- Turning off the faucet with a paper towel.

Performance Standard 1304.22(e)(3)

(3) Nonporous (e.g., latex) gloves must be worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.

Related Information: See 45 CFR 1304.22(e)(4) for information on universal precautions.

Guidance: Gloves are available to all staff, including home visitors and bus drivers, who may come into contact with bodily fluids.

Gloves are not required during routine diapering or when wiping noses. However, some agencies, based upon the advice of the Health Services Advisory Committee, may choose to require the use of gloves in those instances as well. For protection, disposable gloves are worn when changing the diaper of a child with diarrhea or a diagnosed gastrointestinal disease.

Gloves made of disposable latex (or disposable, non-latex/reusable rubber gloves, properly sanitized, for those allergic to latex) are removed and disposed of properly after contact with spills of blood or other bodily fluids.

The use of gloves is not a substitute for handwashing. Staff wash their hands immediately after the gloves are removed.

Performance Standard 1304.22(e)(4)

(4) Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) must be cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids must be cleaned and disinfected immediately. Other blood-contaminated materials must be disposed of in a plastic bag with a secure tie.

Related Information: For specific details on universal precautions, refer to "Occupational Exposure to Bloodborne Pathogens," by the Occupational Safety and Health Administration and the ACF Transmittal Notice IM-93.2, "Head Start Occupational Health Standards for Bloodborne Pathogens."

Guidance: Agency guidelines for cleaning and disinfecting areas contaminated by bodily fluids include the following:

- Clean the soiled area, then disinfect the area with a solution of ¼ cup household liquid chlorine bleach in one gallon of tap water, made fresh daily;
- Dispose of waste and contaminated materials (e.g., diapers, rags) in a plastic bag with a secure tie; and
- Use the solution recommended above to rinse and disinfect the materials used for cleaning spills, and then wring materials as dry as possible, before hanging them up to dry further.

To ensure safety, keep cleaning materials away from areas used by children.

Performance Standard 1304.22(e)(5)

(5) Grantee and delegate agencies must adopt sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff. Grantee and delegate agencies must ensure that staff properly conduct these procedures.

Related Information: See 45 CFR 1304.53(a)(10)(xvi) on procedures for disposing of soiled diapers, and 45 CFR 1304.53(a)(10)(xiv) on ensuring that adequate toileting, diapering, and handwashing facilities are provided.

Guidance: When diapering a child:

- Make certain that the child is safely secured at all times;
- Diaper on an elevated, nonporous surface used only for that purpose;
- Talk to the infant or toddler while diapering;
- Note anything unusual in the child's diaper;
- Situate the diaper changing area as close to a water source as possible;
- Change children at regular intervals, or when obviously appropriate; and
- Be mindful of contamination risks, taking precautions to minimize those risks. Such precautions include: washing the adult's and the child's hands; properly securing soiled diapers or clothing; and cleaning and disinfecting all soiled surfaces.

Diapering procedures are posted in the diaper changing area.

Performance Standard 1304.22(e)(6)

(6) Potties that are utilized in a center-based program must be emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

Related Information: See 45 CFR 1304.53(a)(10)(xv) for guidance on the provision of toilet training equipment; 45 CFR 1304.22(e)(1) and (2) for information on hygiene; 45 CFR 1304.22(e)(3) on wearing gloves; and 45 CFR 1304.53(a)(10)(viii) for information on cleaning and disinfecting the premises.

Guidance: The spread of germs is prevented through the use of potties with smooth surfaces, with no cracks or crevices, and by cleaning and disinfecting potties in the following manner:

- Empty contents into the toilet;
- Rinse potties with running water in a utility sink never used for food preparation purposes, and empty the rinse water into a toilet;
- Wash all parts of the potty with soap and water; empty soapy water into toilet;
- Rinse again; empty into the toilet;
- Spray with bleach solution;
- Air dry;
- Wash and disinfect sink; and
- Wash hands.

Performance Standard 1304.22(e)(7)

(7) Grantee and delegate agencies operating programs for infants and toddlers must space cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

Rationale: Spacing cribs and cots properly is an effective means of avoiding the spread of contagious illness, and it ensures that each child can be checked on and attended to quickly, in case of emergencies.

Related Information: See 45 CFR 1304.53(a)(5) for guidance on cribs and usable space requirements.

Guidance: Children can be placed in alternating head-to-foot positions, at least three feet apart, in order to prevent the face-to-face spread of germs.

For purposes of hygiene, all bed linen is assigned to children for their exclusive use while enrolled in the program, and no child sleeps on an uncovered surface. Seasonably appropriate covering also is provided. Washing all linens on a regular basis, as well as immediately following an illness, and after "accidents," helps prevent the spread of germs. If linens are air dried, there is a possibility that germs may not be killed. The heat from machine drying or ironing linens will kill germs. Cribs and cots are also regularly disinfected.

Performance Standard 1304.22(f)(1)

(f) First aid kits.

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

Rationale: Many injuries may be treated by staff, who are trained in first aid and are provided appropriate first aid supplies. *This rationale serves 45 CFR 1304.22(f)(1)-(2).*

Guidance: Each first aid kit, including those used in group socializations, outings, or when transporting children on a day-to-day basis, are tailored for the ages and program size served. The American Red Cross has compiled an approved list of supplies to include in a first aid kit. The Health Services Advisory Committee also may recommend materials to include.

Home visitors discuss with families the importance and use of first aid kits and determine what first aid supplies the family has available or may need in the home. Home visitors help to identify potential community resources to secure needed items.

Performance Standard 1304.22(f)(2)

(2) First aid kits must be restocked after use, and an inventory must be conducted at regular intervals.

Guidance: To ensure that kits are restocked regularly, agencies:

- Assign a staff member to inventory and to restock supplies;
- Establish an inventory checklist;
- Conduct and document a monthly inventory of all supplies; and
- Check expiration dates on all supplies.

1304.23

Child Nutrition

(a) Identification of Nutritional Needs

(b) Nutritional Services

(c) Meal Service

(d) Family Assistance with Nutrition

(e) Food Safety and Sanitation

Performance Standard 1304.23(a)

(a) Identification of nutritional needs.

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

INTRODUCTION TO 1304.23

The objective of 45 CFR 1304.23 is to promote child wellness by providing nutrition services that supplement and complement those of the home and community. Head Start's child nutrition services assist families in meeting each child's nutrition needs and in establishing good eating habits that nurture healthy development and promote life-long well-being.

This section includes standards in five areas: the identification of each child's nutritional needs; the design and implementation of nutritional services programs; meal service in center-based programs; family assistance with nutrition; and food safety and nutrition.

Rationale: A child's healthy development is promoted through ongoing communication between staff and families concerning nutrition-related child assessment data, family eating patterns, the child's feeding schedules and eating preferences, and community nutritional issues. *This rationale serves 45 CFR 1304.23(a)(1)-(4).*

Related Information: See 45 CFR 1304.23(a)(3) for information on feeding and elimination patterns.

Guidance: A variety of opportunities exist for staff and parents to discuss each child's nutritional needs. Discussions may take place during enrollment, or at meetings called especially to discuss family partnership agreements (see 45 CFR 1304.40(a)(2)), initial home visits, and early staff-parent conferences. Staff members who may be involved in these discussions include: home visitors, teachers, qualified nutritionists or registered dietitians, kitchen staff, health care providers, including dentists and lactation consultants, and the Head Start staff persons in charge of nutrition, health, or disabilities services.

As the nutritional needs of young children change rapidly over a period of weeks or months, periodic reassessment is necessary. For infants and toddlers, it is especially important that parents provide and regularly update certain key nutritional information about their children's needs, feeding, and elimination patterns. It also is important that parents share with appropriate personnel special nutritional and feeding requirements for children with disabilities.

One way to gather information on nutritional requirements and feeding patterns is to ask families to prepare a record of each child's nutritional intake and feeding schedule over a period of time. Such a brief dietary history is useful as a basis for discussions with the family about a child's nutritional requirements.

Performance Standard 1304.23(a)(1)

(1) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 45 CFR 1304.20(a);

Guidance: The child's current health or medical history record contains important information related to nutritional status. These data are particularly critical for identifying children who are over- or underweight, underheight, or anemic.

In assessing children's nutritional status, it is important to recognize that healthy children have individual differences and patterns of growth. Thus, one should refrain from comparing one child's development to another's. Rather, it is important to involve a health professional or a nutrition specialist in the review of nutritional data, as well as in the development of treatment and follow-up plans. Other local resources, such as the Supplemental Nutrition Program for Women, Infants, and Children (WIC), also are helpful in providing assistance. Discussions with parents on nutritional needs and treatment strategies that can be followed during program hours and at home further support this process; and providing staff and parents with information on typical growth patterns is another method that is used to facilitate the identification of unusual, nutrition-related situations.

Performance Standard 1304.23(a)(2)

(2) Information about family eating patterns, including cultural preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 45 CFR 1308.20);

Guidance: Family eating patterns vary according to many factors, including the availability of certain foods, family preferences, and family income. A registered dietitian or qualified nutritionist can provide staff with background information about how to conduct discussions related to nutritional needs and health, while taking proper dietary guidelines and family preferences and income into consideration. Topics that may be raised in discussions with parents include:

- cultural, religious, ethical, or personal food preferences (such as vegetarianism), and medically prescribed diets that should be taken into account when planning menus,
- nutrition-related health problems diagnosed by a health professional, such as obesity, iron deficiency, failure-to-thrive, food allergies and intolerances, such as milk allergies and lactose intolerance, that require special dietary considerations,
- healthy eating on a family budget, and
- any adaptations or accommodations needed for children with disabilities.

Performance Standard 1304.23(a)(3)

(3) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information must be shared with parents and updated regularly; and

Related Information: See 45 CFR 1304.40(e)(3) for additional suggestions about how to share information with parents on a daily basis. See 45 CFR 1304.40(c)(3) for information on the benefits of breast feeding.

Guidance: Infant nutritional needs change rapidly during the first year of life. Therefore, regular communication between parents and staff helps to ensure that nutritional needs are met, both at home and in the Head Start Program setting. Initial discussions with parents of infants may include topics such as:

- how and when each child is fed,
- whether the child consumes breast milk or formula,
- the introduction of new foods and solid foods,
- the child's elimination patterns,
- feeding preferences and problems, and
- safe food preparation and handling.

Throughout the year, staff and parents also discuss nutritional changes and specific issues surrounding weaning, teething, the introduction of solid foods, the appropriateness of different foods at various developmental levels, infant reactions to new foods or to food changes, and strategies for dealing with adverse reactions to various foods.

Daily conversations with parents that address infant and toddler food intake, as well as eating and elimination patterns, are one method of sharing information. Therefore, time is set aside to discuss these issues, perhaps as parents come to pick up their children.

Performance Standard 1304.23(a)(4)

(4) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.

Guidance: Information contained in the Community Assessment (see 45 CFR 1305.3) helps to identify children's nutritional needs. This information includes topics such as:

- the quality of the local food and water supply, such as availability of fluoridated water and fresh fruit and vegetables, and
- nutrition-related, prevalent health conditions in the community, such as hunger, obesity, diabetes, hypertension, baby-bottle tooth decay (infant dental caries), and lead poisoning.

If this information is not available in the Community Assessment, the Health Services Advisory Committee, State and local health department nutritionists, or community health organizations may be helpful in obtaining it.

Performance Standard 1304.23(b)(1)

(b) Nutritional services.

(1) Grantee and delegate agencies must design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program must serve a variety of foods which consider cultural and ethnic preferences and which broaden the child's food experience.

Rationale: One essential aspect of healthy growth and development is a nutrition program that meets each child's nutritional needs, feeding requirements, and feeding schedules. A related aspect is proper dental hygiene, to prevent tooth decay and gum disease, which includes the teaching of habits that can preserve dental health through a child's life. By involving parents and appropriate community agencies in all aspects of nutrition services, Head Start agencies ensure that menus and cooking styles take into account cultural and ethnic preferences, comply with Head Start and Departments of Agriculture and Health and Human Services (USDA/HHS) recommendations and requirements, and fully use community food resources. *This rationale serves 45 CFR 1304.23(b)(1)-(4).*

Related Information: See 45 CFR 1304.23(c)(1) for information on serving a variety of foods; 45 CFR 1304.23(b)(1)(i) regarding required documentation from health care providers for menu substitutions; 45 CFR 1304.23(b)(1)(iv) and (v) for information on feeding schedules; and 45 CFR 1308.20 on nutrition services for children with disabilities.

Guidance: Nutritional needs and requirements are met by serving a variety of healthy foods, including breads and other grain products, vegetables, fruits, meat and meat alternates (such as eggs, nuts, seeds, dry beans, peas, and cheese), and milk and milk products (yogurt and cheese). The USDA/HHS Food Guide Pyramid provides a basis for determining the kinds and amounts of the food groups to be eaten each day. Children are thus introduced to a broad variety within the food groups, while at the same time honoring, through careful menu planning, cultural, religious, ethical, and personal food preferences.

Staff and parents play an important role in the implementation of the nutrition program. Parents provide information on cultural and ethnic preferences and requirements, and that information is used to develop menus sensitive to the needs of families. In addition, the Health Services Advisory Committee provides input into the development of menus and information on other issues related to nutrition.

The nutrient needs of children with disabilities are the same as those of other children. However, due to difficulties in chewing or swallowing, or due to a lack of feeding abilities, the texture and consistency of foods may need to be modified. Modification of the menu for children with disabilities or for children with special medical or dietary needs are always undertaken in consultation with the child's primary health care provider and with the assistance of a qualified nutritionist or registered dietitian. (See 45 CFR 1304.52(d)(3) on the qualifications of content area experts in nutrition.)

Performance Standard 1304.23(b)(1)(i)

(i) All Early Head Start and Head Start grantee and delegate agencies must use funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.

Related Information: See 7 CFR Parts 210, 220 and 226 for information on USDA meal pattern requirements.

Guidance: The USDA Child and Adult Care Food Program (CACFP) is the primary source of reimbursement for meals for Head Start children. Therefore, agencies need to know about any changes in the CACFP program. Currently, agencies can claim reimbursement from CACFP for a daily maximum of two meals and one snack, or two snacks and one meal, for each enrolled child in attendance.

For individual children with special medical or dietary needs, substitutions can be made in meal patterns without approval from the USDA, if a supporting statement signed by a recognized medical authority is on file, and if that statement specifies how each child's diet is restricted and which foods provided by the program or the parents must be substituted. The USDA requires agencies to make substitutions or modifications in the standard meal patterns for children who are unable to consume program meals due to mental or physical disabilities that limit one or more major life activities.

Children who arrive early, stay late, or simply are hungry may require an additional snack or meal. If the CACFP or other funding sources will not provide reimbursement, Head Start funds may be used. For example, a child who arrives at a migrant program at 4 a.m. may require and, therefore, is provided with a nutritious snack before breakfast. In such cases, Head Start funds may be used as the dollars of last resort.

Performance Standard 1304.23(b)(1)(ii)

(ii) Each child in a part-day center-based setting must receive meals and snacks that provide at least 1/3 of the child's daily nutritional needs. Each child in a center-based full-day program must receive meals and snacks that provide 1/2 to 2/3 of the child's daily nutritional needs, depending upon the length of the program day.

Related Information: See 45 CFR 1304.23(b)(1)(iv) for information on introducing new foods to children, and 7 CFR 226.20 for Child and Adult Care Food Program (CACFP) meal requirements and 45 CFR 1304.23(b)(2) and 1306.33 for requirements in the home-based program options.

Guidance: The Recommended Dietary Allowances (RDAs) of the National Research Council of the National Academy of Sciences are used to establish the nutritional needs of children. Analyses of nutrients in food served and Nutrition Facts Labels on most processed foods can be compared to the RDAs, as a cross-check to ensure that one-third of the nutritional needs of children in part-day programs, and one-half to two-thirds of the nutritional needs of children in full-day programs are met. Guidelines for the meal patterns of the Child and Adult Care Food Program (CACFP) provide a variety of options.

Use of cycle menus of three weeks or longer helps in formulating balanced and varied menus, as well as in planning purchase orders and work schedules. Before starting a new cycle of menus, children's acceptance of food items on the menu can be checked, so that changes can be made. Posting menus in the food preparation and dining areas and sending menus home to parents helps to

facilitate the integration of nutrition activities, especially if such menus are designed to cover an entire food cycle. To keep staff, parents, and children informed of changes, substitutions are indicated on all menus.

Performance Standard 1304.23(b)(1)(iii)

(iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program must be served a nourishing breakfast.

Related Information: See additional guidance under 45 CFR 1304.23(b)(1)(vi) for information on suggested breakfast foods. See 7 CFR 226.20 for CACFP breakfast requirements.

Guidance: Breakfast is generally served to children upon their arrival. If only a small number of children arrive without breakfast, morning snacks for all children may be supplemented with additional foods, so that the CACFP breakfast pattern is met. However, if a majority of the children come without breakfast, it may be more efficient to serve a family style breakfast to all children. Children who have already had breakfast, or who do not wish to eat, may choose an alternate activity.

If group socialization activities begin in the morning, agencies may serve breakfast to participants — and, if such activities are scheduled through lunch, lunch, too, may be served.

Performance Standard 1304.23(b)(1)(iv)

(iv) Each infant and toddler in center-based settings must receive food appropriate to his or her nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.

Related Information: For information on CACFP requirements, see 7 CFR Part 226. Similarly, 7 CFR, Parts 210 and 220, contains information to assist centers serving meals in accordance with the School Meal Initiatives for Healthy Children. See 45 CFR 1304.40(c)(3) for further information on breast feeding.

Guidance: Agencies other than school systems follow the CACFP meal patterns. School systems may follow the nutrition standards set forth in the School Meal Initiatives for Healthy Children, which prescribe nutrition standards, appropriate nutrient and calorie levels, and quantities of menu items and foods for different age groups.

Breast milk is the optimal food for infants, as it gives them complete nutrition in the first four to six months of life, continues to be an important nutrient source for the first year, and helps to provide them with resistance to infection. According to the American Academy of Pediatrics (AAP), the introduction of cow's milk, skim milk, 1 percent to 2 percent fat milk, and evaporated milk is not recommended in the first 12 months of life. The AAP recommends that children between age one and two receive whole cow's milk, instead of skim or 1 percent to 2 percent fat milk, unless recommended otherwise by the child's primary health care provider.

The introduction of solid foods is usually accomplished between four and seven months of age, depending upon each child's nutritional and developmental needs, and only after consultation with the parents and the primary health care provider. Until a child has reached the above ages, he or she is not able to

completely digest solid food, and the neuromuscular skills needed for eating and swallowing solid foods are not yet well-developed. New foods, therefore, are introduced one at a time, at least one week apart, to make it easier to identify food allergies or intolerances.

Caregivers help toddlers become independent at meal times by encouraging them to select from a variety of acceptable foods, including those that represent cultural preferences. It also is helpful to cut their food into small pieces, as toddlers often swallow pieces of food whole. Head Start staff and the toddler's parents, in some cases with consultation and advice from a qualified nutritionist, registered dietitician, or health care provider, are responsible for what the toddler is offered, as well as where, when, and how food is served. The toddler, on the other hand, is responsible, within reason, for how much food she or he eats. Young children have a tendency to display daily variation in the kind and quantity of food consumed due to varying energy levels, differing stages of growth, and an emerging sense of independence. Therefore, meals do not need to be completely balanced each day. Rather, dietary intake should be balanced over a period of several days, or a week, to provide adequate nutrition. For that reason, documenting children's food consumption is an important part of staff members' ongoing observation of each child.

Although infants and toddlers may eat many different kinds of food, some foods pose a high risk of choking. Therefore, agencies avoid serving such foods, examples of which are:

- hot dogs or sausage rounds,
- whole grapes, hard raw vegetables and fruits, and uncooked dried fruit, including raisins,
- candy,
- whole nuts, beans, seeds or grain kernels,
- pretzels, chips, peanuts, and popcorn,
- marshmallows, chewing gum, and spoonfuls of peanut butter, and
- chunks of meat.

Some other foods also may pose health risks to children less than a year old, including honey, since it may contain a kind of botulism that is harmful to infants, and foods that can be highly allergenic, such as eggs and cow's milk.

Home visitors and other staff discuss with families the feeding stages of infants and toddlers and how families meet the special nutritional and feeding requirements of the youngest children. The CACFP infant and toddler meal patterns are discussed and used as a guide for parents to serve appropriate quantities and varieties of food at home.

Performance Standard 1304.23(b)(1)(v)

(v) For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in 7 CFR parts 210, 220, and 226.

Related Information: For information related to the Child and Adult Care Food Program and the School Meal Initiatives nutrition standards and patterns, see the guidance under 45 CFR 1304.23(b)(1)(i) and (ii).

Guidance: Home visitors and other staff discuss with families the USDA/HHS Dietary Guidelines for Americans and the USDA Food Guide Pyramid, as well as means of ensuring that meals and snacks conform to those recommendations (such as reviewing the Nutrition Facts Labels on most processed foods). In developing menus that follow the USDA/HHS guidelines, staff include foods traditional to the culture of the families served, to demonstrate how to incorporate the guidelines into everyday meal planning and preparation. Snacks also are an important source of nutrition for young children, and are used to supplement nutritional needs that may not be met through regular meals.

Performance Standard 1304.23(b)(1)(vi)

(vi) For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served must be high in nutrients and low in fat, sugar, and salt.

Guidance: Some foods, such as cheese and other milk products, are actually considered protective for teeth, and are offered frequently to children as part of meals and snacks. However, sweet and sticky foods are used in moderation, especially those high in refined sugars. Studies have shown that eating sweets and other refined carbohydrates causes tooth decay, because such foods continue to produce harmful acid over a long period of time. It is important to remember that the frequency, rather than the amount, of the food eaten is an important factor in whether or not tooth decay will occur. If foods high in sugar are served, they are offered at the end of meals, when experts say the acid environment in the mouth is lower, in order to help reduce the risk of tooth decay.

Suggestions for moderating the amount of fat, sugar, and salt in everyday meals include:

- Providing low-fat milk and cheese for children older than two years of age;
- Reducing salt in cooking;
- Avoiding adding sugar to cereals by sweetening them with fresh fruit, substituting applesauce for maple syrup on pancakes, and eliminating the use of fatty breakfast meats; increasing the use of low-fat, whole grain muffins and bagels, fruit pancakes, and fruit shakes;
- Serving full-strength, (100 percent) fruit juice, rather than drinks called fruit juice drinks, as the latter have added sugar and are less than 100 percent juice; and
- Avoiding the placement of additional sugar, salt, butter, or margarine on tables.

The use of foods high in fats, especially saturated fats (which raise cholesterol levels), should be gradually reduced, although some fat in the diet is essential for good health, especially in young children.

The USDA/HHS Dietary Guidelines for Americans recommends the gradual reduction of fat to no more than 30 percent of calories for children between 2 and 5 years of age. As children begin to consume fewer calories from fat, those calories are replaced with more grain products, fruits, vegetables, and low-fat milk products or other calcium-rich foods, as well as with beans, lean meat, poultry, fish, or other protein-rich foods.

Performance Standard 1304.23(b)(1)(vii)

(vii) Meal and snack periods in center-based settings must be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met. Infants and young toddlers who need it must be fed "on demand" to the extent possible or at appropriate intervals.

Related Information: For specific information on the proper method of storing and handling breast milk and formula, see 45 CFR 1304.23(e)(2).

Guidance: Feeding on demand is the best way to meet an infant's nutritional and emotional needs. In addition, feeding on demand helps infants to develop trust and a feeling of security. However, feeding on demand does not mean offering food every time an infant shows signs of discomfort. A crying infant may want attention and interaction or sleep, and not food.

When the individual needs of a particular child vary from expected eating patterns, eating too much or too little, for example, staff should consult with the child's parents, and a qualified nutritionist, registered dietitian, or other health professional before establishing a new feeding pattern. Children should never be forced to eat at home or in the program setting. However, since individual children's food preferences and eating patterns may vary dramatically, both staff and parents can benefit from information and training about ways to encourage good eating habits in all children.

Nutritious snacks often provide an important part of a child's daily food intake. For older children, agencies may wish to keep snacks, such as fruit, peanut butter, vegetable sticks, and whole grain products, available at all times, so that hungry children can select nutritious food for snacks. Snacks also may be provided to children on field trips, group socializations, health clinic visits, or during other, off-site experiences.

Performance Standard 1304.23(b)(2)

(2) Grantee and delegate agencies operating home-based program options must provide appropriate snacks and meals to each child during group socialization activities (see 45 CFR 1306.33 for information regarding home-based group socialization).

Guidance: Home visitors and parents plan and conduct food preparation and nutrition education experiences during group socializations on a regular basis. Such times also may be used to discuss nutrition issues with parents, such as ways to:

- Plan menus;
- Budget meals;
- Recognize hunger in infants and young children;
- Encourage healthy eating patterns in children;
- Broaden children's tastes in good food, as well as their food preferences;
- Balance good nutrition with physical activity;

- Limit fat, sugars, and salt in children's diets, when appropriate; and
- Honor and respect cultural, religious, ethical, and personal food preferences.

Performance Standard 1304.23(b)(3)

(3) Staff must promote effective dental hygiene among children in conjunction with meals.

Related Information: For further guidance on baby bottle tooth decay (infant dental caries), see 45 CFR 1304.23(c)(5).

Guidance: Effective dental hygiene practices differ according to the age and developmental level of the child. Guidelines for toothbrushing and good dental hygiene follow:

- Infant teeth are cleaned, beginning with the eruption of the first tooth at about five or six months of age. Use a gauze pad for infants less than one, and switch to a toothbrush at one year of age. Use only water to clean teeth (not toothpaste), since an infant will likely swallow the toothpaste. When a toddler is able to spit toothpaste out without swallowing it, an adult begins brushing the child's teeth twice a day with a small amount of fluoridated toothpaste;
- Staff and parents are educated about proper ways to prevent baby-bottle tooth decay and other early childhood cavities;
- Proper care of teething toys is considered part of dental hygiene, as toys need to be kept clean and never shared;
- Each preschool child is taught to brush his or her own teeth with a "pea-size" amount of fluoridated toothpaste. Staff supervise toothbrushing after each meal, ensuring that
  - — Each child has his or her own toothbrush, labeled by name, so that toothbrushes are never shared;
  - — Toothbrushes are stored so they stay clean and open to circulating air, and so that the bristles do not touch any surface, including another toothbrush. Agencies follow Health Services Advisory Committee recommendations regarding the proper storage and disposal of toothbrushes;
  - — Toothbrushes are replaced when the bristles become bent, and at least every three months. They are never decontaminated. Rather, contaminated toothbrushes are always discarded to control the spread of infection or illness; and
  - — Children are taught proper toothbrushing techniques, and children with disabilities are supported with any needed adaptations.
- When brushing after meals is not possible (e.g., on a field trip), children may be offered drinking water, as rinsing with water helps to remove particles from teeth and prevent cavities; and

- Staff serve as role models by brushing their own teeth after meals.

Staff encourage and assist parents in scheduling dental appointments, as a part of the schedule of well child care described in 45 CFR 1304.20(a)(1)(ii). Dental appointments also provide an opportunity for parents to discuss with their dental health professional such issues as the use of fluorides and dental sealants.

Performance Standard 1304.23(b)(4)

(4) Parents and appropriate community agencies must be involved in planning, implementing, and evaluating the agencies' nutritional services.

Guidance: Involving parents in the nutrition program and related activities is accomplished in a variety of ways. For example, parents are encouraged to participate in program nutrition activities by:

- Planning menus;
- Assisting with classroom nutrition activities;
- Assisting with dental hygiene activities;
- Serving as volunteers or staff for food service activities; and
- Reviewing the nutrition program on an ongoing basis.

Staff send menus home with children (in the parents' preferred language, whenever possible), so that parents are aware of the meals and snacks planned for their children.

Many agencies are resources for additional funding, equipment, food, or professional guidance and resources that support a high quality nutrition program. Such agencies will be identified in the Community Assessment, and include some of the following organizations:

- USDA child nutrition programs, such as the Child and Adult Care Food Program (CACFP) and the Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- State Nutrition Education and Training Program (NET) Coordinators in State health or education departments or the (State) Cooperative Extension Service; and
- Professional and trade organizations, such as the American Dietetic Association, American Home Economics Association, American Academy of Pediatrics, American Dental Association, and Society for Nutrition Education.

Representatives from these groups are invited to speak with parents and staff, serve on the Health Services Advisory Committee, and help in accessing resources. Head Start staff work closely with parents and community agencies who provide food (where licensing agencies permit it) to make certain that donated foods are healthy and are compatible with the Head Start nutrition philosophy.

Performance Standard 1304.23(c)

(c) Meal service.

Grantee and delegate agencies must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children by providing that:

Rationale: Food-related activities and leisurely meal times provide opportunities for the development of positive attitudes toward healthy foods; for decision-making, sharing, communicating with others; and for the development of muscle control and eye-hand coordination. Children also learn appropriate eating patterns and meal time behavior when they observe adult behavior at family style meals. Children who are forced to eat, or for whom food is used to modify behavior, may develop unpleasant or undesirable food associations. *This rationale serves 45 CFR 1304.23(c)-(c)(4).*

Related Information: See 45 CFR 1304.53(b)(1)(iii) for information on child-sized furniture and equipment. See 45 CFR 1304.23(c)(4) and (c)(5) for information on the important role of nutritional services in supporting the development and socialization of infants and toddlers.

Guidance: Meal times provide a range of opportunities that support the development and socialization of children. Suggestions for making the most of such opportunities include:

- Serving meals in a pleasant, well-lit, and ventilated area that encourages socialization;
- Considering how food-related activities can support and enhance each child's social, emotional, cognitive, and physical skills and abilities. For example, agencies provide child-sized furniture and utensils, wherever possible; and
- Involving families in food preparation and meal time activities at the program, and discussing ways to use such activities as learning opportunities in the home.

Performance Standard 1304.23(c)(1)

(1) A variety of food is served which broadens each child's food experiences;

Related Information: See 45 CFR 1304.23(b)(1)(iv) for information on introducing foods to infants and toddlers.

Guidance: Suggested ways to broaden food experiences include:

- A small amount of one new food is offered along with a meal of familiar foods;
- Children are prepared for the new food through activities in the program setting or through a home visit, such as reading stories about the food, shopping for the food, helping in its preparation, and perhaps, actually growing food or seeing it grow in a garden;
- Snack time is used to introduce a new food; and
- Agencies explore various ways a food item is prepared and served in different cultures. For example, different people prepare bread in many different ways (tortillas, biscuits, pita, bagels, fry bread, oven bread, and soda bread).

Home visitors and other staff support these efforts by discussing with families ideas for new meals and foods the family could try.

Home visitors also can plan food preparation activities with parents to conduct with children in the home on a regular basis. Agencies may be able to obtain food supplies from local food banks for such activities.

Performance Standard 1304.23(c)(2)

(2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;

Guidance: Understanding and accepting that a child may not eat the same amount every day, or be hungry at the same time every day, helps to prevent feeding problems. If a child refuses food, staff and parents are encouraged to offer such food again at some future time. Children may require a number of exposures to a new food before they will accept it. Older children may accept a wider variety of foods. When introducing new foods, parents and staff should note that "pestering" the child is not an effective strategy. "Clean-plate clubs," "eating stars," and other gimmicks are not appropriate ways to encourage children to eat.

Performance Standard 1304.23(c)(3)

(3) Sufficient time is allowed for each child to eat;

Guidance: Relaxing meal times provide children many opportunities to learn. Although children can begin to serve themselves, family style, as soon as they come to the table, a leisurely meal pace is encouraged. Conversation at the table between children and adults helps set an appropriate pace for the meal, while at the same time establishing a pleasant environment. Slow eaters are allowed sufficient time to finish their food; and children who become restless before the meal is over may be allowed to get up and move around. For example, when finished, children take their plates to a cleaning area away from the table, and then are directed toward an alternative activity.

Performance Standard 1304.23(c)(4)

(4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;

Related Information: See 45 CFR 1304.23(c)(5) for information on holding and interacting with infants during feeding. See 45 CFR 1304.53(b)(1)(iii) for information on child-sized furniture and utensils.

Guidance: Family style meals are implemented in a variety of ways. For example, children and adults may prepare for the meal by clearing the table and setting places, sharing conversation during the meal, and cleaning up afterwards. In some cases, children and adults serve and pass food among themselves. In the event that classroom staff are unable to have their meals at the same time as the children, other designated staff members may eat and converse with the children at meal times. In all cases, children are seated when eating and each child makes his or her own food choices based on individual appetites and preferences.

During meal times, adults encourage interesting and pleasant table conversation across a variety of topics, not only subjects related to food and nutrition. Some methods for facilitating meal time discussions include:

- Asking open-ended questions, modeling good listening skills, and encouraging turn-taking in conversation; and

- Encouraging children to compare, contrast, and classify food attributes, such as taste, texture, shape, size, and color.

Staff set good examples by demonstrating a positive attitude toward all foods served. If a staff member or child is on a special diet, this can be explained and used as a positive learning experience. Staff also are sensitive to family customs that do not encourage children to participate in meal conversations.

Classroom staff may invite other staff (e.g., cooks), parents, and other volunteers to join the children at meal times. (See 45 CFR 1304.23(b)(1)(i) for a discussion of allowable costs for food services.)

When high chairs are used for older infants and toddlers, staff securely strap in the children, rather than rely upon high-chair trays for restraint. Whenever possible, children in high chairs are pulled up to the table, to include them in family style meals.

Performance Standard 1304.23(c)(5)

(5) Infants are held while being fed and are not laid down to sleep with a bottle;

Rationale: It is important to hold infants and to establish eye contact while feeding them, in order to enhance bonding and to establish a sense of security. The practice of giving infants a bottle when lying down to rest is dangerous, as it may lead to choking, ear infections, or dental problems such as baby bottle tooth decay (infant dental caries).

Related Information: See 45 CFR 1304.21(b)(1)(ii) for information on trust and emotional security.

Guidance: The growth and development of children during their first year of life requires many changes and adaptations with regard to feeding. Staff and parents help infants have a positive experience by feeding them in a relaxed setting and at a leisurely pace. If possible, breast feeding mothers are encouraged to come to the program setting to feed their children.

Staff and parents use the following techniques for feeding infants:

- Wash hands with soap and water before feeding;
- Find a comfortable place for feeding;
- Hold the infant in their arms or on their lap during feeding, with the infant in a semi-sitting position, with the head tilted slightly forward and slightly higher than the rest of the body, and supported by the person feeding the infant;
- Communicate and interact with the infant in a calm, relaxed, and loving manner, by cuddling and talking gently;
- Hold the bottle still, and at an angle, so that at all times the end of the bottle near the nipple is filled with liquid and not air;

- Ensure that the liquid flows from the bottle properly by checking that the nipple hole is of an appropriate size; and
- Burp the infant at any natural break during, and at the end of, a feeding.

Infant cereal is served with a spoon, unless there is a medical reason for some other approach.

As children grow older, they may prefer to hold their own bottles, and may do so while in an adult's arms or lap, or while sitting in a high chair or similar chair.

Dental problems, such as tooth decay, may result from children using bottles as pacifiers. For this reason, children are not allowed to carry bottles with them for long periods during the day. Parents and staff are taught that breast feeding also may cause baby bottle tooth decay (infant dental caries).

Older infants do not need to be held when eating solid foods. Instead, they may sit in a high chair or other chair scaled to size. It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize the risk of choking.

Performance Standard 1304.23(c)(6)

(6) Medically-based diets or other dietary requirements are accommodated; and

Rationale: Accommodating special diets or dietary requirements ensures that a child's health will not be jeopardized and that individual needs are met.

Guidance: Discussions between other staff and parents provide many opportunities to review any special diets or dietary requirements identified through regular assessments or other medical testing. Staff and parents work together to develop ways to incorporate special dietary needs into the regular menu. They also consult with others, such as a child nutrition specialist or a registered dietitian, to help plan meals for children with special diets. In addition, staff and parents explore ways to make children with special diets feel comfortable, and, to the highest degree possible, included in all meal time activities.

In Head Start programs providing meal services, staff modify or supplement individual children's diets only at the written direction of both the child's parents and the health care providers. All staff are trained in agency procedures for feeding children with food allergies or other special dietary concerns, as well as in emergency procedures.

Performance Standard 1304.23(c)(7)

(7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

Rationale: Involvement in age-appropriate, food-related nutrition education activities fosters thinking skills, the development of large and small motor skills, a positive attitude toward food, and positive attitudes toward achievement and cooperation.

Related Information: See 45 CFR 1304.21(c)(1)(iii) on integrating educational aspects of nutrition services into program activities.

Guidance: There are many ways to involve children of all ages in the preparation of food and other food-related activities. Children are encouraged, for example, to select activities in which they would like to be involved, such as shopping for food, setting the table, serving food to others and to one's self, cleaning up, and making place mats and table centerpieces. Food-related activities also are coordinated with nutrition education to reinforce ideas about how food contributes to good health. These coordinated lessons and activities can be conducted through the joint involvement of teachers, home visitors, food service staff, and parents.

When developmentally ready, children are allowed and encouraged to help with certain kinds of food preparation. Activities, such as making cream into butter, provide a multitude of language experiences, and develop thinking skills, as teachers encourage children to guess, observe, and draw conclusions about what they experience. Food preparation activities are always safe and are conducted in accordance with State, Tribal, or local regulations.

Performance Standard 1304.23(d)

(d) Family assistance with nutrition.

Parent education activities must include opportunities to assist individual families with food preparation and nutritional skills.

Rationale: Parent education opportunities can offer parents new skills and ideas for providing nutritious meals at home.

Related Information: See 45 CFR 1304.40(f)(3) for further guidance on providing a nutrition education program for parents.

Guidance: On a regular basis, home visitors and other staff assist parents in developing food preparation techniques and in increasing their knowledge about nutrition-related skills by:

- Taking into account the child's nutritional needs and the parents' understanding of nutritional issues;
- Providing parents with information regarding the selection and preparation of foods and menus;
- Guiding parents in home and money management and smart consumer techniques;
- Sharing information about the USDA/HHS *Dietary Guidelines for Americans*, the USDA Food Guide Pyramid, and Nutrition Facts Labels on commercially prepared foods;
- Encouraging parents to discuss nutritional issues with one another; and

- Serving nutritious food at parent functions.

Performance Standard 1304.23(e)(1)

(e) Food safety and sanitation.

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

Rationale: Compliance with food safety and sanitation measures protects the health and safety of everyone.

Guidance: Local or State sanitation departments in health agencies are helpful in providing ideas on ways to meet sanitation standards. However, some States do not send inspectors to Head Start facilities to check compliance with local and State standards. In such situations, designated program personnel with a knowledge of sanitation laws and regulations can check compliance on a quarterly basis, and be responsible for the correction of any existing violations. American Indian grantees may request the Indian Health Service's Office of Environmental Health Services or Tribal sanitation departments to inspect all Head Start facilities on a quarterly basis. Written evidence of State, Tribal, and self-inspections should be kept on file.

In order to assure the maintenance of food sanitation standards, agencies conduct self-inspections on a quarterly basis. The resulting self-inspection reports address the following areas:

- the cleanliness and safety of food before, during, and after preparation, including maintenance of correct food temperature;
- food handling practices;
- the dish washing procedures and equipment;
- insect and rodent control (see 45 CFR 1304.53(a)(10)(viii));
- the cleanliness and maintenance of food preparation, service, storage, and delivery areas and equipment (see 45 CFR 1304.53(a)(10)(viii));
- the water supply (see 45 CFR 1304.53(a)(10)(xiii));
- garbage disposal methods (see 45 CFR 1304.53(a)(10)(xvi)); and
- health of food service personnel (see 45 CFR 1304.52(j)(1)).

If an outside vendor provides food, agencies receive regular reports on safety and sanitation related to food handling. Such reports indicate whether or not food service contractors have met certain required codes, that vehicles used for transporting and holding food are insulated, and that food transportation equipment is sanitized.

Performance Standard 1304.23(e)(2)

(2) For programs serving infants and toddlers, facilities must be available for the proper storage and handling of breast milk and formula.

Rationale: Proper storage and handling of breast milk and infant formula is necessary to prevent spoilage, to minimize bacterial growth, and to ensure that each infant receives his or her own mother's milk or the correct brand of formula.

Related Information: See 45 CFR 1304.40(c)(3) on the benefits of breast feeding and agency support of nursing mothers.

Guidance: All bottles of breast milk and formula are refrigerated until immediately before feeding, and any contents remaining after a feeding are discarded immediately.

Staff and parents work together to ensure that all containers of breast milk and formula are dated, clearly labeled with the child's name, and used only for the intended child. Unused breast milk and formula are discarded after 48 hours, if refrigerated, or after 3 months, if frozen. Frozen breast milk and formula is thawed in running, warm water, or in the refrigerator. Once frozen breast milk thaws, it is used within 24 hours, and is never refrozen.

If breast milk or formula is to be warmed, bottles may be placed in a pan of hot, not boiling water for five minutes, after which the bottle is shaken well and the milk temperature tested on the preparer's wrist before feeding. Bottles of formula or breast milk are never warmed in a microwave oven, since microwaves heat unevenly and may cause severe burning. To avoid spoilage, avoid warming bottles of formula or breast milk at room temperature, or in warm water, for extended periods.

Home visitors and other staff work with parents to find safe methods for storing and handling breast milk and infant formula in both home and program environments, and for transporting breast milk, as needed.

1304.24
Child Mental Health
(a) Mental Health Services

INTRODUCTION TO 1304.24

Head Start embraces a vision of mental wellness. The objective of 45 CFR 1304.24 is to build collaborative relationships among children, families, staff, mental health professionals, and the larger community, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.

The Child Mental Health standards, 45 CFR 1304.24(a), cover working collaboratively with parents, securing the services of mental health professionals, and developing a regular schedule of on-site mental health consultations involving mental health professionals, program staff, and parents.

Performance Standard 1304.24(a)(1)(i)

(a) Mental health services.

(1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by:

(i) Soliciting parental information, observations, and concerns about their child's mental health;

Rationale: Anticipating and understanding a child's behavior and development helps parents and staff respond in a manner more likely to enhance the child's development. *This rationale serves 1304.24(a)(1)(i)-(iv).*

Related Information: See 45 CFR 1304.51(g) for information on agency confidentiality policies. See 45 CFR 1304.40(b)(1)(ii) on accessing community mental health services for the family.

Guidance: Staff communication with parents draws upon parents' knowledge of their child's development, and respects their parenting strengths, values, culture, and childrearing approach. Relevant information shared in the family partnership agreement process, or drawn from the child's records, is incorporated into discussions. Communication about a child's mental health can occur through formal and informal opportunities, such as during home visits, staff-parent conferences, or parent meetings. For many families, issues related to mental health are sensitive ones, and must be approached with care. When staff take time, however, to establish rapport and to build trusting relationships with parents, the parents may learn to feel more comfortable discussing issues related to mental health.

Discussions between parents and staff focus on a variety of topics, including:

- developmental and cognitive phases, and typical behaviors or concerns associated with each phase,
- the child's special interests, needs, and strengths,
- any changes in the child's behavior, mood, or physical appearance which may reflect recent experiences, and
- any information on health conditions that may influence the child's behavior.

The information drawn from these discussions is used to help individualize services for each child.

When appropriate, a mental health professional is consulted to discuss a particular concern with parents and staff.

Performance Standard 1304.24(a)(1)(ii)

(ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;

Related Information: See 45 CFR 1304.21(b)(1) about the development of secure relationships, particularly 45 CFR 1304.21(b)(1)(i) as it relates to attachment issues.

Guidance: Staff have many opportunities to exchange information with parents on child development and growth. In formal and informal settings, information on the following topics can be presented.

- **The typical development of young children.** Information provided to parents helps them understand some behaviors that they may view as problematic, such as attention seeking and saying "no," as part of a temporary phase that plays a positive role in the child's development.
- **The development of individual children.** When parents and staff understand and respect each child's particular abilities and temperament, undue pressure on both parents and children can be avoided. For example, some children develop motor skills faster than their peers, while others are able to control strong feelings at an earlier age than most. Training and information can help parents and staff recognize when each child is ready to achieve a particular skill or needs special help.
- **Supporting parenting in the first few months following a birth.** This period may be a time of stress, as parents adjust to new roles and cope with challenges such as limited sleep. Enlisting a family member or finding someone who can assist new parents with the care of their new baby and with other household responsibilities can ease this transition.
- **Recognizing and understanding behavior that is an expression of their child's response to a stressful situation.** It is helpful to understand that sudden changes in a child's behavior may be the child's response to a stressful situation.
- **Ways to assist parents in helping children deal with separation issues.** To help the child during separation, encourage parents to spend time in the facility with their child; bring tangible reminders of home and family, such as a favorite toy or photos; assist the child to play out themes of separation and reunion; and reassure the child about his or her parents' return. Parents, too, may experience anxiety over separation from their children. Staff help parents with such separation anxiety by validating their feelings, and by encouraging parent participation in the program.

- **Attachment issues.** To facilitate secure relationships and attachments to adult caregivers, consistent care from a small number of adults is advised. Agencies arrange for the same teacher to remain with the infant or toddler for the longest possible time in the program.

Performance Standard 1304.24(a)(1)(iii)

(iii) Discussing and identifying with parents appropriate responses to their child's behaviors;

Related Information: See 45 CFR 1304.21(a)(3)(i)(C) and (D) about setting clear limits and respecting others, and 45 CFR 1304.52(h)(1)(iv) on using positive methods of child guidance.

Guidance: Staff and parents share positive approaches they employ to respond to a child's behavior. Staff responses to parent inquiries provide an opportunity to explore and to model alternative approaches and techniques.

The behaviors that adults demonstrate are those which will be internalized and emulated by children. Staff discuss with parents the fact that parenting, while most often a fulfilling experience, also can be difficult and stressful, and that a parent's response to stress, just like responses to other behaviors, will be imitated by children. Training and information about age-appropriate behaviors and varying individual temperaments helps parents and staff both to determine appropriate responses and to model those behaviors. For such reasons, the following should be kept in mind:

- **Developmental changes.** Healthy social and emotional development depends upon how children view themselves, as well as the extent to which they feel valued by others. When adults have realistic expectations about a child's behavior, they respond with a variety of interventions that set constructive limits and help children to achieve self discipline. Providing children opportunities to succeed lays the foundation for healthy development.
- **Environment.** Day-to-day warmth and responsiveness from staff and parents influences a child's ability to recognize and to act upon his or her feelings. A comfortable, safe, interactive environment increases a child's sense of competence and control.
- **Positive techniques of guidance.** Undesirable behaviors, while a normal part of growing up, should be discouraged or redirected. The following strategies reflect best practices for responding to inappropriate behaviors
  - — anticipation of and elimination of potential problems,
  - — redirecting a child away from a conflict or negative event to a more positive activity,
  - — offering the child choices among activities that are acceptable to parents,
  - — helping a child learn about the logical or natural consequences of their actions, and

— encouraging respect for the feelings and rights of others.

Positive techniques are more effective than competition, comparison, or criticism. Rather than attempting to "stop" a child's negative behavior, positive techniques help him or her to find and practice skills that will help now and in the future. It is for that reason that Head Start programs never use corporal punishment. Staff work with parents to help them understand the negative effects of corporal punishment on self-esteem, and to find alternatives in the home.

There are many differences of opinion about parenting, and there is no single "best way" to parent. It is important, however, that children receive consistent messages that are respectful of the child and of family values, customs, and traditions.

Performance Standard 1304.24(a)(1)(iv)

(iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;

Related Information: See 45 CFR 1304.21, Education and Early Child Development, and, in particular, standards (a)(1)(iii), (a)(3)(i)(A), (a)(3)(i)(D), (b)(1)(ii), (b)(2)(i), (c)(1)(iv), and (c)(1)(v), for additional information on supportive environments and nurturing relationships.

Guidance: When interacting with children, adults support the development of trust, self-esteem, and identity by expressing respect and affection toward the child and by demonstrating responsiveness to his or her experiences, ideas, and feelings. Examples of respectful and responsive behaviors, which depend upon the developmental level of the child, include:

- Smiling at the child;
- Quickly comforting an infant in distress; and
- Nodding at a toddler in need of reassurance.

Establishing a supportive environment also involves assisting children to become comfortable, relaxed, happy, and involved in play and other activities. Staff and parents help children deal with anger, sadness, and frustration by comforting them, identifying and reflecting on their feelings, and helping them to use words, instead of acts of anger, to solve problems and disputes.

Positive social behavior among children, such as cooperation, is fostered by adults through modeling, coaching, and encouraging, rather than through lecturing, criticism, and punishment.

Performance Standard 1304.24(a)(1)(v)

(v) Helping parents to better understand mental health issues; and

Rationale: Better understanding of mental health issues increases the likelihood that parents value and use the mental health information and services available to them. *This rationale serves 1304.24(a)(1)(v)-(vi).*

Related Information: See 45 CFR 1304.40(f)(4) on discussing mental health issues with parents.

Guidance: Agencies take a variety of steps to understand mental health issues, by:

- Providing opportunities for parents to learn about and participate in mental wellness activities;
- Providing access to mental health professionals through ongoing parent activities;
- Working with parents to develop support groups; and
- Helping parents access community mental health resources.

Performance Standard 1304.24(a)(1)(vi)

(vi) Supporting parents' participation in any needed mental health interventions.

Related Information: See 45 CFR 1304.40(f)(4)(iii) on parent involvement in planning and implementing any mental health interventions for their children.

Guidance: There are many ways that staff support parent participation in mental health interventions. Some of these include:

- Finding opportunities for parents to learn about the mental health professional, such as at the orientation for parents and at a variety of meetings and events throughout the year;
- Assisting parents to break down barriers to services, including
  - — attending an orientation meeting with the mental health provider,
  - — locating the transportation or child care needed to participate in services, and
  - — finding assistance to pay for interventions; and
- Discussing the importance of interventions for the mental health of the entire family. Communicate to families that staff members are available to discuss mental health issues and to provide parents with information about how the program protects the confidentiality of the information they may choose to share.

Performance Standard 1304.24(a)(2)

(2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and

Rationale: When grantee and delegate agencies have an ongoing relationship with a mental health provider, or with a group of providers, they are better able to secure appropriate services in a regular and timely manner.

Related Information: See 45 CFR 1304.41(a)(2)(ii) for information on community partnerships with mental health providers. See 45 CFR 1304.52(d)(4) for additional information on mental health staff qualifications.

Guidance: Grantee and delegate agencies make arrangements for mental health professionals to be available to help the program. Mental health professionals represent a variety of disciplines, including, but not limited to:

- psychiatry,
- psychology,
- psychiatric nursing,
- marriage and family therapy,
- clinical social work,
- behavioral and developmental pediatrics, and
- mental health counseling.

Head Start agencies augment the services of mental health professionals with services from individuals with the backgrounds, skills, and interests that can support program goals for promoting mental health. By consulting with their mental health professionals, agencies can determine: which services may be provided only by licensed or certified mental health professionals; which activities may be provided under the supervision of such a mental health professional; and which activities do not require the direct supervision of the mental health professional, such as parent education groups.

Schedules need to be frequent enough to allow the mental health professional to become familiar with the needs of children requiring assistance, to provide information and consultation, and to help locate any needed treatment or service in a timely fashion.

Performance Standard 1304.24(a)(3)

(3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:

Rationale: Regularly scheduled mental health services help to ensure that day-to-day program practices promote mental health. *This rationale serves 1304.24(a)(3) and 1304.24(a)(3)(i).*

Guidance: See 45 CFR 1304.24(a)(3)(i)-(iv) for guidance on implementing this standard.

Performance Standard 1304.24(a)(3)(i)

(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;

Related Information: See 45 CFR 1304.20(b) on developmental screenings. See 45 CFR 1304.21(c)(2) about developing a program that supports individual children.

Guidance: Through a combination of planned activities and spontaneous interventions, the mental health professional assists staff and parents to help children practice skills that foster mentally healthy development.

Regular meetings with appropriate staff and parents provide the mental health professional with opportunities to:

- Develop and implement training on how to assess the child's strengths and needs, and on how to plan developmentally appropriate activities that are based upon valid findings;
- Make curricula enhancements. For many topics, such as reducing stress, resolving conflicts, and coping with violence, the mental health professional can provide recommendations on appropriate resources;
- Make recommendations on resources related to mental health education that would be helpful to home visitors and appropriate for group socialization activities;
- Implement practices responsive to infants and toddlers and their rapidly changing needs; and
- Hold periodic conferences with parents and staff to share ideas for supporting children who have been identified as needing special help.

Performance Standard 1304.24(a)(3)(ii)

(ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;

Rationale: A well-planned education program on mental health issues enables parents and staff to be supportive of children's mental wellness.

Related Information: See 45 CFR 1304.40(f)(4) on a mental health education program; and see 45 CFR 1304.21(c)(1)(iii) on integrating mental health education into program activities.

Guidance: Grantee and delegate agencies, with the assistance of mental health professionals, provide a variety of opportunities for parents and staff to learn about mental health issues, including specific guidance on how to seek help. Staff and parents are encouraged to seek individual assistance, either by scheduling an appointment or by participating in group education opportunities. Families and staff also are encouraged and supported in strengthening ties with each other, and with extended family members.

Parent group meetings provide excellent opportunities to discuss approaches that parents have found helpful in their efforts to meet their children's needs. Parents may, in turn, be helped by talking about their own experiences and by learning from one another, as

well as by reading and listening to materials presented in workshops or during formal presentations by guest speakers. Parent group meetings also provide opportunities to include and seek guidance from extended family members or persons recognized as mentors by cultural tradition (e.g., Tribal elders and spiritual healers).

Information about mental wellness can focus on a wide variety of topics including:

- childrearing practices and concerns,
- childhood fears,
- helping children adjust to changes in family circumstances, and
- domestic violence.

Posting a schedule of agency visits by mental health provider(s) gives parents and staff the opportunity to speak with them in an informal manner.

Performance Standard 1304.24(a)(3)(iii)

(iii) Assist in providing special help for children with atypical behavior or development; and

Rationale: Because children with atypical development may present unfamiliar behaviors, parents and staff benefit from opportunities to discuss with the mental health professional ways of structuring the child's program and implementing strategies that will foster development.

Related Information: For further guidance on serving children with recognized disabilities, see 45 CFR 1304.20(f)(2), 45 CFR 1304.21(a)(1)(ii), 45 CFR 1308.19 and 45 CFR 1308.21.

Guidance: Mental health professionals provide information on and assistance with identifying situations that require treatment. Professionals also help make appropriate referrals, visit homes (to provide suggestions for modifying the home environment), observe classroom or group socialization experiences (to provide suggestions for modifying the program to meet the needs of the child), and support parents and staff in their efforts to help the child.

For some children who are recognized as having a disability, mental health professionals help parents and staff gain access to community agencies, to ensure that the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) is properly implemented. All work is performed in collaboration with the content area expert in disability services.

Performance Standard 1304.24(a)(3)(iv)

(iv) Utilize other community mental health resources, as needed.

Rationale: The mental health professional assists staff and families to make contact with and to take advantage of any and all existing resources that promote the healthy development of children.

Related Information: See 45 CFR 1304.41(a)(2)(ii) for information concerning community partnerships.

Guidance: The mental health professional who provides regular on-site consultations assists staff to locate providers for an individual child or family who would benefit from such services. The Health Services Advisory Committee also may be of assistance in locating community mental health resources.

In addition, the mental health professional assists agencies in accessing community resources by training staff in the referral process. This understanding of and knowledge about how to navigate the system can provide staff enhanced credibility with the involved agencies. In addition, the mental health professional acts as a liaison between the specific agency in question and the program, and advocates for the child and the family should the process slow down or become unsatisfactory.

A mental health professional, in accordance with the standards of ethical conduct for his or her practice, on occasion, may be required to decline providing services to a potential client to avoid a conflict of interest. In other cases, the professional may determine that the client's needs fall outside his or her scope of expertise. In both types of instances, the mental health professional can work with the agency to secure appropriate services through referrals.